CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. ☐ Establish retention period for records which are accumulating daily

B. ☐ Dispose of present accumulation, no additional accumulation anticipated.

C. ☐ Microfilm and destroy originals

D. ☒ Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES ☐ NO ☒

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval — Robert E. Farber M.D. — Title: Commissioner of Health — 3/18/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	☒	☐	☐

REMARKS:

C P Force — Records Management Officer — 3/18/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF _____ BUREAU OF _____ _____ CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

DEATHS

BEGINNING 1940

KP 13907

FILED ON FILM

IN

NUMERICAL ORDER

F 64001

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 64001 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure the card is correct and legibly. age is especially important. Physician... please...

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town 1118 S. Paca Street (If outside city or town limits, write RURAL and give town)
(d) Street No. 2461 Baltimore, Maryland (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leonard Ebert

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife LOUISA LAIR

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 6, 1870

8. AGE: Years 69 | Months 6? 10 12 | Days 12 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Labor

11. Industry or business City

FATHER 12. Name JOSEPH

13. Birthplace GERMANY

MOTHER 14. Maiden Name Caroline Steinhilbert

15. Birthplace Germany

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-39 (month) (day) (year)

(c) Cemetery or crematory Loudon Western Cemetery

Location

18 (a) Funeral director Ambrose, Inc.

(b) Address 1011 W. Cross St.

19 (a) DEC 19 1939 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 17 1939, at 10:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 16 1939 to Dec. 17 1939, and that I last saw him alive on Dec. 17 1939.

Immediate cause of death: Lobar Pneumonia — Duration: 4 days.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp. Date signed 12-17-39

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

F 64002 Registered No. F 64002

F 64002

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made on this form only. Do not use lead pencil. Do not fold. Do not write outside the lines. Be sure to answer each question. If none, or not applicable, write NONE. Where unknown, make as complete answer as possible. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 11 W Mount Vernon Place

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 11 W Mt Vernon Place (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dr Henry Barton Jacobs

3 (b) If veteran, name war —

3 (c) Social Security Account No. — —

4. Sex Male

5. Color or race White

6 (a) ~~Single, married~~, widowed, or divorced. Widower

6 (b) Name of husband or wife Late Mary F. Jacobs

Died Oct 20th 1936

6 (c) If ~~alive, give age~~ years

7. Birth date of deceased (mo., day, yr.) June 2-1858

8. AGE: Years 81 | Months 6 | Days 16 | If less than one day hr. min.

9. Birthplace Massachusetts (Town, county, and state)

10. Usual Occupation Retired Physician

11. Industry or business

FATHER 12. Name Barton R. Jakob

13. Birthplace England

MOTHER 14. Maiden Name Frances E Ford

15. Birthplace England

16 (a) Informant Mr Johnston

(b) Address 11 W Mt Vernon Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 21-193[9] (month) (day) (year)

(c) Cemetery or crematory Greenmount I

Location Baltimore Md

18 (a) Funeral director H. Wenkin & Son

(b) Address Orchard & Maryland Ave

19 (a) (Registrar) (b) Date received DEC 19 1939 Registrar

VE 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 18 1939, at 9.22 PM

21. I certify that death occurred on the date above stated; that I attended deceased from October 1938 to December 1939, and that I last saw him alive on Dec. 12 1939.

	Duration
Immediate cause of death: Coronary Occlusion	10 Minutes
Due to: Coronary Arteriosclerosis	About 6 yrs
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard Hammond M.D.

Address 9 E. Chase St. Date signed Dec. 18/39.

64003 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E64003

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Edna Eleanor Newton

If U. S. Veteran specify WAR .....

(a) Residence: No. 3843 Wilkens Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12-17-39

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto. Md
(State or country)

FATHER

13. NAME Milton Newton

14. BIRTHPLACE (city or town) Portsmouth, Va
(State or country)

MOTHER

15. MAIDEN NAME Edna Platt

16. BIRTHPLACE (city or town) Balto., Md
(State or country)

17. INFORMANT Father above
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Park Date Dec 20th 1939

19. UNDERTAKER J. Edelmann & Son
(Address) 1858 Hanover St.

20. FILED Dec 19 1939 Thurlington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-18, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-17, 1939, to 12-18, 1939.

I last saw her alive on 12-18, 1939. Death is said to have occurred on the date stated above, at 6:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (7 mo. baby)	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) M. C. Turnipseed M. D.

(Address) St Josephs Hosp.

Information should be carefully supplied. Avoid ambiguous terms. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 64004

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B Registered No. F 64004

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital emergency
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 672 N. Santoga Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Helen Cooper

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-033-604

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 11-1900

8. AGE: Years	Months	Days	If less than one day hr.	min.
39	11	5		

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Candy dipper

11. Industry or business

FATHER
12. Name John H. Cooper
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Josephine Smith
15. Birthplace Baltimore Md

16 (a) Informant John Cooper (Brother)
(b) Address 1308 Vernon St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 28, 39 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cemetery
Location Baltimore Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 1711 E. Calhoun St.

(a) DEC 19 1939 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-16- 1939, at 4.35 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said autopsy find that said deceased came to (Autopsy or Inquiry) her death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to Chronic Arteriosclerosis	
Due to Rheumatism Sclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Malden M.D. Medical Examiner.
Date signed 12-17-39

VS 6

F 64005

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

717-B

Registered No. F 64005

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6511 Old Frederick Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

720 E

3 (a) FULL NAME John E. Gephart

3 (b) If veteran, name war WW

3 (c) Social Security Account No. 212-16-2419

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Catherine Duffy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 16, 1893

8. AGE: Years	Months	Days	If less than one day
46	3	3	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Sign Painter
11. Industry or business

FATHER
12. Name George Gephart
13. Birthplace Cumberland, Maryland

MOTHER
14. Maiden Name Elizabeth Lipp
15. Birthplace Lancaster, Pa.

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Balto.Md

18 (a) Funeral director John J Cowan & Son
(b) Address 901 Hollins St

19 (a) (Date rec'd by Registrar) (b) Registrar

DEC 19 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 18, 1939, at 3:25PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 17, 1939, to Dec. 18, 1939, and that I last saw him alive on Dec. 18, 1939.

Immediate cause of death	Duration
Acute purulent peritonitis	1 day
Due to Perforated Duodenal Ulcer	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Exploratory Laporotomy
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. B. N. Anderson, M. D.
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 12-19-39

F 64006

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-D

F 64006
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Everything must be answered. Physician: please write the cause of death clearly and legibly. Undertaker: please see that information is correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Md University Hosp
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 17

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford Co.
(c) City or town Ady
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elmer Edmondson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W	Married

6 (b) Name of husband or wife Edmondson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 16, 1876

8. AGE: Years	Months	Days	If less than one day
43	1	29	— hr. — min.

9. Birthplace Tenn. (Town, county, and state)

10. Usual Occupation Home wife

11. Industry or business

FATHER
12. Name T. J. Harr
13. Birthplace Tenn.

MOTHER
14. Maiden Name Rebecca Massie
15. Birthplace Tenn.

16 (a) Informant Mrs. F. H. Edmondson
(b) Address Ady Md.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Dec 21 39 (month) (day) (year)

(c) Cemetery or crematory Deerhurst Cem
Location Dayton Md

18 (a) Funeral director Chas E. Goss
(b) Address Benson Md.

19 (a) (Date received by local registrar) (b) Registered No.

DEC 19 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH December 18 1939 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1939 to Dec 18 1939, and that I last saw h[illegible] alive on Dec 18 1939.

Immediate cause of death	Duration
Cardiac Failure	10 hrs.
respiratory failure	
Due to Post operative shock	10 hrs
Due to Hemangioma of left frontal lobe. own	7 years for 2 mos.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Hemangioma left frontal lobe.
Of autopsy Subendocardial hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry A Brill M. D.
Address University Hospt Date signed 12-19-39

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64007 — 210-M — Registered No. F 64007

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1425 Battery Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME WEBSTER BARNES

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-5620

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of ~~husband~~ or wife Bessie Barnes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 25, 1888

8. AGE: Years	Months	Days	If less than one day
50	10	22	hr. min.

9. Birthplace Sykesville, Md (Town, county, and state)

10. Usual Occupation D. + C. Line Foreman

11. Industry or business — 0486

FATHER — 12. Name Jos. Barnes
13. Birthplace Carroll Co. Md

MOTHER — 14. Maiden Name Sarah J. Ober
15. Birthplace Carroll Co. Md

16 (a) Informant Mrs. Joseph Barnes
(b) Address 1425 Battery Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/39 (month) (day) (year)
(c) Cemetery or crematory New Cath
Location Edmondson Ave.

18 (a) Funeral director James L. McCauley
(b) Address 1425 Fat Ave Huntington Williams, Md.

19 (a) DEC 19 1939 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 17th 1939, at 10 25 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture, 4th cervical vertebrae and ribs	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(g) Accident, suicide, or homicide accident
(b) Date of occurrence Dec 17, 1939
(c) Where did injury occur? Hanover St Bridge Brooklyn Park (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public place While at work? (Specify type of place)
(e) Means of injury Collision of two autos

23. Signature J. L. Wallenmeier M.D. Coroner · Medical Examiner.
Date signed Dec 18th 1939

VS 6

64008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 64008

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: Church Home & Infirmary

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) 70

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2528 E. Baltimore St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EDNA C. MURPHY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 14, 1869

8. AGE: Years	Months	Days	If less than one day
70	10	2	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation House Work

11. Industry or business at Home

FATHER

12. Name John Murphy

13. Birthplace Ireland

MOTHER

14. Maiden Name Margaret Kiggins

15. Birthplace Ireland

16 (a) Informant Mrs. Stapleton (Sister)

(b) Address 2528 E. Balto. St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-39 (month) (day) (year)

(c) Cemetery or crematory Cathedral Cem. Location Frederick Road

18 (a) Funeral director Lifler & Zeiler Inc. (b) Address 403 E. Wolfe St.

19 (a) DEC 19 1939 (Date rec'd by reg.) (b) Huntington Williams, M.D.

V8 8

MEDICAL CERTIFICATION

20. DATE OF DEATH December 16 1939, at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1939, to Dec 16 1939, and that I last saw her alive on Dec 16 1939.

Immediate cause of death	Duration
Coronary Arteriosclerosis C.V.D.	
Auricular fibrillation	
Intestinal Obstruction	
Other Conditions Uraemia	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature John F. Calahan M. D.

Address Church Home & Inf. Date signed 12-16-39

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

64009 — CERTIFICATE OF DEATH — F 64009

46-cF

N. B.—WRITE PLAINLY, with unfading ink—This is a permanent record. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1222 Penna Ave St. 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ollie Gilliam

(a) Residence: No. 1222 Penna Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Will Gilliam

6. DATE OF BIRTH (month, day, year) — — 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salisbury N. C.

FATHER

13. NAME Holden Randall

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Laura ?

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Nellie M. Corbin

(Address) 1222 Penna ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 12-20 39

19. UNDERTAKER Williams & Jackson

(Address) 916 Pennsylvania ave

20. FILED DEC 19 1939 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-17- 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1939 to Dec 17 1939

I last saw h[illegible] alive on Dec 16 1939. Death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	?

Other contributory causes of importance: Thrombosis Malignancy Peritoneal [illegible]

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No 19

Where did injury occur? No injury (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, state

(Signed) Thomas C. Stewart M. D.

(Address) 1318 Penna Ave

B 64010 39

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

81

Registered No. B 64010

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A.A. Co.
(c) City or town Mount Pleasant Beach (If outside city or town limits, write RURAL and give town)
(d) Street No. 25 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bertha Wolf

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife George
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-18-07

8. AGE: Years	Months	Days	If less than one day
32	2	1	hr. min.

9. Birthplace D.C. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Benjamin Britt
13. Birthplace D.C.

MOTHER
14. Maiden Name Mary Schwartz
15. Birthplace D.C.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/19/39 (month) (day) (year)
(c) Cemetery or crematory Washington Cemetery
Location Washington D.C.

18 (a) Funeral director Bernard Langenthey
(b) Address 3[illegible] E. Lanvale St.

19 DEC 19 1939 (b) Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19 1939 at 8:20 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 9 1939 to Dec 19 1939, and that I last saw her alive on Dec 19 1939.

Immediate cause of death: Broncho pneumonia — Duration 2 weeks
Due to:
Due to:
Other Conditions: Progressive Muscular Dystrophy — 24 years
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James H. Hartland M. D.
Address Johns Hopkins Hosp. Date signed XII-19-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64011 — Registered No. 107-a — F 64011

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Williams & Eaton Aves.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Catonsville
(c) City or town Balto. Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1004 Magruder Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. John Kirkley

3 (b) If veteran, name war | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name ~~of husband~~ or wife Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7 1879

8. AGE: Years	Months	Days	If less than one day
66	7	12	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation Contractor
11. Industry or business

FATHER — 12. Name George Kirkley
13. Birthplace

MOTHER — 14. Maiden Name Margaret Hancock
15. Birthplace —

16 (a) Informant Hook Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/39 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location

18 (a) Funeral director Harry H. Wiltze
(b) Address 4104 Edmondson

19 DEC 19 [illegible] (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 18 1939, at 11:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-12 1939 to 12-18 1939, and that I last saw h.l.m alive on 12-18 1939.

Immediate cause of death	Duration
Bronchial pneumonia	6 days
Due to	
Due to	
Other Conditions Bronchial asthma Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings: Of operations —
Of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Charles V. Servis M. D.
Address St. Agnes Hosp. Date signed 12-18-39

VS 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Write correct age is especially important. Physicians: please write the causes of death clearly and legibly.

64012 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 64012

CERTIFICATE OF DEATH 107-A

1. PLACE OF DEATH Sinai Hospital — Registered No. 13574

CITY OF BALTIMORE: (No. Monument & Cutler St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ida Zesmitz — If U. S. Veteran specify WAR

(a) Residence: No. 2320 Bryant St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of — Saul

6. DATE OF BIRTH (month, day, year) 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Russia

FATHER

13. NAME — Nathan Isaac

14. BIRTHPLACE (city or town) (State or country) — Russia

MOTHER

15. MAIDEN NAME — Hannah Friedman

16. BIRTHPLACE (city or town) (State or country) — Russia

17. INFORMANT — Saul Zesmitz (Address) 2320 Bryant Ave

18. BURIAL, CREMATION, OR REMOVAL — Southern ave — Date Dec 20, 1939

19. UNDERTAKER — Sol Levinson & Bro (Address) 1124-26 W Baltimore

20. FILED DEC 20 1939 — Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1939 to Dec. 19, 1939

I last saw her alive on Dec 19, 1939. Death is said to have occurred on the date stated above, at 10 55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure, Pulm. Edema	
Cerebral Hemorrhage, collapse	
Other contributory causes of importance:	
Bronchopneumonia	

Was an operation performed? no Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Herbert M. Gundelsheimer for M. D.

(Address) Sinai Hospital

information should be carefully supplied. All items must be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 64013

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54

F 64013 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered, or "unknown" where correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2714 Parkwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Ward No. 13 Street No. 2714 Parkwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Florence R. Thrasher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Female	White	Married

6 (b) Name of husband ~~or wife~~ Erick Thrasher

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) July 7th 1866

8. AGE: Years	Months	Days	If less than one day
73	5	11	hr. min.

9. Birthplace Wheeling W. Va (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business at Home

FATHER
12. Name Henry Seamon
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs Grace Cunningham
(b) Address 2714 Parkwood Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 12/21/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location Balto Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

DEC 20 1939 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18 1939 at 3:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1939 to Dec 18 1939.
and that I last saw h alive on 19

Immediate cause of death
Cerebral Hemorrhage — Duration 1 day

Due to Arteriosclerosis

Due to

Other Conditions Diabetes mellitus — Nov. 1939.
Carbuncle of neck
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dagny Muller M. D.
Address 1225 N Charles St Date signed 12/19/39

F 64014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

F 64014 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3434 Forest, St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3434 N. Forest St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Rollman

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, ~~or~~ divorced
Male	White	Widowed

6 (b) Name of husband ~~or wife~~ Mary Ward Rollman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 20th 1861

8. AGE: Years	Months	Days	If less than one day
78	0	28	hr. min.

9. Birthplace Balto, Md. (Town, county, and state)
10. Usual Occupation Retired - Agent
11. Industry or business Metro. Life Ins. Co.

FATHER
12. Name Ferdinand Rollman
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Rau
15. Birthplace Germany

16 (a) Informant Elizabeth Hulse
(b) Address 3026 Iona Terrace

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 12/20/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Greenmount
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

DEC 20 1939 (Date received by Registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

P. M.

20. DATE OF DEATH December 17 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
hypertrophy of prostate	over
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. B. Wardell Griffith M.D. Medical Examiner.
Date signed 12/20/1939

64015

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 64015

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 505 Rossiter Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Edythe Knefely Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband ~~or wife~~ Elijah Edw. Taylor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 11th 1902

8. AGE: Years	Months	Days	If less than one day
37	11	7	hr. min

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name George Knefely
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary McLanahan
15. Birthplace Balto. Md.

16 (a) Informant Elijah Edw. Taylor
(b) Address 505 Rossiter Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 12/21/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) (Date received by registrar) (b) Registrar

DEC 20 1939

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. If any item is unknown, write "unknown." Be sure that the information you give is correct as far as you know it. Be especially careful to see that the spelling of names and places is correct. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 18 1939, at 12-12 noon

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 16 1939 to Dec 18 1939 and that I last saw her alive on Dec 18 1939.

Immediate cause of death	Duration
Uremia	
Nephritis	
Heart failure	
Ulcerative colitis 2 yrs	
Calculus perforation	3 yrs
Due to Intestinal perforation	1 wk
Other Conditions Chronic Colitis	3 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations Same as above
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. D. Sunday M.D.
Address Union Memorial Date signed 12/19/39

F 64016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 23

F 64016 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Give street age is especially important. Physicians please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1557 Argyle Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mason Edwards (49970)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ~~Dec.~~ 9-24-24

8. AGE: Years 15 | Months 2 | Days 24 | If less than one day: hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation School

11. Industry or business

FATHER
12. Name Robert Edwards (D)
13. Birthplace Va.

MOTHER
14. Maiden Name Lois Mason (D)
15. Birthplace Va.

16 (a) Informant Daisy Mason
(b) Address 1557 Argyle Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof Dec 20, 1939 (month) (day) (year)
(c) Cemetery or crematory Tasley
Location Virginia

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) (Signature of registrar) Huntington Williams M.D.

DEC 20 1939

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH December 18, 1939, at 10 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 8, 1939 to Dec. 18, 1939 and that I last saw him alive on Dec. 18, 1939.

Immediate cause of death
1. Tuberculosis of Mediastinal lymph nodes — Duration Oct 1939
Due to Tuberculous pleurisy with Effusion
Due to Tuberculous peritonitis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Release, M. D.

Address Balto. City Hospitals Date signed 12-18-39

64017

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a F 64017
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1222 S. Charles St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1222 S Charles St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma V. Murphy

3 (b) If veteran, name war: V
3 (c) Social Security Account No.: V

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: widow
6 (b) Name of husband or wife: Michael J. Murphy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) P 1866

8. AGE: Years 73 | Months | Days | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name David M. Sauk
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Elizabeth Fielding
15. Birthplace Ireland

16 (a) Informant Mrs. Alice Murphy
(b) Address 1222 S. Charles St.

17 (a) Loudon Pk (Burial, cremation, or removal) (b) Date thereof Dec 20 39 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location Frederick Md.

18 (a) Funeral director Fred. A. Crause & Son
(b) Address 1216 W. Lexington St. Huntington Terrace, Md.

19 (a) (Date received by Registrar) (b) Registrar

DEC 20 1939
6261 0 30

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/17 19 39, at 10:15 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 19 39 to 12/17 19 39.
and that I last saw h alive on 19 .

Immediate cause of death: Cerebral Hemorrhage — Duration: 12/19/39
Due to: Hypertension — 2 yrs.
Due to: Arteriosclerosis
Other Conditions: Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: not performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac Miller M. D.
Address 1225 S. Charles ST Date signed 12/19/39.

F 64018

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-e Registered No. F 64018

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1728 N. Bond Stree t
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 75 5 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1728 N. Bond St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Kate Connelly

3 (b) If veteran, name war: No

3 (c) Social Security Account No.:

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: John A. Connelly

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 7 - 9 - 1864

8. AGE: Years 75 | Months 5 | Days 10 | If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state) Maryland

10. Usual Occupation: Housewife

11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Annie Tighe
15. Birthplace: Baltimore, Md.

16 (a) Informant: Miss Bessie Connelly
(b) Address: 1728 N. Bond Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-39 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cemetery
Location: North Ave. & Rose Street

18 (a) Funeral director: Albert L. Hall Jr.
(b) Address: 1606 N. Chester Street

19 (a) Date received by registrar DEC 20 1939 (b) Registrar: Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 1939, at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 8 1939, to Dec 19 1939, and that I last saw her alive on Dec 18 1939.

	Duration
Immediate cause of death: Acute Dilatation of Heart	1 day
Due to: Chronic myocarditis	2 yrs
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Gill Hall, M.D.
Address 1631 E North Av Date signed Dec 19 19

64019

STATE OF MARYLAND—CERTIFICATE OF DEATH

64019

1. PLACE OF DEATH

County St. Johns Episcopal church South Ave Registration Dist. No. 92-a

Village or City Fort Washington Md No. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 52 yrs. mos. ds How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie L. S. Harry

(a) Residence: No. 5820 Clarks Hill Rd St. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Franklin Harry

6. DATE OF BIRTH (month, day, and year) March 10 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	39	10 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Home 0-37

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore City (State or country) Md

FATHER

13. NAME Charles Smith

14. BIRTHPLACE (city or town) Balt. Co. (State or country) Md

MOTHER

15. MAIDEN NAME Fannie Newcomb

16. BIRTHPLACE (city or town) Balt. Co (State or country) Md

17. INFORMANT Franklin Harry (Address) 5820 Clarks Hill Rd Fort Washington

18. BURIAL, CREMATION, OR REMOVAL Place Mary S.D. Date DEC 20 1939

19. UNDERTAKER A. Gillans Graff (Address) 3539 Falls Road

20. FILED DEC 20 1939 Thurlow Weed Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December (Month) 18 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18 1939 to Dec. 18 1939

I last saw her alive on Dec. 18 1939; death is said to have occurred on the date stated above, at 8.50 P.m

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Angina Pectoris with Acute Dilatation of heart

Date of onset

Other Contributory Causes of importance:

Chronic Cholecystitis

Operated 4 yrs. ago for Gall Stones - Mitral Regurgitation

Name of operation Date of

What test confirmed diagnosis? Usual Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. H. Beatson M. D.

(Address) Fort Washington Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

mation should be carefully supplied. Note CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

64020

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131

F 64020 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made on this certificate only. Do not make any mark or write outside the lines. Use typewriter if possible. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1112 Proctor St
(c) Hospital or institution: At Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
Street No. 1112 Proctor St (If rural give location)
(e) If foreign born, how long in U.S.A.? 34 yrs years

3 (a) FULL NAME Pietro Roggio

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Rosa Riccardo
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Dec 2, 1865

8. AGE: Years	Months	Days	If less than one day
74	0	16	4 hr. 4 min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Stone mason
11. Industry or business Day work

FATHER
12. Name Samuel Roggio
13. Birthplace Italy

MOTHER
14. Maiden Name Annettia Gicheri
15. Birthplace Italy

16 (a) Informant Mrs Rosa Roggio
(b) Address 1112 Proctor St. 22 yrs

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 21/39 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. & Moravia Rd.

18 (a) Funeral director Chas. W. Gaskins & Son
(b) Address 924 E. Fayette St

DEC 20 1939 (Registered by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18th, 1939, at 8:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/17 1939 to 12/18 1939, and that I last saw h[illegible] alive on 12/15 1939.

Immediate cause of death: Hypertensive Cardio-Vascular Renal disease.

Duration
?

Due to

Due to

Other Conditions: Arteriosclerosis

Duration
7

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? No (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph S. Blum M.D.
Address 1206 E. Preston St Date signed 12/20/39

64021

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

140-11 FB 64021 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct as required by law. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3 So. Wilson
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marie Rieter

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-2682

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Wh	divorced.

6 (b) Name of husband or wife Gregory Williamson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 11-1912

8. AGE: Years	Months	Days	If less than one day
27	3	7	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Examiner
11. Industry or business Surg Bros.

FATHER
12. Name August Rieter Sr.
13. Birthplace Balto Co. Md.

MOTHER
14. Maiden Name Eliz. Benner
15. Birthplace Balto Md.

16 (a) Informant Mrs. Eliz Rieter
(b) Address 3 So. Wilson Ave

17 (a) Burial (b) Date thereof 12-21-39
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Morelands
Location Taylor Ave

18 (a) Funeral director John F. Connelly
(b) Address Edson Md.

19 (a) DEC 20 (b) Hattie Williams
(Date rec'd by Registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH December 18 1939, at 6 20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Abortion, self induced	
Puerperal infection	
Due to Peritonitis	
Septicaemia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. B. Vandekieft M.D.
Medical Examiner.
Date signed 12/19/39

64022 F 64022

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107-a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2235 E Preston St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2235 E Preston St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary A. Stumph

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1st 1866

8. AGE: Years	Months	Days	If less than one day
73	8	17	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business —

FATHER 12. Name Michael Stumph
13. Birthplace Germany.

MOTHER 14. Maiden Name Margaret Nau
15. Birthplace Md.

16 (a) Informant George Stumph.
(b) Address 2235 E Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 22nd 1929 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Leo G. Cook
(b) Address 1701-03 N Patterson Park Ave

19 (a) Dec 20 1929 (Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18 1929, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 5 1929 to Dec 18 1929, and that I last saw her alive on Dec 17 1929.

Immediate cause of death	Duration
Broncho Pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B P Herzog MD

Address 1305 N Patterson Park Date signed 12/18/29 M. D.

F 64023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64023

Registered No. 94B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D.O.A. East Baltimore Guard Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2932 Ellicott Drive (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James P. Little

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Bertha Little

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) March 15th 68

8. AGE: Years	Months	Days	If less than one day
76. 63	9	3	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation None (1900)

11. Industry or business

FATHER
12. Name Patrick Little
13. Birthplace Ireland

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Bertha Little
(b) Address 2932 Ellicott Drive

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 12 21 39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director A. Jones
(b) Address 111 S. Gilmor St

19 (a) [illegible] (b) Huntington Williams M.D. Registrar

DEC 20 1939

VS 6

MEDICAL CERTIFICATION

2 P.M.

20. DATE OF DEATH December 18 1939 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Coronary occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. P. Vandecraft M.D. Medical Examiner

Date signed 12/18/39

F 64024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131

F 64024 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 413 N. Mount St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 413 N. Mount St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

19-1

3 (a) FULL NAME Charles H Baker

3 (b) If veteran, name war: S American War
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: Col
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Maud E Baker
6 (c) If alive, give age: 51 years

7. Birth date of deceased (mo., day, yr.): April 23 1877

8. AGE: Years: 62 | Months: 7 | Days: 26 | If less than one day: hr. min.

9. Birthplace: Baltimore Maryland (Town, county, and state)

10. Usual Occupation: None 0000

11. Industry or business

FATHER
12. Name: Joseph Baker
13. Birthplace: Baltimore Maryland

MOTHER
14. Maiden Name: Alexina
15. Birthplace: Baltimore Maryland

16 (a) Informant: Mrs Maud E. Baker
(b) Address: 413 N Mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12 22 1939 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Nat
Location: Fredrick ave Baltimore Md

18 (a) Funeral director: Joseph A. Lovely
(b) Address: 409 N Mount st

19 (a) Date received by registrar: DEC 20 1939 (b) Registrar: Livingston Williams M.D.

MEDICAL CERTIFICATION

4 31a

20. DATE OF DEATH: December 19 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion.
Due to:
Due to: Cardio-vascular-renal disease
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: no
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Wm H Landenberger M.D. Medical Examiner.
Date signed: 12/19/39

VS 6

64025

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64025 Registered No.

PLEASE WRITE PLAINLY, with PENCIL or PEN. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1703 Presbury St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) No
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1703 Presbury St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	married

6 (b) Name of husband or wife Samuel B Jones
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) May 16, 1879

8. AGE: Years	Months	Days	If less than one day
60	7	3	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Peter Gould
13. Birthplace Md

MOTHER
14. Maiden Name Charlotte Dorsey
15. Birthplace Md.

16 (a) Informant Thomas E Jones
(b) Address 1703 Presbury St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/3 1939 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location
(a) Funeral director Thos. E. Kelson
(b) Address 1303 Pleasant St

DEC 20 1939

19 (a) (Date rec'd by registrar) (b) Huntington Ave

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 1939, at 5 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 5 1939, to Dec 17 1939, and that I last saw her alive on Dec 17 1939.

Immediate cause of death Diabetes — Duration 2 days
Due to
Due to
Other Conditions Pneumonia (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E Williams Frey M.D.
Address 1928 Penna Ave Date signed Dec 20/39

VS 2

64026

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 64026 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2614 Loyola Southway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 2614 Loyola Southway (If rural give location)
(e) If foreign born, how long in U. S. A.? 53 years

3 (a) FULL NAME Mendel Klein

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Rebecca Klein
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace Russia (Town, county and state)
10. Usual Occupation Retired
11. Industry or business

FATHER 12. Name Unknown
13. Birthplace Russia
MOTHER 14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Rebecca Klein
(b) Address 2614 Loyola Southway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-39 (month) (day) (year)
(c) Cemetery or crematory Southern Ave.
Location Southern Ave

18 (a) Funeral director Jack Levin Inc
(b) Address 1731 E. Baltimore St

19 (a) 12-20 1939 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19 1939 at 6:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1925 to Dec. 19 1939.
and that I last saw h[im] alive on Dec. 19 1939.

Immediate cause of death	Duration
Coronary Thrombosis	4 days
Due to Arteriosclerotic Cardiovascular Disease	5 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Levin M. D.
Address 101 W. Read St. Date signed 12/20/39

64027 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64027

CERTIFICATE OF DEATH

82-C

Registered No.

1. PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 1000 Caton Ave St. 5th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME (Miss) Lucia Carlisle

If U. S. Veteran specify WAR

(a) Residence: No. Jenkins Memorial Home St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, year): Uncertain

7. AGE: Years: About 80 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Samuel Carlisle

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Mary Metcalf

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT (Address): Jenkins Memorial 1000 Caton Ave

18. BURIAL, CREMATION, OR REMOVAL: Sacred Heart Cem. Date 12/20 1934

19. UNDERTAKER (Address): John J. Haley & Bro. 1308 Eutaw St.

20. Dec 20 1934 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934 to Dec 20, 1934

I last saw h[illegible] alive on Dec. 19, 1934 Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis & Cerebral Softening — Duration of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Marden S. Lewis M. D.

(Address) St. Agnes' Hospital

information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

64028

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1 59

F 64028 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Give full name of deceased. Do not use initials. Be sure that every question is answered. Please see that your statements are correct and complete. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 dys
(e) Length of stay in Baltimore (yrs., mos., or days) 4 dys

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1113 Brices University Hospital (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Baby Boy Carter

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
4dys 0	0	4	— hr. — min.

9. Birthplace University Hospital (Town, county, and state)

10. Usual Occupation — (Housework)

11. Industry or business —

FATHER
12. Name Paul Frank Carter
13. Birthplace West point Va.

MOTHER
14. Maiden Name Isabelle Glenn
15. Birthplace Balto. Md

16 (a) Informant Isabelle Carter
(b) Address 1113 Brices St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery UNIVERSITY MEDICAL SCHOOL DEC 20 1939
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 DEC 20 1939 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-19 1939, at 3 45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-16 1939 to 12-19 1939, and that I last saw him alive on 12-19 1939.

Immediate cause of death: Respiratory Failure — Duration

Due to Prematurity 28 weeks

Due to 34 cm. Long.

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury

23. Signature Don Dyson M.D. M. D.
Address University Hosp. Date signed 12/20/39

F 64029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1143 F 64029 Registered No.

PLEASE WRITE PLAINLY, WITH PENCIL OR PEN. Entries must be made on this certificate before it is filed. Please see that the information you give is correct and complete. Answer each question. If none, or not applicable, write none. If unknown, or if the question does not apply, write unknown. Be sure to answer all questions concerning the deceased person. Be sure that the cause of death is stated so that it can be understood. Do not use abbreviations. Do not use words like "chronic," "complications," "exhaustion," "general debility," "heart trouble," "infection," "septicemia," "uremia," or "weakness" as the principal cause of death. Be sure that the age, color, and sex are correctly stated. Be sure that the date of death is correctly stated. Be sure that the cause of death is clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Pier 4 Pratt St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Unknown (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Unknown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Wh	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
50 ?			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation 0087

11. Industry or business

FATHER
12. Name
13. Birthplace Unknown

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) UNIVERSITY MEDICAL SCHOOL DEC 20 1939
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address Huntingtor Williams, Md

19 (a) DEC 20 1939 (Date rec'd by registrar) 5267 Registrar

VS 6

MEDICAL CERTIFICATION Early M

20. DATE OF DEATH December 13 1939, at

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Acute alcoholism	
Due to Purulent mediastinitis and pleurisy	
Due to	over
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. B. Vandersall M.D. Medical Examiner.
Date signed 12/13/39

F 64030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

75

F 64030 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Found in vacant house
(b) Street address 1735 Lancaster st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 213 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HOMER KEYSEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
30			hr. min.

9, Birthplace (Town, county, and state)

10. Usual Occupation 1087

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory UNIVERSITY MEDICAL SCHOOL DEC 20 1939
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address Huntington Williamsburg, Md.

19 DEC 20 1939 (Date rec'd by registrar) 5268 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH December 11 1939, at 3 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Chronic alcoholism	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed Dec 12th, 1939

F 64031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43

F 64031 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Annapolis (If outside city or town limits, write RURAL and give town)
(d) Street No. 10 College Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gilford Richard Weems

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Mary Corbaratt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29, 1888

8. AGE: Years 51 | Months 4 | Days 1 30 | If less than one day hr. min.

9. Birthplace Annapolis, Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Naval Hospital

FATHER
12. Name Louis B. Weems
13. Birthplace Maryland

MOTHER
14. Maiden Name Georgeanna Kent
15. Birthplace Maryland

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Md.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 12-23-39. (month) (day) (year)
(c) Cemetery or crematory National
Location Annapolis, Md.

18 (a) Funeral director Chas. H. Alexander
(b) Address 43 & 45 Shipwright St. Annapolis

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 20 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19, 1939, at 11:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 11, 1939, to Dec. 19, 1939, and that I last saw him alive on Dec. 19, 1939.

Immediate cause of death Actinomycosis of rectum and bladder — Duration Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address U. S. Marine Hospital Date signed 12/19/39

U. S. Marine Hospital.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64032

CERTIFICATE OF DEATH

95-B F 64032

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St., Belvieu & Greenspring Ave

Registered No. 5483

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR ___

2. FULL NAME Adele Press

(a) Residence: No. 4530 Reisterstown Rd. Ward. ___

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joel

6. DATE OF BIRTH (month, day, year) Aug 14 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	25	4	5 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) ___

11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Paul Levin

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Petrina Klitzner

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Joel Press

(Address) 4530 Reisterstown Road

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship Date Dec 20 1939

19. UNDERTAKER Joel Levinson & Bros

(Address) 1124-26 W. North ave

DEC 20 1939 Huntington Pollikamus, Md.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/19 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-10 1939 to 12-19 1939

I last saw her alive on 12/19 1939. Death is said to have occurred on the date stated above, at 11:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	12-16-39
Rheumatic heart disease	
Other contributory causes of importance	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ___ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ___, 19___

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ___

(Signed) Gilbert Klein M. D.

(Address) Sinai Hospital

INFORMATION should be given in plain terms, so that it may be properly classified. State CAUSE OF DEATH in plain terms, and state whether natural, accidental, or suicidal. OCCUPATION is very important. See instructions on back of certificate.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 64033

F 64033

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: MERCY HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) life
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 222 Calvin St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BERTHA LEE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col.	married

6 (b) Name of husband or wife Louis Lee

6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) June 24th 1908

8. AGE: Years	Months	Days	If less than one day
31	5	28	hr. min.

9. Birthplace Balto, Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Joseph Martin
13. Birthplace Md.

MOTHER 14. Maiden name Cora Robinson
15. Birthplace Balto, Md.

16 (a) Informant Rosa Brooks
(b) Address 1417 Middleton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-1939 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location Brooklyn, Anne Arundel Co. Md.

18 (a) Funeral director Burnett & Jamie H. Knight
(b) Address 128 W Calderon St

19 (c) DEC 20 1939 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 18 1939, at 3:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death Cerebral hemorrhage
Due to non-alcoholic

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. T. L. Wallenmeyer M.D.
Medical Examiner.
Date signed Dec 18th 1939

VS 6

64034 51039-FS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

34-a-9F 64034 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1727 Mager St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eugene Fowlkes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-23-1938

8. AGE: Years	Months	Days	If less than one day
1	1	725	1 hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Eugene Fowlkes
13. Birthplace Va.

MOTHER
14. Maiden Name Cammie Oliver
15. Birthplace Va.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Interment (Burial, cremation, or removal) (b) Date thereof 12/21/39 (month) (day) (year)
(c) Cemetery or crematory
Location Crew Va.

18 (a) Funeral director Robert L. Cremo
(b) Address 804 W. Caroline St. Huntington, West Virginia

19 (a) (Signature of registrar) (b) Registered

DEC 20 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/18/39 19 at 11 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/15/39 19 to 12/18/39 19, and that I last saw h.s m. alive on 12/18/39 19

Immediate cause of death	Duration
Broncho-pneumonia	5 days
Due to Pertussis.	
Due to	
Other Conditions Congenital Syphilis.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David L. Fellner M. D.
Address Balto. City Hosp. Date signed 12/19/39

F 64035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

F 64035 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3422 Mondawmin Avenue
(c) Hospital or institution: ------ -
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3422 Mondawmin Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? -- years

3 (a) FULL NAME CORA PENNINGTON

3 (b) If veteran, name war ---

3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Widow

6 (b) Name of husband or wife Robert Pennington
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 11, 1864

8. AGE: Years	Months	Days	If less than one day
75	4	8	hr. min.

9. Birthplace New Jersey (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Job Gaskill
13. Birthplace New Jersey

MOTHER
14. Maiden Name Charolette Wolseton
15. Birthplace New Jersey

16 (a) Informant Mrs. Edw. H. Warr
(b) Address 3422 Mondawmin Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 22/39 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cemetery
Location

18 (a) Funeral director Chas. S. Frame Howard
(b) Address 118 W. Mt Royal Ave

19 (a) (Date received by registrar) (b) Huntington Williamsport, Md.

DEC 20

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19 1939 at P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 9, 1939, to Dec. 19, 1939 and that I last saw her alive on Dec. 17, 1939.

Immediate cause of death	Duration
Chronic Interstitial Nephritis	1 year
Due to Arteriosclerosis	5 years
Due to Hypertension	"
Other Conditions Cystitis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Frank M. Ayden M. D.
Address 2701 N. Calvert St. Date signed Dec. 19, 39

F 64036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 72-B

F 64036 ! Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3227 Boulevard
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 40 15

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3227 Boulevard
(If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Bessie Pauline Miller

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4 Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Myer Miller

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 60 | Months | Days | If less than one day: hr. min.

9. Birthplace Philadelphia Pa
(Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER 12. Name Israel Saphir

13. Birthplace Austria

MOTHER 14. Maiden Name Hettie Saphir

15. Birthplace Austria

16 (a) Informant Mavis Caplan

(b) Address 3227 Boulevard

17 (a) Burial (b) Date thereof 12-21-39
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Shaare Tfiloh

Location Kingsley Mill Rd

18 (a) Funeral director Jack Lewis Inc

(b) Address 1439 E. Balto St

19 (a) Dec 20 1939 (b) Hattie Wiseman, M.D. Registrar
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1939, at 6.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to Dec 20 1939, and that I last saw h e alive on Dec 20 1939.

Immediate cause of death Hodgkins disease — Duration Nov 27/39.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lewis Wiseman M. D.

Address 1720 Eutaw St Date signed Dec 21 39

F 64037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 ✓ Registered No. F 64037

PLEASE WRITE PLAINLY. WITH ONE WORD IN EACH SPACE. Fill in all blanks correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 211 N. Eden St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

5/1

3 (a) FULL NAME Phillip McGlotten ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 21 1939

8. AGE: Years	Months	Days	If less than one day hr.	min.
	10	21		

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER — 12. Name	Thomas McGlotten
FATHER — 13. Birthplace	Md.
MOTHER — 14. Maiden Name	Bertha
MOTHER — 15. Birthplace	Md.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 12-21-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Brooklyn, Md.

18 (a) Funeral director Mrs. Charles G. Bailey
(b) Address 1421 Jefferson St

19 (a) (Date rec'd by registrar) (b) Huntington Williamsport, Md.

DEC 20 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19 1939, at 12 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 1939 to Dec 19 1939, and that I last saw him alive on Dec 19 1939.

Immediate cause of death Meningitis Pneumonia — Duration 3 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Meningitis Pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry P. Boldberg M. D.
Address Johns Hopkins Hosp Date signed 12-20-39

F 64038

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

Registered No. F 64038

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Do not leave any answer blank. If unknown, or if the question is not applicable, write none. Be sure to answer each question. Please give the information requested as to residence, even if the deceased was a transient or was living in an institution at the time of death. Please see that the certificate is correctly and completely filled out, as to the personal particulars, and that the statement of the cause of death is carefully worded and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2429 E. Hoffman
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) City No. 2429 E. Hoffman St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? about 50 years

3 (a) FULL NAME Johanna Gemeinhardt

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex F | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife John Gemeinhardt (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) September 6, 1866

8. AGE: Years 73 | Months 3 | Days 14 | If less than one day hr. min.

9. Birthplace Germany (Town, county and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mr. Ferd Gemeinhardt
(b) Address S.W. Cor Federal & Castle Sts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/39 (month) (day) (year)

(c) Cemetery or crematory Western Cem
Location Balto. Md

18 (a) Funeral director Milton Schilling
(b) Address 422 E. Monument St

19 (a) [illegible] Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

DEC 20 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18 1939, at 7:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 17 1939 to Dec 18 1939, and that I last saw h[illegible] alive on Dec 18 1939.

Immediate cause of death: Coronary Thrombosis — Duration 1 day

Due to

Due to

Other Conditions Diabetes Mellitus Controlled

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Gordon

Address 340 S. Bechs St Date signed Dec 19/39

VS 3

64039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 34-D

Registered No. F 64039

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2515 Hollins St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2515 Hollins St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARGARET C. HAGAN

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Fem'l | 5. Color or race White | 6 (a) Single, married, ~~widowed, divorced~~ Married

6 (b) Name of husband or wife Jas. J. Hagan

6 (c) If alive, give date

7. Birth date of deceased (mo., day, yr.) June 24 1882

8. AGE: Years 57 | Months 5 | Days 5/26 | If less than one day ... hr. ... min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER — 12. Name Jeg. Matthews
13. Birthplace Ireland

MOTHER — 14. Maiden Name not known
15. Birthplace Ireland

16 (a) Informant Jas. J. Hagan
(b) Address 2515 Hollins St.

17 (a) ... (Burial, cremation, or removal) (b) Date thereof 12/23/39 (Month, day, year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director Geo Lambach
(b) Address 525 N Lyndhurst St

19 (a) DEC 20 1939 (Date rec'd by registrar) Burlington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 1939 at 4:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1939 to Dec 19 1939 and that I last saw her alive on Dec 19 1939.

Immediate cause of death: Bronchopneumonia Coronary Thrombosis — Duration 17 days

Due to Senile Cerebral Degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel J. Stanbian M. D.

Address 2501 N. Charles St. Date signed 12/20/39

PLEASE WRITE PLAINLY, WITH INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 64040

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

Registered No. F 64040

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 618 S. Oldham St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

26

3 (a) FULL NAME Barbara Nellis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	M.

6 (b) Name of husband or wife Wesley Nellis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10, 1875

8. AGE: Years	Months	Days	If less than one day
64	7	28	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business -

FATHER
12. Name Gustav Birkholtz
13. Birthplace Germany

MOTHER
14. Maiden Name Henriatta Lehmann
15. Birthplace Germany

16 (a) Informant Elizabeth Seifert
(b) Address 610 S. Fagley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-39 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Gorsuch Hill Road

18 (a) Funeral director Lilly + Zeiler INC.
(b) Address 403 N. Wolfe St.

19 (a) DEC 20 1939 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 18 1939 at 9:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/18 1939 to 12/18 1939 and that I last saw h[illegible] alive on 12/18 1939.

Immediate cause of death Myocardial failure

Due to Diabetic Coma (acidosis)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward F. Gardeman M. D.
Address Md. Gen. Hosp. Date signed 12/18/39

VS 8

F 64041

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46c Registered No. F 64041

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3603 Fait Ave

(c) Hospital or institution: no

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State life (b) County Balto md

(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 3603 Fait Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary Fleckenstein

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Widow

6 (b) Name of husband or wife Jacob Fleckenstein

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 4 1867

8. AGE: Years	Months	Days	If less than one day
72	7	17 15	hr. ..... min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business at home

FATHER
12. Name George Kreiler
13. Birthplace Germany

MOTHER
14. Maiden Name unknown
15. Birthplace Germany

16 (a) Informant Elizabeth Zinkand (daughter)
(b) Address 3603 Fait Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23-39 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road Balto Md

18 (a) Funeral director Lilly a Zeiler INC
(b) Address 403 S. Walbert

19 DEC 20 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1939, at 08 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 30 1939, to Dec 17 1939, and that I last saw h(er) alive on Dec 17 1939.

Immediate cause of death	Duration
Bronchopneumonia Dec 14.	1939
Carcinoma of Sigmoid Aug 30	1939
Due to	
Due to	
Other Conditions Diabetes Mellitus	4935

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward J Koehler M. D.
Address 3502 Fait Ave Date signed Dec 21-39

VS 3

64042

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107-a

Registered No. F 64042

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made on this certificate before it is filed. Please see that the information you supply is complete and correct. Answer each question fully. Use "None" where applicable. Do not use ditto marks. Be sure that your answer to each question is legibly written. Physicians: please write the causes of death clearly and legibly. Cause of death must be stated by a physician, to the best of his knowledge, from personal attendance or investigation. Please see that the age is correctly stated. Please see that the personal and statistical particulars are correct and complete. Please see that the certificate is signed in ink.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 56 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1823 W. Franklin St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Benjamin F. Forrester

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Annie Belle Forrester
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 8-1853

8. AGE: Years	Months	Days	If less than one day
86	3	12	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state) USA

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name W. H. Forrester
13. Birthplace Maryland

MOTHER
14. Maiden Name Julia Armstrong
15. Birthplace Maryland

16 (a) Informant Mrs. Bessie Farrell
(b) Address 4004 Park Hgts Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 22/39 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem
Location Baltimore Md

18 (a) Funeral director Chas E. Franck
(b) Address 802 Madison Ave (Name) Washington Williams, M.D. (Address)

19 DEC 20 1939 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1939, at 4:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 17 1939 to Dec 20 1939, and that I last saw him alive on Dec 20 1939.

Immediate cause of death	Duration
(a) Broncho-pneumonia, Rt	3 days
(b) Cardiac decompensation, C	
Due to (c) Auricular Fibrillation	3 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Frederick Johnston Jr. M.D.
Address Md. General Hosp Date signed 12/20/39

VS 3

64043

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 82-a

F 64043 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item on this certificate must be correct ago is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 235 W. Lanvale St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 235 W. Lanvale St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Lee Barrett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22 1862

8. AGE: Years	Months	Days	If less than one day
77	6	26	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name Minot Barrett
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Morrison Babcock
15. Birthplace Md

16 (a) Informant W. Douglas Riley
(b) Address Riderwood Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 21/39 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Boels Md

18 (a) Funeral director Henry W. Jenkins Sons
(b) Address McCulloh & Edmondson Sts

19 (a) DEC 20 1939 (Date rec'd by Registrar) (b) Huntington Williamsport, Md

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH December 18 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. M. Vandersluis M.D.
Medical Examiner.
Date signed 12/19/39

F 64044

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64044 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Catonsville Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 900 Frederick Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Agnes Schlenpner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife John A Schlenpner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1 1870

8. AGE: Years	Months	Days	If less than one day hr.	min.
69	3	20		

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Michael Betzold
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Wertzing
15. Birthplace Germany

16 (a) Informant Ed Schlenpner
(b) Address Catonsville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 23 39 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto Md

18 (a) Funeral director J C Dey undertaking Co
(b) Address Edmonson City Md

19 (a) Date received 12-21 1939 (b) Registered by Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/21 1939 at 2'5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/18 1939 to 12/21 1939 and that I last saw h e alive on 12/20 1939.

Immediate cause of death: hypostatic pneumonia
Due to fractured femur (L) 10/15/39
Due to by fall at home

Duration: 2 mo - 6 dy

Other Conditions Cardio-renal vascular disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations insertion of Smith-Peterson nail
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence 10/15/39
(c) Where did injury occur? Balt. Md. (Catonsville Md) (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? (Specify type of place)
(e) Means of injury fell backward striking floor

23. Signature J M. Collins M D M. D.
Address Bon Secours Hospital Date signed 12-21-39

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the causes of death clearly and legibly. Exact age is especially important.

64045

HEALTH DEPARTMENT—CITY OF BALTIMORE

64045

CERTIFICATE OF DEATH

✓ 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital Ward) 2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J. Woods

If U. S. Veteran specify WAR

(a) Residence: No. 1524 E 33rd St., S. S. No. 204-07-1877 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed or divorced — HUSBAND of (or WIFE of) Joyce Ellen Woods

6. DATE OF BIRTH (month, day, year) Sept 7th 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 30

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction 40

10. Date deceased last worked at this occupation (month and year) 11/5/39

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) Baltic (State or country) Conn

FATHER

13. NAME John Woods

14. BIRTHPLACE (city or town) (State or country) Connecticut

MOTHER

15. MAIDEN NAME Elizabeth Murphy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Joyce Woods

(Address) 1524 E. 33rd St

18. BURIAL, CREMATION, OR REMOVAL

Place Elizabeth N.J. Date 12/21/ 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED DEC 21 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1939 to Dec 18 1939

I last saw him alive on Dec. 18, 1939 Death is said to have occurred on the date stated above, at 10 h m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Coronary Thrombosis	12-18-39
Other contributory causes of importance:	

Was an operation performed? Yes Date of Dec 16/39

For what disease or injury? Strang Appendicitis

Name of operation Appendectomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard J. Sabatini M. D.

(Address) St Joseph Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 64046

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C Registered No. F 64046

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be complete and correct as age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 527 Champlain Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 320 E. Lafayette Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William J. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-16-8198

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed or~~ divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Ellen Evan Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1st 1874

8. AGE: Years	Months	Days	If less than one day
65	11	19	hr. min.

9. Birthplace Avoca Pa.
(Town, county, and state)

10. Usual Occupation Yard Foreman, Coke
11. Industry or business Pennsylvania Construction Corp.

FATHER
12. Name William S. Smith
13. Birthplace Penna

MOTHER
14. Maiden Name Un Known
15. Birthplace "

16 (a) Informant Thelma S. McCarrier
(b) Address 320 E. Lafayette Ave

17 (a) Removal (b) Date thereof 12/21/39
(~~Burial, Cremation, or~~ removal) (month) (day) (year)

(c) Cemetery ~~or crematory~~ West Pittston
Location West Pittston Pa.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) DEC 21 1939 Interred at West Pittston, Penn.
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 20 - 1939, at 8 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Acute Congestive Right Ventricular Heart Failure	
Due to Myocardial Fibrosis	
Due to Essen Coyston Lungs	
Other Conditions Pulmonic Anthracosis & Lungs	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 12-20-39

F 64047

LB 38408

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-13

F 64047 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days 1 mth.

(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 622 N. Stockton St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	~~married~~ widowed

6 (b) Name of husband or wife ~~unknown~~ (d Lydia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 25, 1875

8. AGE: Years	Months	Days	If less than one day
64	10	21	hr. min.

9. Birthplace Laurel, Md. (Town, county, and state)

10. Usual Occupation unknown p087

11. Industry or business

FATHER

12. Name ?

13. Birthplace Laurel, Md.

MOTHER

14. Maiden Name Alice ?

15. Birthplace Laurel, Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-39 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Balto. Md.

18 (a) Funeral director Mrs. Geo. H. Galland

(b) Address 1631 Druid Hill Ave.

19 (a) Date received by registrar DEC 21 1939 (b) Registrar Huntington Williams, M.D.

PLEASE WRITE PLAINLY, with pen and ink. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 16 1939, at 12 midnight M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 27 1938, to Dec. 16 1939, and that I last saw him alive on Dec. 16 1939.

Immediate cause of death Hypertensive cardiovascular disease — Duration unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. McCaghlahein M. D.

Address Balto City Hosp. Date signed 12-20-39.

64048

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131

F 64048
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 15 N. Durham St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 15 N. Durham St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Brown

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.:

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Carry Brown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-3-1880

8. AGE: Years 59 | Months 5 | Days 16 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name Richard Brown
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Harriet
15. Birthplace unknown

16 (a) Informant Mrs. Carry Brown
(b) Address 15 N. Durham St

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Dec 23/39 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery.
Location Brooklyn

18 (a) Funeral director E O Wilson
(b) Address 1000 Bramble

19 (a) (Entered by registrar) (b) [illegible]

VS 2 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-19 1939, at 9.00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-4 1939, to 12-19 1939 and that I last saw him alive on 12-19 1939.

Immediate cause of death: Cerebral hemorrhage — Duration: 4 days

Due to: cardio-vascular-renal disease — ?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]

Address 1 S. W. S. Madison Date signed 12/20/39

64049

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107-a F 64049 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Use no abbreviations. Give full name of deceased. Do not use initials. Be sure that every item is correct and complete. Answer each question. If none, or not applicable, write NONE. Where exact information is not known, approximate as nearly as possible. Physicians: please write the causes of death clearly and legibly. Cause of death must be stated by a physician, and his certificate must be filed with the Registrar of Vital Statistics within 24 hours after death. Burial cannot be made until certificate is filed. Consult Section 5 of Rules and Regulations. Violation of the law is punishable by fine or imprisonment, or both.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 123½ Arunah
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 123½ Arunah St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gertrude Williams

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years 51 | Months — | Days — | If less than one day hr. min.

9. Birthplace Balto Md (Town, county and state)

10. Usual Occupation Domestic
11. Industry or business —

FATHER 12. Name William Grace
13. Birthplace Balto Md

MOTHER 14. Maiden Name Fannie Grace
15. Birthplace Balto Md

16 (a) Informant Bertha Garrett
(b) Address 123½ Arunah St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 22 | 39 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cemet
Location Mt Winans

18 (a) Funeral director E O Wilson
(b) Address 1005 Brantley Ave
DEC 21 1939 (Huntington Williams, M.D. Registrar
(Date filed with Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18 1939 at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1939 to Dec 18 1939 and that I last saw h[illegible] alive on Dec 18 1939.

Immediate cause of death

Duration

Acute Broncho-pneumonia — Due to — Dec 10 1939.

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature George P. Allen
Address 5b Druid Hill Ave Date signed 12-20-39

64050 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 64050

CERTIFICATE OF DEATH V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Gen. Hosp. St. 21-6 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Emma P Wallace

If U. S. Veteran specify WAR .....

(a) Residence: No. 624 N Gross St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 20 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) 0

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Philip Wallace

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Lydia Kremer

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs Philip Wallace
(Address) 624 N Gross St

18. BURIAL, CREMATION, OR REMOVAL
Mt Olivet Date DEC 23 1939

19. UNDERTAKER Bernard C. Hayes
(Address) 124 E Mt St

DEC 21 1939 (Signature of Local Registrar) Hunter for Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20. 1939

22. I HEREBY CERTIFY, That I attended deceased from August 16. 1939 to December 20. 1939

I last saw Pat. alive on Dec 20. 1939 Death is said to have occurred on the date stated above, at 11:55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Advanced pulmonary tuberculosis	
Tuberculous peritonitis	
Tuberculous salpingitis	
Other contributory causes of importance:	
Fecal fistula	
Ulcer of tongue with cancerous	

Was an operation performed? Yes Date of 10-2-39

For what disease or injury? Tuberculous salpingitis

Name of operation Bilateral salpingectomy

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R Donald Jandorf M. D.

(Address) So. Balto Gen. Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

64051 CERTIFICATE OF DEATH 1186-a F 64051

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St. 27-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Henry Perry

If U. S. Veteran specify WAR

(a) Residence: No. 3300 Ailsa Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E.

6. DATE OF BIRTH (month, day, year) Sept 15-1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Transit Co. WATCHMAN

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME James S. Perry

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Miss Ida M. Perry

(Address) 3300 Ailsa Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date 12-22 '39

19. UNDERTAKER Leonard J. Rueke

(Address) 5305 Harford Rd

20. FILED DEC 01 1939 Austin Willis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-20, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-16, 1939 to 12-20, 1939

I last saw him alive on 12-20, 1939 Death is said to have occurred on the date stated above, at 1:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	12-17
2 Fracture left femur	12-16

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12-16, 1939

Where did injury occur? Baltimore
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home - 3300 Ailsa Ave.

Manner of injury Fell down steps

Nature of injury Fracture left femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. P. Timmons M. D.

(Address) St Joseph's Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. State whether natural, accidental or suicidal. Fully describe OCCUPATION in every case. See instructions on back of certificate.

N. F. Wollenweber, M.D. asst medical examiner
per B. Kitzes

F 64052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64052 Registered No. 119

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 18 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County A A Co
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Rieviera Beach (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Frank

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 3, 1939
8. AGE: Years | Months | Days: 18 | If less than one day: hr. min.
9. Birthplace Mercy Hospital Baltimore Md (Town, county, and state)
10. Usual Occupation New born 0000
11. Industry or business

FATHER
12. Name Bernard Frank
13. Birthplace md.

MOTHER
14. Maiden Name Craig
15. Birthplace md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Leonard J. Peach.
(b) Address 308 Poplar Rd.

19 (a) (Date certificate registered) (b) Registrar

DEC 22 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1939 at 3:58 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 3 1939 to Dec 21, 1939 and that I last saw h[illegible] alive on Dec 21, 1939

Immediate cause of death: Pneumonia - R lung — Duration 3 days
Due to Diarrhea — 9 days
Due to Prematurity
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles H. Doellefeld Jr
Address Mercy Hospital Date signed 12-22-39

PLEASE WRITE PLAINLY, with ordinary pen and ink. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

64053

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131

F 64053 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Cross out words not necessary to complete answer. Underline the cause to which death should be charged statistically. Fill in all blanks for which you have information. Do not leave any blank unless you are sure that you cannot obtain the information. Write "None" where there is no information. Do not write in the space below.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 118 W. 23rd St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., days) Dead
(e) Length of stay in Baltimore (yrs., mos., days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 118 W. 23rd St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James H. Jones

3 (b) If veteran, name war: —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	Married

6 (b) Name of husband or wife Bertha Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 9-1871

8. AGE: Years	Months	Days	If less than one day
68	8	11	hr. min.

9. Birthplace Fayetteville N.C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Building Stuff Co

FATHER
12. Name Samuel Jones
13. Birthplace Va.

MOTHER
14. Maiden Name Sophia Barrington
15. Birthplace Va

16 (a) Informant Ruth E. Coleman
(b) Address 115 W. 23rd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Anne Arundel Co.

18 (a) Funeral director Saml. W. Chaney & Son
(b) Address 638 N. Gilmor St.

19 (a) DEC 21 1939 (Date rec'd by registrar) (b) by Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20 1939, at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1938, to Dec. 20 1939, and that I last saw him alive on Dec. 17 1939.

Immediate cause of death	Duration
Chronic Interstinal Nephritis	1 yr. 6 mo.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ruth E. Coleman M. D.
Address 22 E. Preston St. Date signed Dec. 21, 39

F 64054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 127

F 64054 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 828 N. Carrollton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 828 N. Carrollton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fannie Matthews

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fem	Col	Married

6 (b) Name of husband or wife Amos Matthews
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 27-1868

8. AGE: Years	Months	Days	If less than one day
71	8	22	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housework 037
11. Industry or business At Home

FATHER 12. Name John Butler
13. Birthplace West River Md

MOTHER 14. Maiden Name Josephine Wade
15. Birthplace Md.

16 (a) Informant Ella Hayes
(b) Address 828 N. Carrollton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Annex Annapolis Co.

18 (a) Funeral director Samuel W. Brown & Son
(b) Address 638 N. Gilmor St

19 (a) DEC 21 1939 (b) (Date rec'd by Registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-20-1939 9:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-7-1939 to 12-20 1939
and that I last saw her alive on 12-20 1939.

Immediate cause of death	Duration
Bronchopneumonia	10 Days
Due to Acute Hepatitis & Jaundice	45 Days
Due to	
Other Conditions Indefinite	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jas. R. Blake
Address 1327 N. Central Ave Date signed 12/21

64055

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 7/86

F 64055 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Abingdon (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clinton Norton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 9 1939

8. AGE: Years	Months	Days	If less than one day
	2	11 21	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Harold Norton
13. Birthplace Abingdon. md.

MOTHER
14. Maiden Name Alice Norton
15. Birthplace Baltimore md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 12 22 39 (month) (day) (year)
(c) Cemetery or crematory John Wesley
Location Abingdon. md

18 (a) Funeral director Howard K Malone
(b) Address Abingdon md

19 (a) (Date received by registrar) (b) [signature] Registrar

DEC 21 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20 1939 at 11 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1939 to Dec 20 1939. and that I last saw him alive on Dec 20 1939.

Immediate cause of death	Duration
Convulsions	4 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No gross changes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hubert Berry M. D.
Address John Hopkins Hosp Date signed 12-21-39

PLEASE WRITE PLAINLY, with ink. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64056

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 64056 Registered No. 23

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2536 Fait Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bertha Blake (40312)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 10, 1903

8. AGE: Years	Months	Days	If less than one day
30		9	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name Sam Rusinek
13. Birthplace Austria

MOTHER
14. Maiden Name Fannie Butzser
15. Birthplace Austria

16 (a) Informant John Blake
(b) Address 2536 Fait Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 22/39 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location German Hill Rd.

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 403 S. Wolfe St.

19 (a) DEC 21 1939 (Date rec'd by registrar) (b) Signature of Registrar Arlington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19, 1939, at 9:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 27, 1938, to Dec. 19, 1939 and that I last saw her alive on Dec. 19, 1939.

Immediate cause of death Tuberculosis of lungs — Duration Jan. 1939

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto. City Hospitals Date signed 12-19-39

PLEASE WRITE PLAINLY with pen and ink. Be sure to answer correctly and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 64057

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64057

CERTIFICATE OF DEATH

160B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Dolores Marie Paesch

If U. S. Veteran specify WAR

(a) Residence: No. 3312 O'Donnell St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-16-39

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		4 days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Edward John Paesch

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME D'ambrosia

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Father

(Address) 3312 O'donnell St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodland Park Date Dec. 21, 1939

19. UNDERTAKER Lilly-Zeiler Inc.

(Address) 403 N. Wolfe St.

20. FILED , 19 Registrar

DEC 21 1939

VS 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-14, 1939 to 12-20, 1939

I last saw her alive on 12-20, 1939 Death is said to have occurred on the date stated above, at 2:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12-16-39
Other contributory causes of importance:	

Was an operation performed? None Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical (Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. R. Turnquist M. D.

(Address) St. Josephs Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Enter OCCUPATION is very important. See instructions on back of certificate.

F 64058

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

210-M

F 64058 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: West Balto. Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1Mo. 15 Days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3316 Burleith ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Emma C. Percy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Robert T. Percy
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb.-17-1868

8. AGE: Years 71 | Months 10Mo. | Days 2Days | If less than one day ..... hr. ..... min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Nicholas Fogarty
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Kehoe
15. Birthplace Ireland

16 (a) Informant Miss Margaret M. Percy
(b) Address 3316 Burleith Ave.

17 (a) buiral (Burial, cremation, or removal) (b) Date thereof Dec.-23-1939 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location Edmondson Ave.

18 (a) Funeral director Mr. Henry Haeckman
(b) Address 1301- E. Eager St.

19 (a) ..... (b) ..... (c) rec'd by Registrar Huntington Williams, M.D. Registrar

DEC 21 1939

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19 1939 at 8.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 19 1939 to Dec. 19 1939 and that I last saw h.. alive on Dec. 19, 1939.

Immediate cause of death: Fractured Skull — Duration .....
Due to: fractured femur, legs Compound. — Duration .....
Due to: Fractured Ribs. — Duration .....
Other Conditions: Pneumonia abscess and bronchitis — Duration .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Gen. infection

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12-19-39
(c) Where did injury occur? City (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public road (Specify type of place) While at work Not at work
(e) Means of injury Struck by Auto while crossing street
23. Signature Howard J. Weiden M. D.
Address ..... Date signed 12/20/39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

64059 F 64059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 164-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 W. Preston St., 11-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth E. MacEwen

If U. S. Veteran specify WAR .....

(a) Residence: No. 15 W. Preston St., ... Ward. S. S. No. 215-07-5626

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Purcell

6. DATE OF BIRTH (month, day, year) Dec. 28, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
21	32	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Montgomery Ward Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Hyatsville, Md.

FATHER

13. NAME Ernest H. MacEwen

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Bertha A. Beckley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Charles J. Rose

(Address) 12 Ridge Rd. Catonsville, Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Western Cemy. Date 12/22/39 19

19. UNDERTAKER Leo O. Mitchell Funeral Home

(Address) 1900 Eutaw Place

20. FILED DEC 21 1939 19 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury-Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Injury-Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxiation	
Due To Illuminating Gas.	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of ~~injury~~ 12-20-19 39

Where did ~~injury~~ occur? City (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 15 W. Preston St., 2½ Floors Apt.

Manner of injury Illuminating Gas.

~~Nature of injury~~

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Howard J. Madeira M. D.

Chief Medical Examiner Coroner

(Address) Central Police Building

V S 6

4060

F 64060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 23

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1348 Woodyear
(c) Hospital or institution: No
(d) Length of stay in hospital or inst. (yrs., mos., or days) No
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
6-1
(d) Street No. 1348 Woodyear Av (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George E Dotts

3 (b) If veteran, name war: No

3 (c) Social Security Account No. No

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25, 1889

8. AGE: Years 49 | Months 11 | Days 25 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER 12. Name Edward Dotts
13. Birthplace Md.

MOTHER 14. Maiden Name Jenny Jefferson
15. Birthplace Md.

16 (a) Informant Mamie Hawkens
(b) Address 1348 Woodyear Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/39 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Thos E. Kelsan
(b) Address 1303 Pressman St.

19 (a) DEC 21 1939 (Date received by registrar) Huntington Williams, M. D.
Address

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1939, at 1:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 30 1939, to Dec 20 1939, and that I last saw him alive on Dec 19 1939

Immediate cause of death: Pulmonary Tuberculosis — Duration 1 mo 20 d

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. William Frey M. D.
Address 1928 Penna Ave Date signed 12/20/39

VS 3

F 64061

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23

F 64061 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14½ da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 309 N. Fremont Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.?

3 (a) FULL NAME Carrie Wilson (47052)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1, 1874

8. AGE: Years	Months	Days	If less than one day
65	9	18	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER
12. Name Owens Johnson
13. Birthplace ??

MOTHER
14. Maiden Name Jennie ?
15. Birthplace ??

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof Dec 24, 1939 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St.

19 (a) (Date received by registrar) Huntington Williams, Registrar
DEC 21 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH December 18, 1939, at 5:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 7, 1939, to Dec. 18, 1939, and that I last saw her alive on Dec. 18, 1939.

Immediate cause of death: Tuberculosis of the lungs — Duration: April 1938
Due to: Diabetes Mellitus — Duration: July 1939
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Fraser M. D.
Address Balto. City Hospitals Date signed 12-18-39

correct age is especially important. Physicians: please write the cause of death plainly.

VS 2

F 64062

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 64062

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Halethorpe (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 Sulphur Spring Rd & Wesley Blvd (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME John S. Mayne

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 21 1939.

8. AGE: Years	Months	Days	If less than one day
	2	29	hr. min.

9. Birthplace Halethorpe, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Frank. Mayne
13. Birthplace Maryland

MOTHER
14. Maiden Name
15. Birthplace Maryland

16 (a) Informant John Mayne Sr
(b) Address Halethorpe

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Family Plot
Location Howard Co

18 (a) Funeral director Edgar D. May Nabb
(b) Address Catonsville Md

19 (a) (Registrar's signature) (Date received by registrar)

DEC 21 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-20 1939. at 2 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-20 1939. to 12-20 1939. and that I last saw him alive on 12-20 1939.

Immediate cause of death: Pneumonia Lobar — Duration 1 wk
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. W. Mansfield
Address Md Gen Hosp Date signed 12-20-39 M. D.

H. L. Wollenweber, Asst Medical Examiner

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

64063

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

11-A F 64063

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 417 N. Fulton Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ----
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 417 N. Fulton Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? -- years

3 (a) FULL NAME Ella Bell Tompkins

3 (b) If veteran, name war ----

3 (c) Social Security Account No. ----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband ~~Edwin~~ Samuel J. Tompkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 30th 1868

8. AGE: Years	Months	Days	If less than one day
71	10	19	hr. 8 min.

9. Birthplace West Virginia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Isaac Bell
13. Birthplace Virginia

MOTHER
14. Maiden Name ? Cain
15. Birthplace Virginia

16 (a) Informant Mrs Edwin L. Tompkins
(b) Address 2543 Edmondson Avenue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23rd 1939 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore County, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Aves.

DEC 21 1939 (Local registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19th 1939 at 4.20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 16 1939 to Dec 19 1939 and that I last saw her alive on Dec 19 1939.

Immediate cause of death	Duration
La Grippe.	
Due to Bronchial Pneumonia.	2 da
Due to Cardiac Arthemia	1 da
Other Conditions Asthenia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. M. Tompkins M. D.
Address 500 N. Fulton Ave. Date signed 12/21/39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

64064

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107-a

F 64064

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 614 E. 41st Street
(c) Hospital or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 614 E. 41st Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John F. Roach

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rhoda Gough Roach
6 (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) October 11, 1851

8. AGE: Years	Months	Days	If less than one day
88	2	9	..... hr. ..... min.

9. Birthplace Talbot County, Maryland
(Town, county, and state)
10. Usual Occupation Carpenter-Retired
11. Industry or business

FATHER
12. Name Wm. Henry Roach,
13. Birthplace Maryland

MOTHER
14. Maiden Name Harriett Morgan
15. Birthplace Talbot County, Md.

16 (a) Informant Mrs. Rhoda G. Roach
(b) Address 614 E. 41st Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Chesterfield Cemetery
Location Centerville, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Penna. Avenues.

DEC 21 1939 Huntington Williams, M.D.
(Date received) (Registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH December 20, 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 2, 1939, to Dec. 20 1939, and that I last saw h/M alive on Dec. 20 1939.

Immediate cause of death
Arteriosclerosis with Hypertension — Duration —
Due to
Due to
Other Conditions Bronchopneumonia Dec. 18.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lloyd C. Taylor, M. D.
Address 3902 Eastern Ave. Date signed Dec 20, 39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

64065
379912

✓ × F 64065

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Prince Georges
(c) City or town Kenilworth (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Macon Lewis

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-23-81

8. AGE: Years	Months	Days	If less than one day
58	2	27	hr. min.

9. Birthplace Washington D.C (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Edward Lewis
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/39 (month) (day) (year)
(c) Cemetery or crematory Congressional
Location Washington D.C

18 (a) Funeral director W. W. Treadwell
Address 1812 Sansom St. Phila. Pa.

19 (a) [redacted] (Date rec'd) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1939, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1939 to Dec 20 1939, and that I last saw him alive on Dec 20 1939.

Immediate cause of death Uremia — Duration 7 days

Due to Arterio sclerotic nephritis

Due to

Other Conditions Hypertensive Cardio-vascular-renal disease

(Include pregnancy within 3 months)

Major findings:
Of operations
Of autopsy Confirmatory

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W B MacAllister Jr. M. D.
Address Johns Hopkins Hospital Date signed 12-21-39

VS 3

correct age is especially important. Physicians: please write the cause or death clearly and legibly.

64066

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121 Registered No. F 64066

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. Cathedral & Madison Sts
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Mary Ellen O'Donovan Russell

3 (b) If veteran, name war /

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife John C. Russell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/25/1878

8. AGE: Years	Months	Days	If less than one day
60	11	27	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Peter O'Donovan
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Ellen Fahey
15. Birthplace Ireland.

16 (a) Informant Mercy Hospital
(b) Address

17 (a) Burial (b) Date thereof 12/24/39
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Frederick St

18 (a) Funeral director Margaret A. Flynn
(b) Address 1422 Light St

19 (a) [illegible] Registrar
(Date filed by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/21/39 19 , at 2½ M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/7/39 19 , to 12/21/39 19 , and that I last saw h Et alive on 12/21/39 19 .

Immediate cause of death: Peritonitis — Duration: 4 days

Due to Appendicitis — Duration: 4 days

Due to

Other Conditions Uremia — Duration: 4 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations Appendectomy 12/7/39
Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: M. D.
Address Mercy Hospital Date signed 12/24/39

correct age is especially important. Physician: please write the cause of death plainly

F 64067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 F 64067 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1602 Hillsmeau St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1602 Hillsmeau St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ernest McNeill

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-01-5429

4. Sex Male | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lillian McNeil

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) December 25, 1880

8. AGE: Years 58 59 | Months 11 | Days 24 | If less than one day hr. min.

9. Birthplace Raleigh N. C. (Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business W.P.A.

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden Name Margaret — Unknown

15. Birthplace

16 (a) Informant Lillian McNeil

(b) Address 1602 Hillsmeau St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 23, 1939 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location

18 (a) Funeral director Robert L. Young

(b) Address 804 N. Caroline St.

DEC 21 1939 Huntington Williams M.D. Registrar

(Local Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19 1939 at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1937 to Dec 19 1937. and that I last saw h[illegible] alive on Dec 18 1939.

Immediate cause of death Uremic Nephritis (Chronic) — Duration 4 Mos

Due to

Due to

Other Conditions Arteriosclerosis and Mitral Insufficiency — 6 Mos

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. L. Young M. D.

Address 1479 E Monument Date signed 12/20/39

correct age is especially important. Physicians, please write plainly.

F 64068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72-a

Registered No. F 64068

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 53
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Kent
(c) City or town Butlertown (Rural)
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Dixon

3 (b) If veteran, name war No.

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Black

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 15, 1915

8. AGE: Years 24 | Months 3 | Days 5 | If less than one day — hr. — min.

9. Birthplace Butlertown, Kent Co. Md. (Town, county, and state)

10. Usual Occupation Labourer

11. Industry or business Farming

FATHER
12. Name Alfred Dixon
13. Birthplace Kent Co.

MOTHER
14. Maiden Name Louisa White
15. Birthplace Kent Co.

16 (a) Informant James E. Wilson
(b) Address Butlertown Md.

17 (a) Butlertown (Burial, cremation, or removal) (b) Date thereof Dec. 23 1939 (month) (day) (year)
(c) Cemetery or crematory Butlertown
Location Near worton Md.

18 (a) Funeral director B. R. Fullerton
(b) Address Lill Pond

19 (a) DEC 21 1939 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

28. DATE OF DEATH December 20 1939 at 5 00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 27 1939 to Dec 20 1939 and that I last saw him alive on Dec 19 1939

Immediate cause of death Subacute Lymphoid Leukemia — Duration 4 mo.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John Overgaard M. D.
Address University Hosp. Date signed Dec 20 39

correct age is especially important. Physicians: please write the cause in plain English and avoid abbreviations.

VS 3

Kuehborth

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64069 — Registered No. F 64069

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 503 Edgewood St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 503 Edgewood St (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

20-7

3 (a) FULL NAME Mary T. Kuehborth

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Bury Kuehborth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5, 1873

8. AGE: Years	Months	Days	If less than one day
66	9	2	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name John Sullivan
13. Birthplace Ireland

MOTHER
14. Maiden Name Johanna Burns
15. Birthplace Ireland

16 (a) Informant John Sullivan
(b) Address 503 Edgewood St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/39 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Frederick Road

18 (a) Funeral director Thos. F. Emmert
(b) Address Hollins & Gilmore Sts.

19 DEC 21 1939 Registrar's signature Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1939, at 6.55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1939. to Dec 20 1939
and that I last saw h e alive on Dec 20 1939.

Immediate cause of death: Auricular Fibrillation — Duration

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold L. Thrasher M.D.
Address 1945 W. Balto Date signed Dec 21 1939

VS 3

Physicians: please write the cause of death clearly and legibly. Be sure that the statement is complete and correct age is especially important.

64070

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

Registered No. F 64070

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 504 Eisden St.
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 70 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ✓
(c) City or town Baltimore City.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 504 Eisden St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Alice Brown.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	Unknown

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Frank Manley
(b) Address 815 S Hanover st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 22 1939 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn
Location Westport

18 (a) Funeral director Joseph A. Lovely
(b) Address 4 to 7 Mount St

19 DEC 21 1939 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20, 1939, at 11:37 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 12, 1939, to Dec. 20, 1939, and that I last saw her alive on Dec 19, 1939.

Immediate cause of death	Duration
Chronic nephritis	1 year
Chronic Myocarditis	"
Due to generalized arterio-sclerosis	2 years
Due to ✓	
Other Conditions ✓	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? ✓
(e) Means of injury

23. Signature Frank M. Ogden M. D.
Address 2701 N. Calvert St. Date signed Dec. 20, 39.

Howard J. Madison M.D.
Chief Medical Examiner.

VS 3

correct age is especially important. Physicians, please write plainly.

F 64071

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107-Va

Registered No. F 64071

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 216 E Biddle St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Phillips

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-9-39

8. AGE: Years | Months: 5 | Days: 6 | If less than one day: hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Norman Murray
13. Birthplace Va

MOTHER 14. Maiden Name Helen Phillips
15. Birthplace Va.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or Crematory Johns Hopkins Medical School DEC 21 1939
Location Commissioner of Health

18 (a) Funeral director Per H. A. Mapie
(b) Address Huntington Williamsport, Md.

19 (a) DEC 21 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec-15 - 1939, at 11.55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-15 1939, to 12-15 1939, and that I last saw him alive on Dec 15 1939.

Immediate cause of death: Empyema / Pneumonia — Duration: 1 day / 1 day

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operation: Pneumonia, Empyema

Of autopsy: Pericarditis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry C. Goldthwaite M.D.
Address Johns Hopkins Hosp Date signed 12-19-39

correct age is especially important. Physicians: please write the cause in plain English language.

VS 3

5273

M. D. B. 1288-9

4072

F 64072

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2114 Allendale St. 458 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. 6 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Spencer Thelan

(a) Residence: No. 2114 Allendale Road St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) may 26 1922

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Polytechnic

10. Date deceased last worked at this occupation (month and year) April 1939

11. Total time (years) spent in this occupation 11 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore maryland

FATHER

13. NAME Patrick C. Thelan

14. BIRTHPLACE (city or town) (State or country) Baltimore maryland

MOTHER

15. MAIDEN NAME mary J. Beach

16. BIRTHPLACE (city or town) (State or country) Baltimore maryland

17. INFORMANT Patrick C. Thelan Jr.

(Address) 2114 allendale Road.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 12-23 1939

19. UNDERTAKER Bernard E. Forde

(Address) 121 E. West St

20. FILED DEC 21 1939 Huntington Nottingham Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 21 1939

22. I HEREBY CERTIFY, That I attended deceased from April 1939 to December 20 1939

I last saw him alive on December 20 1939. Death is said to have occurred on the date stated above, at 9:15 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heartdisease	
Cardiac hypertrophy	April 2
mitral Stenosis +	1939
insufficiency	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Appearsigns Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm. C. Sullivan M. D.

(Address) 2911 Garrison Blvd

Information should be carefully supplied. AGE should be stated EXACTLY. If under 1 year, state AGE in hours, minutes or days. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64073

CERTIFICATE OF DEATH

46-D F 64073

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 903 W. Mulberry St. 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Estella Johnson

(a) Residence: No. 903 W Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George Johnson

6. DATE OF BIRTH (month, day, year): 1889

7. AGE: Years 50 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: domestic do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Annemundel Co Md

MOTHER

13. NAME: George Hallam

14. BIRTHPLACE (city or town) (State or country): Calvert Co Md

FATHER

15. MAIDEN NAME: Sarah Thomas

16. BIRTHPLACE (city or town) (State or country): Anne Arundel Md.

17. INFORMANT: Raymond Carter

(Address) 903 W Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Dec 22, 1939

19. UNDERTAKER: Mrs Katie R. Williams

(Address) 322 N Schroeder St.

20. FILED DEC 21 1939 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/18, 1939

22. I HEREBY CERTIFY, That I attended deceased from 11/18, 1939 to 12/18, 1939

I last saw h[illegible] alive on 12/18, 1939 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rectal Carcinoma	1 yr.

Other contributory causes of importance: Chronic endocarditis

Name of operation: Resection Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Frankum M. D.

(Address) 1[illegible] Druid Hill

State CAUSE OF DEATH in plain terms, so that it may be properly classified. EARLY MEDICAL ATTENDANCE OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

F 64074

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108 Registered No. F 64074

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2815 St. Paul St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Johanna Stuetz

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 27, 1893

8. AGE: Years	Months	Days	If less than one day hr.	min.
46	3	22		

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife 097
11. Industry or business

FATHER
12. Name John McGrath
13. Birthplace Maryland

MOTHER
14. Maiden Name Agnes Verdon
15. Birthplace Maryland

16 (a) Informant Catherine Monaghan
(b) Address 626 St Anne Alley

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (month) / 23 (day) / 39. (year)
(c) Cemetery or crematory Cathedral
Location Edmondson Ave.

18 (a) Funeral director Mary M. Rickfeld
(b) Address 301 E 22nd St

19 DEC 21 1939 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19 1939 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 16 1939 to Dec 19 1939. and that I last saw h alive on Dec 19 1939.

Immediate cause of death — Duration

Cardiac Failure, Toxaemia — 1 week (?) 2 days

Due to Pneumonia (Lobar) Bronchitis

Due to

Other Conditions Leucopenia (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Edwin Schenstead M. D.
Address Mercy Hospital Date signed Dec 19, 1939

correct age is especially important. Physicians: please write the cause of death plainly.

VS 3

64075

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No. F 64075

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 49 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 201 E. Lafayette St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edwin M. Klitch

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 24, 1891

8. AGE: Years	Months	Days	If less than one day
48		26	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Druggist Clerk

11. Industry or business Drug Store

FATHER
12. Name Richard
13. Birthplace Maryland

MOTHER
14. Maiden Name Eleanor Bradley
15. Birthplace Ireland

16 (a) Informant Mrs Jos. Lathrum
(b) Address 737 E 20th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/39 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Edmondson Ave.

18 (a) Funeral director Henry M. Nicklefeld
(b) Address 501 E. 22nd St.

19 DEC 21 1939 (Date received by registrar) Huntington Williamson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20 – 1939, at 7.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 19 1939 to Dec. 20 1939, and that I last saw him alive on Dec 20 1939

Immediate cause of death	Duration
Cardiac Decompensation	6 hrs.
Due to Rheumatic C. V. D.	36 yrs.
Due to	
Other Conditions Cardiac Pyschosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. H. Hammer Jr. M. D.
Address Mercy Hospital Date signed 12/20/39

VS 3

correct age is especially important. Physicians: please write in cases of [illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64076

CERTIFICATE OF DEATH

95-B F 64076

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 700 to 40th St. 13-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Ida - First

If U. S. Veteran specify WAR

(a) Residence: No. Home for Incurables St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME George Fridt

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME E Cusey

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Emile Bachelet

(Address) Home for Incurables

18. BURIAL, CREMATION, OR REMOVAL. St Mary's Cem Date Dec 22 1939

19. UNDERTAKER Theodore J. Tuckner & Sons

(Address) West & Pleasant Sts Balto

20. FILED DEC 21 1939 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/21, 1939

22. I HEREBY CERTIFY, That I attended deceased from 11/13/, 1926, to December 21, 1939

I last saw ... alive on December 21, 1939. Death is said to have occurred on the date stated above, at 7:13 A.m. Dec. 21 1939

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	1926
Other contributory causes of importance: Osteitis Deformans Atrophica	1924

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W Grafton Draperger M. D.

(Address) 214 Medical Arts Building

OCCUPATION is very important. See instructions on back of certificate.

V9 8

F 3076
F 34077

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95-B

Registered No. F 34077

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) V.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Parkville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2804 Garrett Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Frances Garber

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Geo. W. Garber

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-22-67

8. AGE: Years 62 | Months 10 | Days 29 | If less than one day hr. 17 min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Thomas Boyland

13. Birthplace Ireland

MOTHER 14. Maiden Name Mary Poole

15. Birthplace Md

16 (a) Informant Records.

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/39 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Lutherville Md

18 (a) Funeral director [illegible]

(b) Address 1217 E. Baltimore St. (Huntington Williams, Mgr.)

19 (a) (Date received by registrar) Registrar

DEC 21 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1939 at 9 1/2 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 1939 to Dec 21 1939 and that I last saw her alive on Dec 21 1939.

Immediate cause of death Uremia and Acidosis — Duration 2 weeks

Due to Arteriosclerotic and Hypertension cardio-vascular disease — Duration ?

Other Conditions Nodular goiter

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James M. Hayland M. D.

Address Johns Hopkins Hosp. Date signed 12-21-39

F 64078

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

97

Registered No. F 64078

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1636 Normal Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 85 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1636 Normal Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 85 years

3 (a) FULL NAME Mary Anna Rohrback Rohrbach

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife William Rohrbach
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 5th 1849

8. AGE: Years	Months	Days	If less than one day
90	11	15	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Christian Rohrbach
13. Birthplace Germany

MOTHER
14. Maiden Name Dorathea Schweifert
15. Birthplace Germany

16 (a) Informant Louisa Rohrbach
(b) Address 1636 Normal Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof Dec. 23rd 1939 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location

18 (a) Funeral director E. Schulman & Son
(b) Address 1039 Hanover St.

19 DEC 21 1939 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 20 - 1939 at 10 70 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12 - 7 - 1939 to 12 - 20 - 1939 and that I last saw her alive on 12 - 18 - 1939.

Immediate cause of death	Duration
Senility	—
Due to	
Due to	
Other Conditions Arteriosclerosis Uraemia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: —
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jno. B. Ayleat M. D.
Address 2807 Harford Ave. Date signed 12-20-39

correct age is especially important. Physicians: please write the cause or duration clearly and legibly.

VS 8

F 64079 HEALTH DEPARTMENT—CITY OF BALTIMORE F 64079

CERTIFICATE OF DEATH

1131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St. 28-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. 9 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Miller

If U. S. Veteran specify WAR

(a) Residence: No. Mount Hope Retreat St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 23, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Howard County
(State or country) Maryland

FATHER

13. NAME Denton Miller

14. BIRTHPLACE (city or town) Ann Arundel Co
(State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Jenkins

16. BIRTHPLACE (city or town) Howard County
(State or country) Maryland

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Albert City Date 12-26 1939

19. UNDERTAKER H. C. Heimbothaum
(Address) Edmett Cty Ind

Huntington Williams M.D.
Registrar

DEC 22 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 28 to Dec 21 1939

I last saw h alive on December 21, 1939. Death is said to have occurred on the date stated above, at 7.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Senile Dementia	7 yrs
Asteris Sclerosis	?
Chronic interstitial nephritis	11 yrs
Other contributory causes of importance:	
Coronary & Cerebral Thrombosis	48 hrs

Was an operation performed? No Date of

For what disease or injury? No

Name of operation None

What test confirmed diagnosis? Autopsy Was there an autopsy? No

20. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Damon P. Mezzo M.D.

(Address) 3316 Parkside Dr

State CAUSES OF DEATH in plain language. Do not use abbreviations or OCCUPATION is very important. See instructions on back of certificate.

V0 9

64080

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64080

CERTIFICATE OF DEATH

✓126

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital Ward) 9-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Reineck

If U. S. Veteran specify WAR

(a) Residence: No. 831 N. Patterson Park Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John C. Reineck

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Margaret

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Dec 22 1939

19. UNDERTAKER Mr & Mrs John W. Turpin & Son

(Address) 801 W. Fayette St

20. FILED DEC 22 1939 19 [illegible] Registrar.

VS 1

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1939, to Dec 20, 1939

I last saw her alive on Dec 20, 1939 Death is said to have occurred on the date stated above, at 4 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Generalized arteriosclerosis	
Complicated Pellagra	
Other contributory causes of importance: Cholelithiasis	

Was an operation performed? Yes Date of Dec 15, 1939

For what disease or injury? Cholelithiasis

Name of operation Cholecystectomy & Gallbladder drainage

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. P. Turpin M. D.

(Address) St. Joseph's Hosp.

OCCUPATION is very important. See instructions on back of certificate.

64081

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51120 SD

95-P

Registered No. E 64081

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 2910 Sylvan Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME William Langhenry (Langheinrich)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 30, 1869

8. AGE: Years	Months	Days	If less than one day
70	3	21	hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Errand Boy

11. Industry or business

FATHER

12. Name John Langhenry (d)

13. Birthplace Germany

MOTHER

14. Maiden Name Catherine Fuller (d)

15. Birthplace on ship (American)

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23- (month) (day) (year)

(c) Cemetery or crematory Mt Carmel

Location Baltimore Md

18 (a) Funeral director John Ullrich

(b) Address 2028 Orleans St

19 (a) DEC 22 1939 (Date received by local registrar) (b) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-21- 1939 at 1A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-19-39 to 12-21-1939 and that I last saw him alive on 12-21-1939

Immediate cause of death Cardiac Failure — Duration ?

Due to Arteriosclerosis & Chr. Dis — ?

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature J. Monaghebben M. D.

Address Balto City Hosp. Date signed 12-21-39

correct age is especially important. Physicians: please write

F 64082

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1382-B

F 64082 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2746 W. Mosher
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 57

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2746 W Mosher St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME William Phillip Warner

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-0595

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Nellie M Warner
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Nov 9 - 1882

8. AGE: Years	Months	Days	If less than one day
57	1	029	..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business C & P Telephone Co

FATHER
12. Name William P. Warner Sr
13. Birthplace Boston

MOTHER
14. Maiden Name Laura Wentworth
15. Birthplace Baltimore

16 (a) Informant Mrs Nellie Warner
(b) Address 2746 W Mosher St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23 1937 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park Cem
Location Woodlawn Md

18 (a) Funeral director John Ellrod
(b) Address 2108 Pennsylvania Ave Baltimore, Md.

19 (Date received by registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 1937, at 4 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/22/37 to 12/19/37 and that I last saw him alive on 12/19/37.

Immediate cause of death Cerebral Thrombosis — Duration 3 Days

Due to .....

Due to .....

Other Conditions Hypertension (Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature Thomas M. Lupo M.D.
Address 3526 Edmondson Ave Date signed 12/21/37

Please write clearly with pen and ink. Physicians: please write the causes of death clearly and legibly. Information is especially important. Be sure that every item is correctly stated.

4083 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 64083

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Hospital — Registered No. 121

CITY OF BALTIMORE: (No. ____ St. 8-3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME Samuel Hulse — If U. S. Veteran (Only) WAR ____

(a) Residence: No. 2537 E. Biddle St., Ward 1 — 212-16-0028
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Janice Hulse

6. DATE OF BIRTH (month, day, year) May 11 1869

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
70	7	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oyster Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oyster Packers & Dealers
10. Date deceased last worked at this occupation (month and year) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME Samuel Hulse
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER
15. MAIDEN NAME Elizabeth Rogers
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Jane Henry Doty
(Address) 502 E Biddle St

18. BURIAL, CREMATION, OR REMOVAL Mt Carmel Date 12/14/39

19. UNDERTAKER John C. Mackey Sons
(Address) 1435 E Oliver St

20. FILED DEC 22 1939 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-21, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-13, 1939 to 12-21, 1939

I last saw h alive on 12-21, 1939 Death is said to have occurred on the date stated above, at 8:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendix	12-12-39
Diffuse Peritonitis	12-13
Intestinal Ileus	12-19-39
Terminal Bronchopneumonia	12-20-39

Other contributory causes of importance: Arteriosclerosis & systolic ____

Was an operation performed? Yes Date of 12-13-39

For what disease or injury? Ruptured Appendix

Name of operation Appendectomy

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Nelonis D Papadimos M. D.

(Address) Sinai Hosp

SEE CAUSE OF DEATH as given by physician. OCCUPATION is very important. See instructions on back of certificate.

F 64084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B Registered No.

F 64084

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd St
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 6113 Belmore Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Isaac Nathan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband ~~or wife~~ Lillian S. Nathan
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) 7/19/1880

8. AGE: Years	Months	Days	If less than one day
59	5	1	____ hr. ____ min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Tobacconist
11. Industry or business

FATHER
12. Name Samuel Nathan
13. Birthplace Cumberland, Md.

MOTHER
14. Maiden Name Henrietta Goodman
15. Birthplace Balto. Md.

16 (a) Informant Mrs. I. Nathan
(b) Address 6113 Belmore Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto. Hebrew
Location Balto. Md.

18 (a) Funeral director David Sondheim & Son
(b) Address 1902 Eutaw Place

19 (a) 12-22-1939 (b) [illegible] Registrar

VS 3 David SONDHEIM & Son

MEDICAL CERTIFICATION

20. DATE OF DEATH December 20 1939, at 11:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from December 18 1939 to December 20 1939, and that I last saw him alive on December 20 1939.

Immediate cause of death: Coronary thrombosis — Duration

Due to: ____

Due to: ____

Other Conditions: ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations: ____
Of autopsy: ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Crawford
Address Union Memorial Hospital signed 12/20/39 M. D.

correct age is especially important. Physicians: please write the cause of death plainly.

F 64085

LB51091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53-E F 64085 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 11 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 637 S. Oldham St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 yrs. years

20-1

3 (a) FULL NAME Fotis Kostandouris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August ? 1882

8. AGE: Years	Months	Days	If less than one day
57	? 4	?	hr. min.

9. Birthplace Greece (Town, county, and state)

10. Usual Occupation odd jobs

11. Industry or business

FATHER
12. Name John Kostandouris
13. Birthplace Greece

MOTHER
14. Maiden Name Mary
15. Birthplace Greece

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-39 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Near Baltimore

18 (a) Funeral director John R. Byers
(b) Address Westminster Md.

19 (a) [illegible] (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-21 1939, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-17 1939 to 12-21 1939, and that I last saw h im alive on 12-21 1939.

Immediate cause of death	Duration
Carcinoma of abdomen of undetermined site	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L Kriedeadunn Jr M. D.
Address Balto. city Hosp. Date signed 12-21-39

correct age is especially important. Physicians: please write the causes of death legibly.

VS 8

64086

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64086

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3616 Reisterstown Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3616 Reisterstown Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Sarah Zetlin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years 95 | Months — | Days — | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation none

11. Industry or business

MOTHER / FATHER

12. Name Albert

13. Birthplace Russia

14. Maiden Name Sarah Fineler

15. Birthplace Russia

16 (a) Informant Mrs. Leyla Hummel

(b) Address 3616 Reisterstown Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-39 (month) (day) (year)

(c) Cemetery or crematory Rosedale

Location Philadelphia Rd. Hamilton Ave

18 (a) Funeral director Jack Lewis Inc

(b) Address 1439 E. Baltimore St. Hunterstown Rd. Baltimore, Md.

19 (a) (Signature of Registrar) (b) Registrar

DEC 22 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21, 1939, at 8:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 11, 1939 to Dec 21, 1939 and that I last saw her alive on Dec 21, 1939.

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 days
Due to: Hypertensive Cardio-Vascular Disease	?
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leyla M. Hummel M.D.

Address 3616 Reisterstown Date signed 12/21/39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64087

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-D

Registered No. E 64087

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3348 Chestnut Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3348 Chestnut Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Josephine D. Dorsey

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife John Dorsey

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 27-1864

8. AGE: Years 75 | Months — | Days 23 | If less than one day hr. min.

9. Birthplace Alexandria Va. (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name Issac Gardiner
13. Birthplace Scotland

MOTHER
14. Maiden Name unknown
15. Birthplace England

16 (a) Informant Mary Dorsey
(b) Address 3348 Chestnut Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23-39 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Md

18 (a) Funeral director Frank D. Scott
(b) Address 814 W 36 St.

19 (a) [illegible] Registrar Huntington Williams Registrar

DEC 23 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20 1939 at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 27 1939, to Dec. 20 1939, and that I last saw h[illegible] alive on Dec 19 1939.

	Duration
Immediate cause of death Myocarditis	2 days
Due to Cerebral Atherosclerosis	2 yrs.
Due to Fracture neck of femur	3 wks
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accidental
(b) Date of occurrence Nov 27-39
(c) Where did injury occur? Home Balto. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? —
(e) Means of injury Fell from chair.

23. Signature [illegible] M. D.
Address 842 Chestnut Ave Date signed 12/19/39

correct age is especially important. Physicians, please write the

F 64088

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64088

Registered No. 97

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2908 E. Balto St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2908 E. Balto St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Jane Martin
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife David
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 20-1850

8. AGE: Years 89 | Months 8 | Days | If less than one day hr. min.

9. Birthplace Penn. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Housekeeper

FATHER 12. Name Nesbit Hastings
13. Birthplace Penn.

MOTHER 14. Maiden Name Mary Mendell
15. Birthplace Penn.

16 (a) Informant Mrs. Hatty Thompson
(b) Address 2908 E. Balto St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-39 (month) (day) (year)
(c) Cemetery or crematory
Location Pittsburg, Pa.

18 (a) Funeral director John A. McCann
(b) Address 3000 E. Baltimore St.

19 (a) DEC 22 1939 (Date rec'd by registrar) Hunting [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/20 1939, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 to Dec 20 1939, and that I last saw her alive on Dec 20 1939.

Immediate cause of death
Arteriosclerosis
Due to Hypertension

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 2456 Maryland Date signed 12-21-39

VS 3

correct age in especially important. Physicians: please write the

Dr Harding 4810 Belair Rd. Ha. 3473 5214 Anthony Ave 5443

F 64089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 P Registered No. F 64089

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5214 Anthony Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5214 ANTHONY
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM CORNELIUS DORSEY

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Carolyn A. Dorsey

6 (b) Name of husband or wife

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) January 27-1870

8. AGE: Years 69 | Months 10 | Days 23 | If less than one day hr. min.

9. Birthplace BALTIMORE MARYLAND
(Town, county, and state)

10. Usual Occupation LUMBER MERCHANT

11. Industry or business

FATHER
12. Name WILLIAM DORSEY
13. Birthplace IRELAND

MOTHER
14. Maiden Name MARGARET HARPER
15. Birthplace IRELAND

16 (a) Informant CAROLYN DORSEY
(b) Address 5214 ANTHONY

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 23-1939 (month) (day) (year)
(c) Cemetery or crematory WOODLAWN
Location BALTIMORE MD.

18 (a) Funeral director Charles H. Black
(b) Address 742 WEST NORTH AVE

19 (a) (Date received by Registrar) DEC 22 1939 (b) [illegible] Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20 1939, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 20 1939, to 12/20 1939, and that I last saw h alive on Dec 20 1939,

Immediate cause of death: Coronary Thrombosis — Duration 2 mo.

Due to

Due to

Other Conditions Arteriosclerosis, Ch. Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. S. Harding, M.D.
Address 4810 Belair Rd Date signed 12/21/39

correct age is especially important. Physicians: please write plainly.

F 64090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 64090 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1113 N. 40th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1113 N. 40th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Rachel A. Parks

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Zephaniah Parks

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21-1873

8. AGE: Years 66 | Months 4 | Days 29 | If less than one day hr. min.

9. Birthplace Boydensburg, Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Alfred Ruby
13. Birthplace Maryland

MOTHER 14. Maiden Name Diana
15. Birthplace Maryland

16 (a) Informant Mrs. William J. Piper
(b) Address 1113 N. 40th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 23-1939 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burger
(b) Address 3631 Falls Road

19 (a) Dec 22 1939 (Date rec'd by registrar) (b) Clayton Hillcoat Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20- 1939. at 11-50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-7 1939. to 11-21 1939. and that I last saw h[illegible] alive on 11-21- 1939.

Immediate cause of death Generalized Carcinomatosis & Cardiac Failure

Duration 7 days

Due to Carcinoma of st breast.

Due to

Other Conditions Arteriosclerosis Cardiovascular Disease.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lawrence J. Shmaeb M. D.
Address 3711 Falls Rd Date signed 12-21-39

Cause of death is especially important for statistical purposes. Please answer all questions.

VS 3

F 64091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a

F 64091

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2737 Maryland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(b) Street No. 2737 Maryland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daisy V. Diehl

3 (b) If veteran, name war NV

3 (c) Social Security Account No. NONE

4. Sex Female

5. Color or race White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of husband or wife Frank Diehl

6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Jan 1st 1874

8. AGE: Years 65 | Months 11 | Days 19 | If less than one day ____ hr. ____ min.

9. Birthplace Brick Church N.Y.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Charles Barrett
13. Birthplace New York

MOTHER
14. Maiden Name Elizabeth Cannon
15. Birthplace Unknown

16 (a) Informant Frank Diehl
(b) Address 2737 Maryland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Morland Park
Location Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) Dec 22 1939 (Date received by local registrar) (b) Livingston Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20th 1939. 11:40 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1934 to Dec. 20 1939. and that I last saw h[illegible] alive on Dec. 19 1939.

Immediate cause of death	Duration
Cardiac decompensation	2 days
Due to Mitral regurgitation	many years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank M. Diehl M. D.

Address Date signed

correct age is especially important. Physicians: please write plainly.

VS 3

F 64092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-W

F 64092 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 553 Camel st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 553 Camel st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary V. Heckler

3 (b) If veteran, name war: W
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed, or divorced~~
Female	White	Married

6 (b) Name of husband ~~or wife~~ Lewis Heckler
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Aug 18th 1875

8. AGE: Years	Months	Days	If less than one day: hr.	min.
64	4	2		

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name William T. Neville
13. Birthplace Va.

MOTHER
14. Maiden Name Maggie Dorsey
15. Birthplace Md.

16 (a) Informant Lewis Heckler
(b) Address 553 Camel St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 12/23/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Western
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

19 (a) Date received by Registrar Dec 23 1939 (b) Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20th 1939 at 2:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 8 1939 to Dec 20 1939 and that I last saw her alive on Dec 20 1939

Immediate cause of death Apoplexy — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank C. Haggett M.D.
Address 627 Lexington Bldg Date signed 12/23/39

Correct age is especially important. Physicians: please write the number of years, months or days.

F 64093 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64093

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital (Street) 27-17 (Ward) 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Clayman

If U. S. Veteran specify WAR

(a) Residence: No. 2536 Oakley Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Benjamin

6. DATE OF BIRTH (month, day, year): 1888

7. AGE: Years: 51 | Months: - | Days: - | If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Samuel Astrinsky

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Hilda Shebek

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Benj Clayman

(Address) 2836 Oakley ave

18. BURIAL, CREMATION, OR REMOVAL: Hebrew Rosedale

Date Dec 22 1939

19. UNDERTAKER: Sol Levinson & Bros

(Address) 1124-26 W Baltimore

DEC 22 1939

Registrar

Huntington Williams M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12 | 21 | 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21 1939 to Dec. 21 1939

I last saw her alive on Dec. 21 1939. Death is said to have occurred on the date stated above, at 9:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Acute pulmonary edema	1 day
Coronary thrombosis	½ day
(Type III pneumonia)	
Other contributory causes of importance:	
Diabetes	1933
Hypertension N.D.	1933

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H Finkelstein M. D.

(Address) 2520 Eutaw Pl

STATE CAUSES OF DEATH in plain English. Do not use abbreviations. (OCCUPATION is very important. See instructions on back of certificate.)

V8 2

64094 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-A No. 64094

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2837 Fleetwood Ave St. 27-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Myrna Frost

If U. S. Veteran specify WAR ...

(a) Residence: No. 2837 Fleetwood Ave St. ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) Aug. 14, 1939

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
—	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME George Frost

14. BIRTHPLACE (city or town) (State or country) Boston Mass.

MOTHER

15. MAIDEN NAME Julia Milburn

16. BIRTHPLACE (city or town) (State or country) Winchester Va.

17. INFORMANT Geo. L. Frost

(Address) 2837 Fleetwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodland Date 12/22 1939

19. UNDERTAKER C. Vernon Lemmon

(Address) 4611 Park Heights

20. FILED DEC 22 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1939, to Dec 21, 1939

I last saw h... alive on Dec. 21, 1939. Death is said to have occurred on the date stated above, at 9:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12/12/39
Other contributory causes of importance:	
Grippe	12/7/39
Erythema toxicum	12/12/39

Was an operation performed? ... Date of ...

For what disease or injury? —

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Path. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jos. Schlenger M. D.

(Address) 3034 E Baltimore St.

State CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

64095

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64095

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. HOSP. FOR THE WOMEN OF MARYLAND St. 25-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Emma Goecke GOECKE

If U. S. Veteran specify WAR .....

(a) Residence: No. 2818 Hurlimen St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest Fredrick Louis Goecke

6. DATE OF BIRTH (month, day, year) April 5 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
(64) 64	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

FATHER

13. NAME Mordecai Biles

14. BIRTHPLACE (city or town) Pennsylvania (State or country)

MOTHER

15. MAIDEN NAME Anne. Glose.

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Ernest L. Goecke (Address) 2818 Hurlimen St

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date 12/22/39

19. UNDERTAKER J. F. Wellbrock (Address) 850 N. Edmondson Ave

20. FILED ..... 19 Huntington Williams

DEC 22 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1939, to Dec 19, 1939

I last saw her alive on Dec 19, 1939 Death is said to have occurred on the date stated above, at 8:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, left base, with pleural effusion.	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Richard W Whittington M. D.

(Address) Womans Hospital

State CAUSES OF DEATH in plain words. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

64096

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

Registered No. F 64096

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Payson & Fayette Sts
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1833 N. Baltimore St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Mrs. Minnie E. Young

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	widowed

6 (b) Name of husband or wife Jacob Young
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 9-1869

8. AGE: Years	Months	Days	If less than one day
70	1	12	hr. min.

9. Birthplace Germany (Town, county, and state) DOM

10. Usual Occupation Housewife

11. Industry or business Home

FATHER
12. Name Christian Reese
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Helen Dickson
(b) Address Rolling Rd. Relay

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/39 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Maryland

18 (a) Funeral director J. B. Wehrheit & Son
(b) Address 1300 Eastern Place

DEC 22 1939 (Registrar) (b) Huntington Williamson, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-21-39 1939, at 5 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 17 1939, to Dec 21, 1939, and that I last saw her alive on Dec 21 1939.

Immediate cause of death	Duration
Broncho-Pneumonia	2 wks.
Congestive Heart Disease	
Due to	
Other Conditions: Diabetes Mellitus (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. McClafferty M. D.
Address Bon Secours Hosp. Date signed 12-21-39

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians:

64097

HEALTH DEPARTMENT—CITY OF BALTIMORE

64097

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH St. Agnes Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens & Caton Ave. St., Balto. Ward) 1

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Clara H. Vogt 70-3 — If U. S. Veteran specify WAR .....

(a) Residence: No. 2623 Frederick Ave. St., Ward, Balto., Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of David Vogt

6. DATE OF BIRTH (month, day, year) August 15-1869

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
70	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife @ home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Bad Baltimore Maryland

FATHER

13. NAME Jacob Mann

14. BIRTHPLACE (city or town) (State or country) Bad Philadelphia Pa

MOTHER

15. MAIDEN NAME Laura Rickets

16. BIRTHPLACE (city or town) (State or country) Bad Baltimore Maryland

17. INFORMANT 133 Estelle Vogt
(Address) 108 N. Hilton Street

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec. 22/39 19..

19. UNDERTAKER F. B. Kilpatrick & Son
(Address) 844 Eutaw Place

20. FILED ..... 19.....

DEC 23 1939

Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-18, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-3 1939 to 12-18 1939

I last saw h[illegible] alive on 12-18-39 Death is said to have occurred on the date stated above, at 9:05 ?m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARDIAC FAILURE due to	
ARTERIOSCLEROTIC CARDIO-VASCULAR	
DISEASE, WITH HYPERTENSION &	
BRONCHO PNEUMONIA	16 days

Other contributory causes of importance:

DIABETES MELLITUS

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Charles V. Sayrs M. D.

(Address) St. Agnes Hospital

State CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

ve 2

64098

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 82

F 64098 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 127 N. Highland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 127 N. Highland Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Blanch V. Krauch = Hall =

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: divorced
6 (b) Name of husband or wife: Chas. Krauch
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Sept. 24 1881
8. AGE: Years 58 | Months 2 | Days 29 | If less than one day hr. min.
9. Birthplace: Baltimore (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business:

FATHER
12. Name: Joseph Button
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Florence Schriver
15. Birthplace: Baltimore

16 (a) Informant: Wm J. Krauch
(b) Address: 127 N. Highland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 23 39 (month) (day) (year)
(c) Cemetery or crematory: Parkwood
Location: Baltimore

18 (a) Funeral director: Philip Herwig Sons
(b) Address: 2016 Orleans St

19 (a) DEC 22 1939 Huntington Williams M.D. Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1939 at 10 05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 27, 1931 to Dec. 20, 1939, and that I last saw her alive on Dec. 20, 1939.

Immediate cause of death	Duration
Congestive Heart Failure	1 day
Cerebral Hemorrhage	1 year
Due to: Arteriosclerosis	9 years
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Philip Herwig Antigiannis M. D.
Address: 2942 E. Fayette St. Date signed 12/27/39

correct age is especially important. Physicians: please write the cause of death in plain English—avoid abbreviations.

VS 3

64098

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95 - F 64098 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1902 Walbrook Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1902 Walbrook Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard W. Bradley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W.	Widower

6 (b) Name of husband or wife Kate Mary M. Bradley (nee McFadden)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 23, 1859

8. AGE: Years	Months	Days	If less than one day
80	8	27	hr. min.

9. Birthplace Delaware (Town, county and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Allen P. Bradley
13. Birthplace Delaware

MOTHER
14. Maiden Name Elizabeth Collins
15. Birthplace Delaware

16 (a) Informant Frederick P. Bradley
(b) Address 1902 Walbrook Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Road

18 (a) Funeral director Harry H. Mintzke
(b) Address 4401 Edmondson Ave

19 (a) [illegible] Washington Boulevard (Signature of local registrar) Registrar.

DEC 22 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20, 1939 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 4 1939 to Dec 20 1939, and that I last saw alive on Dec 19 1939

Immediate cause of death: Myocardial failure — Duration: 2 weeks
Due to: Arteriosclerotic Cardiovascular disease — 5 years
Due to: Senility
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Israel C. Manekin M. D.
Address 1910 W North Ave Date signed 12/21/39

correct age is especially important. Physician: please write plainly.

F 354706 03

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1941 - F 54100 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 406 N. Pearl (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Henry Rouzer (Wm H Taylor) ✓

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-9155

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-7-97

8. AGE: Years	Months	Days	If less than one day
42	4	14	hr. min.

9. Birthplace MD (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Fertilizer Works.

FATHER 12. Name James Rouzer
13. Birthplace VA

MOTHER 14. Maiden Name Rose Saunders
15. Birthplace MD

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof Dec 23, 1939 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

Dec 22 1939 (Date received) (Huntington Williams M.D. Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec - 21 1939, at 1451 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 11 1939, to Dec 21 1939, and that I last saw h.i.M alive on Dec 21 1939.

Immediate cause of death	Duration
CARDIAC HYPERTROPHY & DILATATION	6 mos.
Due to AORTIC INSUFFICIENCY	6 mos +
Due to SYPHILIS	UNKNOWN
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy AS ABOVE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury WORDMAN

23. Signature C W Dewar M.D.
Address Johns Hopkins Hosp. Date signed 12-21

Cause of death is especially important for statistical purposes

F 64101

64101 LB 60839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 34 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 310 W. Camel St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert Price McDuffie

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-05-4946

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married (sep.

6 (b) Name of husband or wife unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. ? 1906

8. AGE: Years	Months	Days	If less than one day
33	?	?	hr. min.

9. Birthplace S. C.
(Town, county, and state)
10. Usual Occupation unknown
11. Industry or business

FATHER
12. Name Albert Price
13. Birthplace S. C.

MOTHER
14. Maiden Name Annie McDuffie
15. Birthplace S. C.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 12-22-39 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Westport

18 (a) Funeral director Adolphus Halstead
(b) Address 980 David Hill ave

19 (a) (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 16 1939, at 12 25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 8 1939 to Dec. 16 1939, and that I last saw him alive on Dec. 16 1939.

Immediate cause of death	Duration
Pulmonary Embolism	5 minutes
Due to	
Due to	over
Other Conditions Lobar Pneumonia (suppurative)	8 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pulmonary embolism

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Waghelstein M. D.
Address Balto City Hosp. Date signed 12-18-39

64102

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B Registered No. F 64102

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1429 Riverside Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1429 Riverside Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jesse B Reynolds

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Alice E
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 21 1870

8. AGE: Years	Months	Days	If less than one day
69	9	29	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation U. S. Inspector
11. Industry or business

FATHER
12. Name John C Reynolds
13. Birthplace Md

MOTHER
14. Maiden Name Malana Harris
15. Birthplace Trenton N. J.

16 (a) Informant Mrs Alice E. Reynolds
(b) Address 1429 Riverside Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23 1939 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Ave

18 (a) Funeral director William M Mareck
(b) Address 710 Light St

12 (a) DEC 22 1939 (Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1939, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15 1939 to Dec 20, 1939 and that I last saw him alive on Dec 20, 1939

Immediate cause of death	Duration
Coronary Thrombosis	12-20-39
Due to Generalized Arteriosclerosis	1 yr. +
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. L. Ballard M. D.
Address 707 E. Fort Ave. Date signed Dec. 22, 1939

correct age is especially important. Typewrite. Please write plainly.

VS 1

F 64103

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √183

Registered No. F 64103

1. PLACE OF DEATH:
(a) Baltimore City Maryland
(b) Street address 96th of Bush St
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 824 Mangold St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Ledergerber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rose M
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3 1862

8. AGE: Years (according to most accurate and definite statement)	Months	Days	If less than one day
77	7	14	hr. min.

9. Birthplace Switzerland (Town, county, and state)
10. Usual Occupation Kitchen Embroidery
11. Industry or business Work

FATHER
12. Name Don't Know
13. Birthplace Switzerland

MOTHER
14. Maiden Name Don't Know
15. Birthplace Switzerland

16 (a) Informant Mrs Rose M Ledergerber
(b) Address 824 Mangold St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 22/1939 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3501 Frederick Ave

18 (a) Funeral director William M Marech
(b) Address 2140 Eight St

19 (a) DEC 22 1939 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-17-1939, at 10 a. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Probably Drowning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: Party disarranged, ~~Of operations~~ partly moving. Skull partly gone. No brains. ~~Of autopsy~~ Decomposed adipocere.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Probably Accident
(b) Date of occurrence Autumn - 5-10 Mo. ago?
(c) Where did injury occur? City - Forty Bush St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place Patapsco River While at work? (Specify type of place)
(e) Means of injury Cause to be determined.

23. Signature Howard J. Madison M.D. Medical Examiner.
Date signed 12-22-39

Over

VS 6

50026-FS

F 64104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 64104

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo. 11das.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street and No. 1927 Orleans St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Anna Gayan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-20-1867

8. AGE: Years	Months	Days	If less than one day
72	8	1	hr. min.

9. Birthplace Yugoslavia (Town, county, and state)

10. Usual Occupation H.W. 6070

11. Industry or business

FATHER
12. Name John Gayan (d)
13. Birthplace Yugoslavia

MOTHER
14. Maiden Name Helen Phifer (d)
15. Birthplace Yugoslavia

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 12/23/39 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore

18 (a) Funeral director Joffe Ulrich
(b) Address 2108 Orleans

19 (a) DEC 22 1939 (Date filed by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-21 1939 at 7:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-10 1939 to 12-21 1939 and that I last saw her alive on 12-21 1939

Immediate cause of death	Duration
Acute Cardiac decompensation	2 days
Due to Hypertension and arteriosclerotic heart disease	?
Due to	
Other Conditions Carcinoma cervix	?

(Include pregnancy within 3 months of death)

Major findings:
Of operation Carcinoma cervix
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L Kaufmann Jr M. D.
Address Balto City Hosp. Date signed 12-22-39

correct age is especially important. If uncertain, please write "about" before the figures.

VS 3

F 64105

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1671

Registered No. F 64105

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2146 Cookling St
(c) Hospital or institution:
D.A. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2146 N. Cookling St
(If rural give location)
(e) If foreign born, how long in U. S. A.) ..... years

3 (a) FULL NAME Earl Morrison

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-4421

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Wh	married

6 (b) Name of husband or wife Edna Morrison

6 (c) If alive, give age 26 years

7. Birth date of deceased (mo., day, yr.) Dec 5 - 1910

8. AGE: Years	Months	Days	If less than one day
29	—	6	hr. ..... min.

9. Birthplace Pittsburg Pa
(Town, county, and state)

10. Usual Occupation Chauffer

11. Industry or business

FATHER
12. Name W. H Morrison
13. Birthplace Ohio

MOTHER
14. Maiden Name Edna Hastings
15. Birthplace Pa

16 (a) Informant Edna Hastings Morrison
(b) Address 315 Channing St Park D C

17 (a) Cremation (b) Date thereof Dec 23 - 39
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Modern Mem Park Crematory
Location Baltimore

18 (a) Funeral director John Ellis
(b) Address 200 E Biddle

19 (a) DEC 22 1939 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21 1939, at 6 p.m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death Bullet wounds of heart — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 12/21/39
(c) Where did injury occur? 2146 N. Cookling St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? —
(e) Means of injury Pistol

PHYSICIAN
Underline the cause to which death should be charged statistically.

23. Signature J. M. L. Vandersluis M.D.
Medical Examiner.
Date signed 12/22/39

correct age is especially important. Physicians, please write plainly.

64106

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No. F 64106

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ✓
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1614 E Lifton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

15

3 (a) FULL NAME William A. Bishop

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Emily A. Bishop
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) May 19, 1866

8. AGE: Years	Months	Days	If less than one day
73	7	2	hr. min.

9. Birthplace New York (town, county, and state)
10. Usual Occupation Steward on Ferryboat
11. Industry or business Transit Co. 007

FATHER
12. Name Abijah Bishop
13. Birthplace New York

MOTHER
14. Maiden Name Mary Huntington
15. Birthplace New York

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23-1939 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Fisher & Sons
(b) Address North & Pa Ave

19 (a) DEC 22 1939 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 21 1939 at 5:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 19 1939 to Dec. 21 1939 and that I last saw h[illegible] alive on Dec. 21 1939.

Immediate cause of death Arteriosclerosis C. V. D. — Duration 3 yrs

Due to

Due to

Other Conditions Uremic Nate

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. H. Kanawa Jr. M. D.
Address Mercy Hospital Date signed Dec 24/39

correct age is especially important. Typewriter preferred.

VS 3

64107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-L Registered No. 64107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3026 Hal Brook Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Adah E. Owings

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Leo Albert Owings
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26, 1863

8. AGE: Years	Months	Days	If less than one day
76	4	26	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Home maker 40 yrs
11. Industry or business Own Home

FATHER
12. Name Rev. J. O. Hall
13. Birthplace Md.

MOTHER
14. Maiden Name Ada Allen
15. Birthplace Md.

16 (a) Informant Eleanor Owings
(b) Address 3026 Hal Brook Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23 39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Baltimore - Md

18 (a) Funeral director Wm. H. Kieffer Sons
(b) Address North & Paines

19 (a) DEC 22 1939 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21 1939 at 8:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-18 1939 to 12-21 1939, and that I last saw her alive on 12-21 1939.

Immediate cause of death: Pulmonary Embolism — Duration 4 days
Cardiac Decompensation
Senoral Phlebitis
Due to Arteriosclerosis
Cardio vascular disease — 10 yrs
Due to
Other Conditions
Carcinoma D Sigmoid
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Ca Sigmoid, Femphlebitis, Pulm. Embol.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. J. Vellender M. D.
Address 1 Mt Vernon Pl Date signed 12-21-39

correct age is especially important. If unknown, give approximate age.

VS 3

F 64108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 131 F 64108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. Preston Apts. (If rural, give location) NW. Guilford Ave & Preston Sts
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM H. HARDEY

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	SINGLE

6 (b) Name of husband or wife Single.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/5/81 1852

8. AGE: Years	Months	Days	If less than one day
87	7	16	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Dr Wm H Hardey.
13. Birthplace Md

MOTHER
14. Maiden Name Louisa A Spear
15. Birthplace Md

16 (a) Informant Mrs. Fleming Cooke.
(b) Address Preston Apts

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 12/23/37 (month) (day) (year)
(c) Cemetery or crematory Odd Fellows Clarksville Md
Location Clarksville Howard Co.

18 (a) Funeral director H. W. Means & Son
(b) Address 705 N. Calvert St.

19 (Date received) DEC 22 1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/21 1937 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/15 1937 to 12/21 1937, and that I last saw him alive on 12/21 1937.

Immediate cause of death	Duration
Cardiac failure	
Due to Hypertension	
Due to Chronic Glomerular Nephritis	
Other Conditions Secondary anemia Pleural effusion. (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Gen the Wear, Nephritis	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. D. Sunday
Address Union Memorial Date signed 12/21/37 (M.) (D.)

VS 3

64109

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 131 F 64109

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3802 Ensmway
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Always

2. USUAL RESIDENCE OF DECEASED:
(a) State Mass. (b) County -
(c) City or town Brookline Mass
(If outside city or town limits, write RURAL and give town)
(d) Street No. 96 Brookline Mass
(If rural give location)
If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Louise Gambrill

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife Single
6 (c) If alive, give age 0 years

7. Birth date of deceased (mo., day, yr.) Nov-4-1880

8. AGE: Years	Months	Days	If less than one day
59	1	17	— hr. — min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Teacher
11. Industry or business Brookline Mass Schools

FATHER
12. Name Albert Gambrill
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Laura Webb
15. Birthplace Balto Md

16 (a) Informant Mrs John S. Morton (sister)
(b) Address 3802 Ensmway.

17 (a) Cremation (b) Date thereof Dec-23-39.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto. Md.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (H. F. WOODEN SUC.) 108 W. NORTH AVENUE
DEC 22 1939 (Huntington Williams M.D.)
(Registrar)
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21st 1939, at 3 a. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 7th 1939 to Dec 21st 1939, and that I last saw her alive on Dec 20th 1939.

Immediate cause of death Uremia
Chronic Nephritis
Due to Sclerosis Coronary
Hypertension
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
4 days
1 year
8 yrs
8 yrs

Major findings: U
Of operations
Of autopsy U

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. A. Stated M. D.
Address 1006 Cathedral St Date signed Dec 21/39

Correct age is especially important. Physicians please write.

64110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 46-B

Registered No. 64110

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Catow and Wilkens Ave.
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Harwood (If outside city or town limits, write RURAL and give town)
(d) Street No. 25 (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Francis Raymond Litchfield

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25, 1889

8. AGE: Years	Months	Days	If less than one day
50	4	25	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Decorator 805

11. Industry or business

FATHER
12. Name J. F. Litchfield
13. Birthplace Howard Co., Md.

MOTHER
14. Maiden Name Georgiana Kayley
15. Birthplace Baltimore, Md.

16 (a) Informant J. F. Litchfield
(b) Address 1452 Lawrence, Detroit, Mich.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 23, 1939 (month) (day) (year)

(c) Cemetery or crematory Zion
Location Dorsey, Howard Co.

18 (a) Funeral director E. Percy Spiller, Inc.
(b) Address 125 E. North Ave.

DEC 22 1939 Huntington Williams, M.D.
(Registrar's signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 20, 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/15 1939 to 12/20 1939, and that I last saw h[illegible] alive on 12/20 1939.

Immediate cause of death Carcinoma of Stomach
Due to E. Cerebral Embolism

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Sheppard, M. D.
Address St. Agnes Hospital Date signed 12/20/39

VS 3

F 64111

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-D

Registered No. F 64111

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4828 Park Heights Avenue.
(c) Hospital or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 78 yrs 1 mo 14 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4828 Park Heights Avenue. (If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME Elizabeth Owens Buchta

3 (b) If veteran, name war: ---
3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband John W. Buchta
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) November 7th 1861

8. AGE: Years	Months	Days	If less than one day
78	1	14	... hr. ... min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name William Harper
13. Birthplace Maryland

MOTHER
14. Maiden Name ?/ Stahl
15. Birthplace Unknown

16 (a) Informant Mr. Chester B. Lewis
(b) Address 4828 Park Heights Avenue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23rd 1939 (month) (day) (year)
(c) Cemetery St Mary's-Hampden
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Ave.

19 (a) DEC 22 1939 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21st 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1939, to Dec 21 1939.- and that I last saw her alive on Dec. 15 1939.

Immediate cause of death: Carcinoma of Rectum

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jerome F. Lundman M. D.
Address 1 of 4 Eutaw Place Date signed 12/22/39

F 64112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. F 64112

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3509 Powhatan Ave
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ✓
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3509 Powhatan Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Elizabeth M. Koelmeyer

3 (b) If veteran, name war ✓ (c) Social Security Account No. ✓

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: C. Albert Koelmeyer

6 (c) If wife, give age 73 years

7. Birth date of deceased (mo., day, yr.) Nov 29-1867

8. AGE: Years 72 | Months 0 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER 12. Name Roof

13. Birthplace Germany

MOTHER 14. Maiden Name Unknown

15. Birthplace Germany

16 (a) Informant Mrs C Albert Koelmeyer

(b) Address 3509 Powhatan Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23-1939 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore, Md

18 (a) Funeral director Wm J Lichtenberg & Sons

(b) Address 2011 Pa Ave

DEC 22 1939 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21, 1939 at 8½ A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 8 1938 to Dec 20 1939 and that I last saw HER alive on Dec 20 1939.

	Duration
Immediate cause of death: Coronary Thrombosis	1 Day
Due to: Arteriosclerotic Hypertensive heart decease	?
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. J. Sullivan M. D.

Address 2911 Gaston Blvd Date signed Dec 22 39

VS 8

64113

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 64113

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 707 Rosedale St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Ford Barringer

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Katherine
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Feby 6, 1882

8. AGE: Years	Months	Days	If less than one day
57	10	15	hr. min.

9. Birthplace Wilkesbarre, Pa (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER 12. Name	Webster Barringer
13. Birthplace	Pa
MOTHER 14. Maiden Name	Lillian Bertels
15. Birthplace	Pa

16 (a) Informant Mrs. Barringer
(b) Address 707 Rosedale St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 23/39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Balto, Md
18 (a) Funeral director Margaret A. Flynn
(b) Address 1422 Light St. Huntington, Indiana, Md.
19 DEC 22 1939 (Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21, 1939, at 2 25 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1939, to Dec 21 1939, and that I last saw h.m alive on Dec 21 1939.

Immediate cause of death	Duration
Lobar Pneumonia - Type XV	1 week
Due to	
Arteriosclerotic C-V Disease	
Other Conditions Parkinson's Disease	9 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Lobar Pneumonia
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. McClafferty M. D.
Address Bon Secours Hosp. Date signed 12-21-39

correct age is especially important. Physicians please write

F 64114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No. F 64114

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1509 Patapsco St. (If rural give location)
(e) If foreign born, how long in U. S. A.? —— years

3 (a) FULL NAME CHARLES F. FOSS

3 (b) If veteran, name war	3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M -

6 (b) Name of husband or wife Mary E.
6 (c) If dive, give age 47 years
7. Birth date of deceased (mo., day, yr.) May 22, 1881

8. AGE: Years	Months	Days	If less than one day
58	6	25	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name George Foss -
13. Birthplace Balto. - Md. -

MOTHER
14. Maiden Name Annie Grief -
15. Birthplace Balto. - Md. -

16 (a) Informant Mary E. Foss - wife
(b) Address 1509 Patapsco St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23, 1939 (month) (day) (year)
(c) Cemetery or crematory Western Cem
Location Baltimore Md

18 (a) Funeral director A. Howard Evans
(b) Address 1400 - or S. E. Franklin St

19 DEC 22 1939 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH December 20 1939, at 5 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquest) thereon and from the evidence obtained by said autopsy (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death Hypertensive heart disease — Duration
Due to Arteriosclerosis general
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed Dec 21 1939

F 64115

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-b Registered No. F 64115

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1614 Patapsco St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1614 Patapsco St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine A. Rush.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Louis H. Rush.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1860

8. AGE: Years 79 | Months 11 | Days 18 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Louis J. LaMar
13. Birthplace Pa.

MOTHER
14. Maiden Name Catherine A. Seward
15. Birthplace Md.

16 (a) Informant Lloyd L. Rush
(b) Address 1614 Patapsco St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23/1939 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill
Location A. A. Co.

18 (a) Funeral director A. Howard Evans
(b) Address 1400-02 N. Charles St

19 (a) DEC 22 1939 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20 1939 at 8:55 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 6 1939 to Dec. 20 1939 and that I last saw h.ER alive on Dec. 20 1939

Immediate cause of death — Duration

Acute dilatation of heart — 2 days

Due to

Due to Mitial Regurgitation (Indef.)

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify) While at work?
(e) Means of injury

23. Signature H. E. Campbell M. D.
Address 1644 Hanover St Date signed 12-22-39

VS 3

64116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107-a

45176 SD

Registered No. F 64116

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Donelson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17, 1872

8. AGE: Years	Months	Days	If less than one day
67	5	3	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name ? George
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Beall
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23 1939 (month) (day) (year)
(c) Cemetery or crematory Louden Park
Location Baltimore Md

18 (a) Funeral director Jerome Cook Lyfer
(b) Address 1600 N. North Ave

19 (a) (Local registrar) Huntington (b) Williamsport Md.

DEC 22 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 20 1939, at 10:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 29 1939, to Dec 20 1939, and that I last saw h alive on Dec. 20 1939.

Immediate cause of death: Bronchopneumonia — Duration: 2 days.

Due to:

Due to:

Other Conditions: Arteriosclerosis, Generalized — Duration: unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 12-20-39

64117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 23

Registered No. F 64117

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 693 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 702 W. Lombard St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Salome Dawksas (Dauksa) (Salomija Daukshas)
(30317)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Andrew
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) ? ? 1882
8. AGE: Years: 57 | Months | Days | If less than one day: hr. min.
9. Birthplace: Europe
(Town, county, and state)
10. Usual Occupation: None
11. Industry or business

FATHER
12. Name: Joe Budtis (D)
13. Birthplace: Europe

MOTHER
14. Maiden Name: Eliz. Matila (D)
15. Birthplace: Europe

16 (a) Informant: Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 23 1939 (month) (day) (year)
(c) Cemetery or crematory: St. Stanislaus
Location

18 (a) Funeral director: G. Howard Strong
(b) Address: 715 Light St.

19 DEC 23 1939 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 20, 1939 at 2:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 26, 1938, to Dec. 20, 1939, and that I last saw her alive on Dec. 20, 1939

Immediate cause of death: Tuberculosis of lungs — Duration: Dec., 1939

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. J. Alessi M. D.
Address Date signed

VS 3

F 64118

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

66-B Registered No. F 64118

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution:
Univ. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 726 W. LEXINGTON ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Agnes Bailey.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female.	White	MARRIED.

6 (b) Name of husband or wife George Bailey.
6 (c) If alive, give age 56 years
7. Birth date of deceased (mo., day, yr.) July 1st 1878

8. AGE: Years	Months	Days	If less than one day
61	5	19	hr. min.

9. Birthplace BALTIMORE. MARYLAND. (Town, county, and state)
10. Usual Occupation House-wife.
11. Industry or business AT. HOME.

FATHER
12. Name RICHARD. H. WHITNEY.
13. Birthplace BALTIMORE. MD.

MOTHER
14. Maiden Name CATHARINA. HUEBNER.
15. Birthplace BALTIMORE. MD.

16 (a) Informant RICHARD. H. WHITNEY.
(b) Address ROSEWOOD MARYLAND.
17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Dec. 23 1939 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK CEMETERY.
Location BALTIMORE. MARYLAND.
18 (a) Funeral director H. Amoroso
(b) Address 1043 E. Baltimore St.
19 (a) DEC 23 1939 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/20 1939, at 11:45 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 12/19 1939, to 12/20 1939, and that I last saw her alive on 12/20 1939.

Immediate cause of death
Cardiac Failure
Due to Hypertensive C.V.D.
Due to Thyrotoxicosis (?)
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature H. Amoroso
Address Univ. Hosp. Date signed 12/21/39 M. D.

VS 8

F 64119

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. F 64119

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 27 N. Ellwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr Wilbur Routzahn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Barbara R
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Oct. 17 1883

8. AGE: Years	Months	Days	If less than one day
56	2	6	hr. min.

9. Birthplace Middletown, Md. (Town, county, and state)
10. Usual Occupation Truck Operator
11. Industry or business

FATHER
12. Name John H. Routzahn
13. Birthplace Middletown, Md.

MOTHER
14. Maiden Name Emma Keller
15. Birthplace Middletown, Md.

16 (a) Informant Barbara R. Routzahn
(b) Address 27 Ellwood Ave. Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/39 (month) (day) (year)
(c) Cemetery or crematory Reformed Cemetery
Location Middletown, Md.

18 (a) Funeral director G. L. Hillegas
(b) Address Middletown, Md.

DEC 23 1939 (b) Hunter for Williamsport, Md. Registrar
(Filed)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23 1939, at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 18 1939 to Dec 23 1939 and that I last saw him alive on Dec 23 1939.

Immediate cause of death: Cerebral Hemorrhage — Duration 6 days
Due to: Hypertensive Cardio-Vascular disease — Duration undetermined
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas Sexton M. D.
Address Mercy Hosp. Date signed 12/23/39

VS 3

F 64120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157 Registered No. F 64120

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1655 Caswell St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1655 Caswell St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dorothy M. Gross

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 20/39

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business —

FATHER
12. Name Kenneth Gross
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Dorothy Schwartz
15. Birthplace Baltimore Md

16 (a) Informant Kenneth Gross
(b) Address 1655 Caswell St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23/39 (month) (day) (year)
(c) Cemetery or ~~cemetery~~ Parkwood
Location Baltimore Md

18 (a) Funeral director Chilvis Henry Sons
(b) Address 2016 Eutaw St

19 (d) DEC 23 1939 (Date rec'd by registrar) Hunter for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1939, to Dec 22 1939, and that I last saw her alive on Dec 21 1939.

Immediate cause of death	Duration
Found dead in Bed	
Due to Heart trouble?	over
Due to Congenital Anomaly	21
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations unable to procure
Of autopsy Autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward Grossmann M.D.
Address 9858 Harford Date signed 12/24/39

VS 3

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

64121 64121

CERTIFICATE OF DEATH

23

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 N. Gilmor St. 19-2 Ward)

Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Irene Vaughn Murray

(a) Residence: No. 104 N Gilmor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

6. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Donald Murray

7. DATE OF BIRTH (month, day, year) January 7, 1917

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
22	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic Servant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) November 39

11. Total time (years) spent on this occupation 6

12. BIRTHPLACE (city or town) (State or country) Chesterfield Co. Va.

FATHER

13. NAME Harvey Vaughn

14. BIRTHPLACE (city or town) (State or country) Chesterfield Co. Va

MOTHER

15. MAIDEN NAME Alma Robertson

16. BIRTHPLACE (city or town) (State or country) Chesterfield Co Va.

17. INFORMANT Harvey Vaughn
(Address) 104 N Gilmor

18. BURIAL, CREMATION, OR REMOVAL
Place Petersburg Va Date Dec 24, 1939

19. UNDERTAKER Mrs Lottie R Williams
(Address) 322 S Schroeder St Huntington Williamson, W. Va.

20. DEC 23 1939
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12.21.39, 19

22. I HEREBY CERTIFY, That I attended deceased from 12.1.39, 19... to 12.21.39, 19...
I last saw h~~e~~r alive on 12.21.39, 19... Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Pneumonic Phthisis	about 11.15.39

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) James M. Lair M. D.

(Address) 400 N. carrollton ave

State CAUSE OF DEATH in plain terms, so that it can be understood. OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

64122

LB 51180

Lena Harris Bohd

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47

F 64122 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution:

Baltimore City Hospitals 18-2

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12½ hr.

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1101 Cloney St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harris Lena Bohd

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife William (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 12, 1895

8. AGE: Years 44 | Months 0 | Days 9 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation H. W. 0070

11. Industry or business Gilman Country School

FATHER

12. Name Leonard Harris

13. Birthplace Md.

MOTHER

14. Maiden Name Lucy Fischer

15. Birthplace Va.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 26, 1939 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion

Location

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 322 E Lafayette St.

19 (a) DEC 23 1939 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-21 1939 at 9:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-20-1939 to 12-21-1939 and that I last saw he alive on 12-21-1939

Immediate cause of death Pneumonia — Duration 5 days

Due to Influenza — Duration ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Pathology showed Lung Involvement

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. Murdock Kerr M. D.

Address Balto City Hosp Date signed 12-22-39

correct age is especially important. Registrars, please

VS 2

64123 HEALTH DEPARTMENT—CITY OF BALTIMORE 64123

CERTIFICATE OF DEATH

92a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St. 28-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 4 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sister Mary of Maurice Magee

If U. S. Veteran specify WAR

(a) Residence: No. Villa Maria West Chester Pa. St. Ward. Chester West Pa

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 3 - 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6065

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) United States

FATHER

13. NAME Peter Magee

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna McFadden

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mother Superiors (Address) City

18. BURIAL, CREMATION, OR REMOVAL Place West Chester Pa Date Dec 23/39

19. UNDERTAKER STEWART & HOWSER COMPANY (Address) (W. F. WOOSTER SUCC.) 408 W. NORTH AVENUE

20. FILED DEC 23 1939 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/16, 1937 to December 23, 1939

I last saw her alive on Dec 22, 1939. Death is said to have occurred on the date stated above, at 12.35 P.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Senile Decrepitude	
Acute Articular Rheumatism	18 Months.

Other contributory causes of importance:

Endocarditis (Infectious) with hypertrophy	32 Months.

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Thomas J. Magee M. D.

(Address) 330 W. Gay St. West Chester Pa

OCCUPATION is very important. See instructions on back of certificate.

4124 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 64124

CERTIFICATE OF DEATH 449

1. PLACE OF DEATH — Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Do Balto Gen'l Hosp (Ward) 7-4

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Antonietta Hejl — If U. S. Veteran specify WAR _____

(a) Residence: No. 938 N. Chapel St Balto Md Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Joseph Hejl

6. DATE OF BIRTH (month, day, year): May 1, 1878

7. AGE — Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
61	7	22 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year): _____

11. Total time (years) spent in this occupation: _____

12. BIRTHPLACE (city or town) (State or country): Bohemia

FATHER

13. NAME: Joseph

14. BIRTHPLACE (city or town) (State or country): Bohemia

MOTHER

15. MAIDEN NAME: Emma Handrejch

16. BIRTHPLACE (city or town) (State or country): Bohemia

17. INFORMANT: Joseph Hejl
(Address): 938 N Chapel St

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: Dec. 26 1939

19. UNDERTAKER: Frank Brock & Son
(Address): 906 Edmondson Ave

20. FILED: DEC 23 1939 19___ Hunter Tor Williams, M.D. Registrar
C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14 1939 to Dec 22 1939
I last saw h[illegible] alive on Dec 22 1939 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis	
Tuberculous Meningitis, Left.	
Other contributory causes of importance:	

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Dana Bernstein M. D.
(Address) Balto. Gen'l Hosp.

OCCUPATION is very important. See instructions on back of certificate.

4125

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59 F 64125 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3315 Winterbourne Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 167
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3315 Winterbourne Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William E. Woodall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widow

6 (b) Name of husband or wife Anna Ullrich

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/30/66

8. AGE: Years	Months	Days	If less than one day
73	2	21	hr. min.

9. Birthplace Balto. Md.
(Town, county, and State)

10. Usual Occupation Retired Balto. City clerk

11. Industry or business 0009

FATHER
12. Name Wm. E. Woodall
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary E. Hooper
15. Birthplace Balto. Md.

16 (a) Informant Mary E. Woodall
(b) Address 3315 Winterbourne Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/39 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemy.
Location Fred. Ave. Balto. Md.

18 (a) Funeral director John A. Mitchell & Sons Inc.
(b) Address 1900 Eutaw Place

19 (a) (Date received) (b) (Registrar) Huntington Williams (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 21, 1939, at 3 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1939, to Dec 21 1939, and that I last saw him alive on Dec 21 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage	Aug. '39
Bronchial Pneumonia	Dec. 20 '39
Due to Diabetes	1935
Arterio-Sclerosis	1935
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy no autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work? ✓
(Specify type of place)
(e) Means of injury ✓

23. Signature Joseph S. Kirkhoff M. D.
Address 12 E. 25th. St. Date signed 12-22-39

F 64126

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94B

Registered No. F 64126

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1953 Perlman Pl.
(c) Hospital or institution:
D. of A. St. Joseph's Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1953 Perlman Pl
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida V. Cook

3 (b) If veteran, name war NO | 3 (c) Social Security Account No. NONE

4. Sex F | 5. Color or race W | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~. Married

6 (b) Name of husband or wife John A. Cook

6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Aug 1 1861

8. AGE: Years 78 | Months 4 | Days 20 | If less than one day hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Housewife 1037

11. Industry or business At Home

FATHER 12. Name John T. Washbourne

13. Birthplace Md.

MOTHER 14. Maiden Name Mary Z.

15. Birthplace Md

16 (a) Informant Ida May Starr

(b) Address 1141 Filbert St.

17 (a) Burial (b) Date thereof 12/23/39
(Burial, ~~cremation, or removal~~) (month) (day) (year)

(c) Cemetery ~~or crematory~~ Balto

Location Balto Md

18 (a) Funeral director William Cook

(b) Address 1849 St Paul St

19 (a) DEC 23 1939 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21 1939 at 1030a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Autopsy or Inquiry)
obtained by said find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary occlusion — **Duration**

Due to Arteriosclerosis, generalized.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm Vandersloot M.D.
Medical Examiner.
Date signed 12/27/39

VS 6

correct age is especially important. Physicians, please answer

64127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92a F 64127 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1092 E. Ostend St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 3
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 109 E. Ostend St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Augustus Montgomery

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Wh	married

6 (b) Name of husband or wife Lottie Montgomery

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 3, 1896

8. AGE: Years	Months	Days	If less than one day
43	10	18	hr. min.

9. Birthplace Chambersburg, Penna. (Town, county, and state)

10. Usual Occupation Storekeeper 0045

11. Industry or business Proprietor

FATHER
12. Name Augustus H. Montgomery
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Margaret E. Mitchell
15. Birthplace Pennsylvania

16 (a) Informant Lottie Montgomery (wife)
(b) Address 109 East Ostend Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-25-39 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn, Maryland

18 (a) Funeral director C. Richard Fleming.
(b) Address 1426 Light St.

19 (a) Date received by registrar DEC 23 1939 Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21 1939, at 1 10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Rheumatic heart Dis
Due to Mitral Stenosis and aortic insufficiency

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. M. Vandersluis M.D. Medical Examiner.
Date signed 12/22/39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64128

CERTIFICATE OF DEATH

131 F 64128 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 135 Mc Phail St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 3 mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ena Margaret Ludwig

If U. S. Veteran specify WAR

(a) Residence: No. 135 Mc Phail St., 20-4 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Anton Ludwig

6. DATE OF BIRTH (month, day, year): September 5 1865

7. AGE: Years 74; Months 3; Days 16; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 1937

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housewife

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Gustine Schlender

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Mrs. Edward Richt

(Address) 2697 Wilkins Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Cross Date: Dec. 26 1939

19. UNDERTAKER: George L. Lafrentz.

(Address) 2101 Frederick Ave.

DEC 23 1939

Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from October, 1939, to December 21, 1939

I last saw her alive on November 3, 1939. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile arterio-sclerosis - Before	1934
Chronic myocarditis - Before	1934
Chronic nephritis - Before	1934
Acute cardiac dilatation -	12-21-39

Other contributory causes of importance:

None others

Was an operation performed? No Date of No

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.

(Address) 1203 W. Fayette St.

BIRTH CERTIFICATE OF DEATH is very important. See instructions on back of certificate.

va 3

F 64129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82B

F 64129 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland December 22, 1939

(b) Street address 808 N. Bentalou St.

(c) Hospital or institution:

16-5

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 808 N. Bentalou St
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arthur L. Aist,

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ella R. Aist.

6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) July 31, 1868

8. AGE: Years	Months	Days	If less than one day
71	4	22	hr. min.

9. Birthplace Prince Georges Co. Md.
(Town, county, and state)

10. Usual Occupation Cabinet Maker 0014

11. Industry or business Shop Owner.

FATHER

12. Name Adam G. Aist,

13. Birthplace Germany

MOTHER

14. Maiden Name Catherine Clark,

15. Birthplace Maryland

16 (a) Informant Mrs Ella R. Aist,

(b) Address 808 N. Bentalou St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof DEC 26 1939 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location Baltimore City

18 (a) Funeral director Robert S Little.

(b) Address 2700 Edmondson Ave.

19 (a) 12-23 1939 (Date received by registrar) (b) [illegible]

C 23 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC 22 1939, 19..., at ... M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/10 1939, to 12/22 1939, and that I last saw h[illegible] alive on 12/21 1939.

Immediate cause of death — Duration

Cerebral Thrombosis — 10 days

Due to Arteriosclerosis

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. Clinton Laughlin M. D.

Address 4W N. Pangum St. Date signed 12/22/39

F 64130

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 64130 Registered No. 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1927 Eutaw Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Moses Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Rebecca
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) June 2 1869

8. AGE: Years	Months	Days	If less than one day
70	6	20	hr. min.

9. Birthplace [illegible] Virginia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Lewis Miller
13. Birthplace Austria

MOTHER
14. Maiden Name Mollie Johnson
15. Birthplace Austria

16 (a) Informant Mrs. M. Miller
(b) Address 1927 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto. Hebrew
Location Balto. Md.

18 (a) Funeral director Leonard Strauss & Son
(b) Address 1902 Eutaw Place

19 (a) 12-23-1939 (Date received by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-22 1939 at 4:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-21 1939 to 12-22 1939, and that I last saw him alive on 12-22 1939.

Immediate cause of death	Duration
Empyema	12-7-39
Lobar	
Due to Pneumonia	6 weeks
Due to	
Other Conditions Cardiac collapse (Include pregnancy within 3 months of death)	
Major findings: Of operations Empyema	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Manheimer M. D.
Address Md Gen. Hosp. Date signed 12-22 39

VS 1

correct age is especially important

LEANNA BLANDFORD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64131 — 89 — Registered No. F 64131

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fremont & Greene St
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21d.
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(Street and number) 1126 W Cross St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leanna Blandford

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/28/39

8. AGE: Years	Months	Days	If less than one day
	5 6	20 d	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business —

FATHER
12. Name Tommie Blandford
13. Birthplace Georgia

MOTHER
14. Maiden Name Isadore Mooney
15. Birthplace Md

16 (a) Informant Tommie Blandford
(b) Address 1107 Shaw St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 23 39 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Balto City

18 (a) Funeral director David L. Brown & Son
(b) Address 1020 W Montgomery St

19 DEC 23 (Date rec'd by registrar) (c) Washington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/22/39 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-20 1939, to 12-22 1939, and that I last saw h[illegible] alive on 12-22 1939.

Immediate cause of death	Duration
Cardiac failure	
[illegible]	
Due to Pneumococcus Meningitis	
Due to Acute Nephritis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Tamway B. Thomas M. D.
Address Date signed

V8 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64132 — 23 — Registered No. F 64132

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 910 Peach St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 910 Peach St
(If rural give location)
(e) If foreign born, how long in U. S. A.? Years

3 (a) FULL NAME Edward Beverly

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-2796

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 1901

8. AGE: Years	Months	Days	If less than one day
38	11		hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Robert Wilson
13. Birthplace Va

MOTHER
14. Maiden Name Sarah Beverly
15. Birthplace Va

16 (a) Informant John Young
(b) Address 101 W Montgomery St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-39 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Ct
Location Baltimore City

18 (a) Funeral director Samuel L. Brown Co
(b) Address 108 W Montgomery St

19 (a) DEC 23 1939 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19 1939, at 5 am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to ... death on the day stated above.

Immediate cause of death — Duration

Pulmonary tuberculosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. VanBuskirk M.D.
Medical Examiner.
Date signed 12/19/39

VS 6

Dr Belz

64133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131

Registered No. E 64133

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3303 Fernlale Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 2

(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 15

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3303 Fernlale Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Peter Moore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife Chs Henry B Moore
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1 1863

8. AGE: Years	Months	Days	If less than one day
76	7	20	hr. min.

9. Birthplace New Orleans La
(Town, county, and state)
10. Usual Occupation Home
11. Industry or business None

FATHER
12. Name George A. Michel
13. Birthplace La

MOTHER
14. Maiden Name Louise De Forges
15. Birthplace La

16 (a) Informant Mrs Louise Eastman
(b) Address 3303 Fernlale Ave

17 (a) Burial (b) Date thereof 12/24/39
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arlington Natl
Location Arlington Va

18 (a) Funeral director George A Fahey
(b) Address Fulton & Fayette

19 (a) Embalmer Huntington Williams, M.D. (b) Address 2905 Oakland Ave

DEC 23 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 21 1939, at 7 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1, 1939, to Dec. 20 1939, and that I last saw h~~e~~r alive on Dec. 20 1939.

Immediate cause of death: Pulmonary Edema — Duration: 1 mo.
Due to Arteriosclerosis
Due to
Other Conditions Chronic nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Joseph A. Belz M.D.
Date signed 12/23/39

VS 8

CORRECT AGE IS especially important — Please answer all questions

For Carbon

F 64134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51-C

Registered No. F 64134

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1901 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 8-1
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1901 Edmondson Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME John J Yakel

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Regina Yakel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 29 1862

8. AGE: Years	Months	Days	If less than one day
77	3	22	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired Pool
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany

16 (a) Informant Adolph Yakel
(b) Address 318 N Monroe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/39 (month) (day) (year)
(c) Cemetery or crematory Catholic
Location Baltimore Md

18 (a) Funeral director Geo. A Fuhrman
(b) Address Fulton & Fayette

19 (a) DEC 23 1939 (Date rec'd by Registrar) (b) Filed Washington Hill, Registrar, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 21 1939 at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1939 to Dec 21 1939 and that I last saw him alive on 12/21 1939.

Immediate cause of death — Duration

Carcinoma Prostate — 2 yrs
Due to Metastasis to Bladder

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma Orchidectomy
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature Thos A Cahn M. D.
Address 2145 W Balto St Date signed 12/23/39

VS 8

COPIES AGE IF CERTIFICATE IMPORTANT

F 64135

64135

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

34-C Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2013 Llewellyn Ave
(c) Hospital or institution:
St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 Months
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2013 Llewellyn Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Jenkins

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17, 1898

8. AGE: Years	Months	Days	If less than one day
41	9	3	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Henry Jenkins
13. Birthplace Maryland

MOTHER
14. Maiden Name Ruth Taylor
15. Birthplace Maryland

16 (a) Informant Ruth Jenkins
(b) Address 2013 Llewellyn Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 26, 1939 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location

18 (a) Funeral director Mrs. K. A. Elliott Haughton
(b) Address 929 N. Caroline St.

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 23 1939

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-20-1939, at 1.20 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary Artery Occlusion — Duration

Due to Sclerosis

Due to

Other Conditions Edema - Congestion of Lungs (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed 12-20-39

Hunterstown, Pa.

Cont'd

correct age is especially important. If unknown, please state approximate age.

F 64136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-a

Registered No. F 64136

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Walkers & Eaton Ave.
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 3112 Oakfield Ave. Baltimore, Md.
(If outside city or town limits write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Mrs. Joseph Thor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sarah nee Stull

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years	Months	Days	If less than one day
51			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Clothing Mfgr.

11. Industry or business

FATHER
12. Name Hyman Thor
13. Birthplace Russia

MOTHER
14. Maiden Name Rue Kriesnetsky
15. Birthplace Russia

16 (a) Informant Mrs. Sarah Thor
(b) Address 3112 Oakfield ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 24/39 (month) (day) (year)
(c) Cemetery or crematory Hebrew Washington Rd
Location Washington Road

18 (a) Funeral director Sol Levinson & Bros.
(b) Address 1124 W. Baltimore St. Huntington Hollander, Md.

19 (a) DEC 23 1939 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22 1939, at 1:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/26 1939 to 12/22 1939, and that I last saw him alive on Dec. 22 1939.

Immediate cause of death Pulmonary Embolism

Due to Hypernephroma of right Kidney - C metastasis

Due to to regional lymph nodes.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Hypernephroma Rt. Kidney with metastasis
Of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury
23. Signature Robert Shapard M.D.
Address St. Agnes Hospital Date signed 12/23/39

VS 3

64137 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 64137

CERTIFICATE OF DEATH ✓82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 Druid Hill St. 14-3 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Estella C. Young

If U. S. Veteran specify WAR _____

(a) Residence: No. 1821 Druid Hill St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Roberts Young

6. DATE OF BIRTH (month, day, year) Nov. 6 1868

7. AGE	Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
	71	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas Cooper

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Marie Tany

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr Robert Young
(Address) 1821 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Dec 22 1939

19. UNDERTAKER Mrs Frances A. Hemsley
(Address) 578 N. Carrollton Ave

20. FILED Dec 23 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/21/1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 16th 1939 to Dec 21 1939

I last saw her alive on Dec 20 1939. Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/19/39
Other contributory causes of importance: Arteriosclerosis	1938

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) J. Guy Bosley M. D.

(Address) 519 N. Carrollton Ave

OCCUPATION is very important. See instructions on back of certificate.

DEC 23 1939

64138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B F 64138

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womens Hospital St. 14-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Anna Campbell Riggs

If U. S. Veteran specify WAR

(a) Residence: No. 306 Lyleside Ave St. Catonsville Md Ward Balto. Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced WIFE of John A. Riggs

6. DATE OF BIRTH (month, day, year) Oct 3, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Blair Hoge Campbell

14. BIRTHPLACE (city or town) Berkley Co (State or country) W. Va.

MOTHER

15. MAIDEN NAME Ellen N. Magruder

16. BIRTHPLACE (city or town) Prince George Co (State or country) Md.

17. INFORMANT Mr. J. Hutton Riggs (Address) Plainfield N.J.

18. BURIAL, CREMATION, OR REMOVAL Place St Johns Olney Md Date Dec 24 1939

19. UNDERTAKER Henry W. Jenkins Sons (Address) McCulloh & Orchard Sts

20. FILED Huntington Williams Registrar

DEC 24 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 14 1939 to Dec 22 1939

I last saw her alive on Dec 22, 1939 Death is said to have occurred on the date stated above, at 4.55 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease.	
Generalized arteriosclerosis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard W Wetherby Jr. M. D.

(Address) Womans Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 64139

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95-B

F 64139 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3318 Rogers Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Ella M. Shreeve

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	M.

6 (b) Name of husband or wife Murray E. Shreeve
6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) Aug. 12/1863

8. AGE: Years	Months	Days	If less than one day
76	4	11	hr. min.

9. Birthplace Md. Carroll Co. (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Tobias Stockdale
13. Birthplace Carroll Co.

MOTHER
14. Maiden Name Clara Belle Hower
15. Birthplace Carroll Co.

16 (a) Informant Herbert Shreeve
(b) Address Reisterstown Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 27 1939 (month) (day) (year)
(c) Cemetery or crematory Finksburg
Location Carroll Co

18 (a) Funeral director J. Elias & Sons
(b) Address Reisterstown Md

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/23 1939, at 9 o'clock P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/20 1939, to 12/23 1939, and that I last saw her alive on 12/23 1939.

Immediate cause of death Myocardial failure.
Due to Hypertensive C.V.D.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward E. Gorsuch M. D.
Address Md. Gen. Hosp. Date signed 12/27/39

VS 3

140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 64140

Registered No. 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Marine Hospital St. 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 3 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Arrington Fix

If U. S. Veteran specify WAR

(a) Residence: No. 1228 Eye St., N.W. Washington, D.C. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ferdinand Fix

6. DATE OF BIRTH (month, day, year) June 13, 1900

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	39	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Govt.

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Bedford, Virginia

FATHER

13. NAME Everett L. Arrington

14. BIRTHPLACE (city or town) (State or country) Bedford, Virginia

MOTHER

15. MAIDEN NAME Hettie Overstreet

16. BIRTHPLACE (city or town) (State or country) Bedford, Virginia

17. INFORMANT Hosp. Records Marine Hosp

(Address) Wyman Park Dr. and 31st.

18. BURIAL, CREMATION, OR REMOVAL

Place Bedford Va. Date 12/26 19 39

19. UNDERTAKER Williams J. Tickner & Sons

(Address) North & Ba. Aves.

DATE FILED DEC 24 1939 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 28 1939 to Dec. 23 1939

I last saw her alive on Dec. 23, 1939 Death is said to have occurred on the date stated above, at 4:00P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metestatic, generalized, adeno-	1939
carcinoma of Rt. breast	March
Other contributory causes of importance:	
Adenocarcinoma Rt. breast	Aug 1938

Was an operation performed? Yes Date of Aug 1, 1939

For what disease or injury Primary adenocarcinoma of Rt. breast

Name of operation Radical Mastectomy, right

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Rae Allen M. D.

(Address) Marine Hosp.

OCCUPATION is very important. See instructions on back of certificate.

V9 8

F 64141

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 64141

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Mem. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Bel Air (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Ellis Moxley

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mrs John E. Moxley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years 79 | Months ? | Days ? | If less than one day: hr. min.

9. Birthplace N. Carolina (Town, county, and state)

10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name A. J. Moxley
13. Birthplace N. Carolina

MOTHER
14. Maiden Name Jane Edwards
15. Birthplace N. Carolina

16 (a) Informant Jessie Moxley
(b) Address Street, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27 1939 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Harford Co. Md

18 (a) Funeral director H. L. Bailey
(b) Address Darlington Md

19 (a) (Date rec'd by registrar) (b) Darlington Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/24 1939, at 2:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/23 1939, to 12/24 1939, and that I last saw him alive on 12/24 1939.

Immediate cause of death: Pulmonary edema — Duration: 6 hrs
Due to: Hypertensive heart disease — Duration: unknown, many years
Due to: Arteriosclerosis — Duration: one week
Due to: Chronic nephritis — Duration: many years
Other Conditions: Bronchopneumonia — Duration: one week
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frederick Flentard M. D.
Address Union Memorial Hosp. Date signed 12-30-39

DEC 24 1939

F 64142

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-C

Registered No. F 64142

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pennsylvania (b) County
(c) City or town West Grove (If outside city or town limits, write RURAL and give town)
(d) Street No. 127 (If rural give location)
(e) If foreign born, how long in U. S. A.? Unknown years

3 (a) FULL NAME Mrs. Catherine Greber

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 4 - 1863

8. AGE: Years	Months	Days	If less than one day
76	9	28	hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation Home
11. Industry or business None

FATHER
12. Name Peter
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Union Memorial Hosp
(b) Address Baltimore Md

17 (a) (Burial, cremation, or removal) (b) Date thereof Dec 28 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill
Location Baltimore

18 (a) Funeral director J. E. Frazier
(b) Address Main & Penn Sts Westminster Md

19 (a) DEC 31 1939 Huntington Williams, M.D. Registrar
(Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 23 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2 1939, to Dec 23 1939, and that I last saw hCr alive on Dec 23 1939.

Immediate cause of death	Duration
Cardiac failure & Asphyxia	8 hours
Due to Arteriosclerotic Heart Disease	
Due to	
Other Conditions Resected Carcinoma Sigmoid with Colostomy (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma of Sigmoid
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: B Ammonett J. Frazier M. D.
Address Union Memorial Hosp Date signed 12/23/39

51225-FS

F 64143

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131

F 64143 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1444 N. Mount St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15 27

3 (a) FULL NAME Sarah Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-1-1898

8. AGE: Years	Months	Days	If less than one day
41	7	21	hr. min.

9. Birthplace S.C. (Town, county, and state)
10. Usual Occupation H.W. 40 37
11. Industry or business

FATHER
12. Name Isaac Orr
13. Birthplace S.C.

MOTHER
14. Maiden Name Lula English
15. Birthplace S.C.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Annapolis Road

18 (a) Funeral director Saml. W. Thomas Son
(b) Address 638 N. Gilmor

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-22-1939 at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-22-1939 to 12-22-1939 and that I last saw h-er alive on 12-22-1939.

Immediate cause of death Uremia — Duration ?

Due to Chr. Glom. Nephritis — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murray Lebherz M. D.
Address Balto City Hosp. Date signed 12-25-39

VS 3

F 64144

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

138

F 64144 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 925 Argyle Ave
(c) Hospital or Institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 925 Argyle Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Augustus Falls

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 25 1863

8. AGE: Years	Months	Days	If less than one day
76	2	2	hr. min.

9. Birthplace R. R. Co. Md
(Town, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mary Lee Falls
(b) Address 925 Argyle Ave

17 (a) Burial (b) Date thereof 12-26-39
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md

18 (a) Funeral director Mrs Frances A. Hunsley
(b) Address 578 N. Biddle St
(c) Date rec'd by registrar DEC 24 1939
Registrar for Baltimore, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22. 1939, at 11:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1939, to Dec 22. 1939, and that I last saw him alive on Dec 21. 1939.

Immediate cause of death: Pneumonia (Duration: Few days)
Due to: Fracture of Neck of Femur
Due to: Hypertension & Arteriosclerosis. Chronic for 3 yrs.
Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. Lee Elder M. D.
Address 927 Madison Ave Date signed 12/22/39

Exact age is especially important. Physicians, please write plainly.

F 64145

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 64145

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2015 E. Chesapeake Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME David Gwynn

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widower

6 (b) Name of husband or wife Pearl Gwynn
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Mar. 26 1874

8. AGE: Years	Months	Days	If less than one day
65	8	27	hr. ..... min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name Joseph Gwynn
13. Birthplace Md

MOTHER 14. Maiden Name Margaret Caraballo
15. Birthplace

16 (a) Informant Mrs. Pearl Gwynn
(b) Address

17 (a) Burial (b) Date thereof 12-26-39
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cem.
Location Long Green Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 518 N. Biddle St.

19 (a) 12 26 1939 Watts for Hill
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-23 1939 at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-28 1939 to 12-23 1939
and that I last saw him alive on 12-23 1939

Immediate cause of death	Duration
Lymphatic Leukemia	
Pulmonary edema.	
Due to	
Due to Terminal Septicemia	
Other Conditions Otitis Media	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh E. Woodland M. D.
Address University Hospital Date signed 12-23-39

VS 3

64146

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-c Registered No. F 64146

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 117 E Ostend St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 3
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) City or County Balto
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
Street No. 117 E Ostend St
(If rural give location)
(e) If foreign born, how long in U. S. A.) ? years

3 (a) FULL NAME Edward St Rosa.

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Margaret Rosa.
6 (c) If alive, give age 68 years
7. Birth date of deceased (mo., day, yr.) Oct 5 24 63
8. AGE: Years 76 | Months 2 | Days 17 | If less than one day: hr. min.
9. Birthplace Portugal
(Town, county and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name August Rosa.
13. Birthplace not known

MOTHER
14. Maiden Name not known
15. Birthplace not known

16 (a) Informant Margaret Rosa.
(b) Address 117 E Ostend St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 26 /39 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Balto
18 (a) Funeral director Bernard C. Hartle
(b) Address 121 E First St
19 (a) DEC 24 1939 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 1939, at 12 50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1939, to Dec 22 1939, and that I last saw h[illegible] alive on Dec 21 1939.

	Duration
Immediate cause of death: Myocardial Insufficiency	
Due to: Arteriosclerosis	
Due to:	
Other Conditions: Myocarditis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature John A. Schwenck
Address 1327 S. Charles St Date signed (M. D.) 12/27/39

VS 3

RRK.

64147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-D F 64147 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1735 Hanover St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1735 Hanover St (If rural give location)
23-3
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME John J McCormick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary A. McCormick

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6, 1867

8. AGE: Years 72 | Months 11 | Days 16 | If less than one day hr. min.

9. Birthplace Ireland (Town, county and state)

10. Usual Occupation Pipefitter
11. Industry or business R.R

FATHER
12. Name Hubert McCormick
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Dempsey
15. Birthplace Ireland

16 (a) Informant Mary A. McCormick
(b) Address 1735 Hanover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 26/1939 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director A. Howard Evans
(b) Address 1600-02 N Charles St

19 (a) DEC 21 1939 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22, 1939, at 1.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1937 to Dec 22 1939. and that I last saw him alive on Dec 22 1939.

Immediate cause of death: Hypertensive Cardio-Vascular Disease — Duration

Due to

Due to

Other Conditions Cardiac Hypertrophy, Cardiac Dilatation

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. Messina M. D.
Address 1403 S. Charles St Date signed 12/23/39

VS 2

64148 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 64148

CERTIFICATE OF DEATH V 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 N. Payson St. 16-4 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR _____

2. FULL NAME Sarah Cahill Long

(a) Residence: No. 616 N. Payson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced (or) WIFE of S. Upshur Long

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Michael Brennan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Susan Hopkins

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Elizabeth M. Cahill
(Address) 616 N. Payson St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Cathedral Cem. Date 12/26/39

19. UNDERTAKER H W Means & Son
(Address) 805 N. Calvert St

20. Filed [illegible] Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from July, 1935 to Dec. 22, 1939.

I last saw her alive on Dec 22, 1939. Death is said to have occurred on the date stated above, at 5.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Arterio-Sclerosis	
Hypertension	Gradual
Other contributory causes of importance:	
Pneumonia, Edema	10 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so,

(Signed) W H Brady, M. D.

(Address) 1403 Park Ave

OCCUPATION is very important. See instructions on back of certificate.

V8 9

F 64149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 64149 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2934 St Paul
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 77 10 22

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town ..... (If outside city or town limits, write RURAL and give town)
(d) Street No. 2934 N. Paul St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Charles F Long

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna Belle Long

6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) Jan 30 1862

8. AGE:	Years	Months	Days	If less than one day
	77	10	22	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Retired Real Estate

11. Industry or business

FATHER	12. Name Thomas D Long
	13. Birthplace Salem N C
MOTHER	14. Maiden Name Elizabeth B Long
	15. Birthplace London England

16 (a) Informant Anna B Long
(b) Address 2934 St Paul St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 26 - 39 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location

18 (a) Funeral director Fred Schilling & Sons
(b) Address Monument & Eutaw Sts

19 (Date received by Local Registrar) DEC 24 1939 (Signature of Registrar) Registrar

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22 1939, at 8 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 9 1939 to Dec 22 1939, and that I last saw him alive on Dec. 19 1939.

Immediate cause of death	Duration
Cardiac Insufficiency (Sudden).	
Due to Arterio Sclerosis - Coronary Arteries	
Due to Lobar Pneumonia Edema - since Dec 9.	
Other Conditions General - Arterio Sclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature Carroll Lockard M. D.
Address 4 E Preston St Date signed .....

64150

HEALTH DEPARTMENT—CITY OF BALTIMORE

64150

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balt. md. St. Jos. - Hosp ✓157-C

Registered No. .....

CITY OF BALTIMORE: (No. ..... St. Gar Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joan Carolyn Hess

If U. S. Veteran specify WAR .....

(a) Residence: No. 1746 Montpelier St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): Oct. 20 1939

7. AGE: Years — Months: 2 mos — Days: 2 3 — If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: George H. Hess

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER

15. MAIDEN NAME: Martha A. Woodard

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: George H. Hess

(Address) 1746 Montp

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Cem Date: 12 26 1939

19. UNDERTAKER: George J. Roth Inc

(Address) 1725 Harlem Avenue

20. FILED ..... 19 .....

DEC 24 1939

(Registrar)

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 23 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1939 to Dec 23 1939

I last saw her alive on Dec 22 1939 Death is said to have occurred on the date stated above, at 4 A m. 12-23-39

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Congenital Heart Disease	3 Days
Upper resp infection	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so specify —

(Signed) [redacted] M. D.

(Address) St. Joseph Hosp

D. H. J. Roth
Dep. J. H. F. Glover

F 64151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No.

F 64151

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2700-W. North Ave
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) -----
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2700-W. North Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 53 — years

1-6

3 (a) FULL NAME Ellen T. Fitzgerald

3 (b) If veteran, name war --
3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Thomas W. Fitzgeral
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 5/15/1848

8. AGE: Years	Months	Days	If less than one day
91	7	6	xxxxxxxxxxx hr. xxxxxx min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Michael F. O'Connor
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary McCarthy
15. Birthplace Ireland

16 (a) Informant Frances E. Meredith
(b) Address 2700-W. North Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 12/26/39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Geo. J. Roth, Inc.
(b) Address 1725-Harford Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 24 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22, 1939, at 6:55 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 17 1939 to Dec 22 1939, and that I last saw her alive on Dec. 22 1939.

Immediate cause of death: Broncho-pneumonia — Duration 5 days
Due to
Due to
Other Conditions Hypertensive Cardiovascular Disease with Chr
(Include pregnancy within 3 months of death)
Major findings: Nephritis
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature J. Kenrig Wallace M. D.
Address 2839 Walbrook Ave. Date signed Dec 23, 1939

correct age is especially important. Typewriter preferred.

64152

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B F 64152 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 602 N. Hilton st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 602 N. Hilton st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William E. McGrath

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
no	213-10-6329	Male	White	Married

6 (b) Name of husband or wife Mrs. Pearl McGrath
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Nov 3, 1882

8. AGE: Years	Months	Days	If less than one day hr.	min.
57	1	19		

9. Birthplace Cumberland Md (Town, county, and state)
10. Usual Occupation Asst Treas
11. Industry or business Drafts Bowen Taylor

FATHER — 12. Name	Wm E. McGrath
FATHER — 13. Birthplace	Ireland
MOTHER — 14. Maiden Name	Margaret McGuigan
MOTHER — 15. Birthplace	Maryland

16 (a) Informant Mrs. Pearl McGrath
(b) Address 602 N. Hilton st
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 26 1939 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Location Balto Md
18 (a) Funeral director J. A. Moran
(b) Address 3006 E. Balto St.
19 (a) DEC 24 1939 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/22 1939, at 10:40 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 6/30 1937 to 12/22 1939, and that I last saw H.M. alive on 12/22 1939.

Immediate cause of death	Duration
Coronary Occlusion (Thrombosis)	12/22/39
Due to Arteriosclerotic Cardiovascular Disease	1936
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Peter E. Planck M. D.
Address 3332 Edmondson Ave Date signed 12/22/39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

64153

CERTIFICATE OF DEATH

46-EF 64153

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 Spring St. 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Buzek (Busiek)

If U. S. Veteran specify WAR

(a) Residence: No. 1523 Spring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna 1607

6. DATE OF BIRTH (month, day, year) May 16, 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Repair Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria Hungary

FATHER

13. NAME Joseph Buzek

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Anna Buzek

(Address) 1523 Spring St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 27 1939

19. UNDERTAKER Frank Lynagh & Son

(Address) 1966 Edmondson Ave.

20. FILED 19 [illegible] Registrar.

DEC 24 1939

St. Paul

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1939 to Dec. 23, 1939

I last saw h[illegible] alive on Dec. 23 1939 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac exhaustion	Dec. 23
Other contributory causes of importance: Carcinoma of liver	June 6

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) John H. Sanderson, M. D.

(Address) 1714 N. Caroline St.

State CAUSE OF DEATH in plain words. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

64154

HEALTH DEPARTMENT—CITY OF BALTIMORE

64154

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH St. Joseph's Hosp.

CITY OF BALTIMORE: (No. Caroline & Oliver St., 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Anna Cooper.

(a) Residence: No. 1218 E. Preston St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chester F. Cooper

6. DATE OF BIRTH (month, day, year) Oct 23 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Dec 1939

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) York Pa

FATHER

13. NAME J. Walters

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT John H. Cooper

(Address) 1218 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 12/26 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED DEC 25 1939 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Dec. 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 21 1939 to Dec 23 1939

I last saw h alive on Dec 23, 1939. Death is said to have occurred on the date stated above, at 11 40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar (Left)	12-20?
Cardiac Failure, Left.	
Early Uraemia	

Other contributory causes of importance:

Diabetis Mellitus

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. P. Cumpston M. D.

(Address) St Josephs Hosp

F 64155

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 F 64155 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4222 Falls Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
Street No. 4222 Falls Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Grace E. Fair

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~.
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Samuel Fair
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 8th 1872

8. AGE: Years	Months	Days	If less than one day
67	2	16	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name ? Eglenton (Ford)
13. Birthplace Md.

MOTHER
14. Maiden Name Emma Booze
15. Birthplace Balto Md.

16 (a) Informant Charles S. Fair
(b) Address 4222 Falls Rd

17 (a) Burial (b) Date thereof 12/27/39
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location Balto. Co. Md

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

19 (a) DEC 25 1939 (b) [illegible] Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24th 1939, at 7:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 10 1939, to Dec 24 1939, and that I last saw h~~er~~ alive on Dec 24 1939.

Immediate cause of death: Left Cerebral Hemorrhage — Duration: 3 days
Due to: Cardio-Renal Vascular Disease
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. N. Williams
Address 617 W 40th Date signed 12/24/39

VS 3

Correct age if approximate, indicate by letter

F 64156

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

159 ✓ F 64156 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address #
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4201 Falls Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Baby Boy Winner A.

3 (b) If veteran, name war. | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	SINGLE

6 (b) Name of husband or wife —
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 12-20-39

8. AGE: Years	Months	Days	If less than one day
		3	hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER
12. Name Jacob Winner
13. Birthplace Washington, D. C.

MOTHER
14. Maiden Name Theresa V. Smith.
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Jacob Winner
(b) Address 4201 Falls Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/39 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) ..... (b) ..... Registrar

DEC 23 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-23 1939 at 9:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-20 1939 to 12-23 1939 and that I last saw h/ alive on 12-23 1939.

Immediate cause of death: Prematurity 36 wks.

Duration

Due to .....
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Charles H. Foeller M.D.
Address Mercy Hospital Date signed 12-23-39

F 64157

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 ✓ Registered No. E 64157

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 717 N. Eutaw st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 717 N. Eutaw st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1112

3 (a) FULL NAME Charles J. Deneke

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-16-5056

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of husband ~~or wife~~ Lillian P. Deneke
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 13th 1872

8. AGE: Years	Months	Days	If less than one day
67	1	10	hr. min.

9. Birthplace Balto Md (Town, county, and state) 0017
10. Usual Occupation Manufacturer
11. Industry or business Cigar

MOTHER / FATHER
12. Name Chas. J. Deneke
13. Birthplace Germany
14. Maiden Name Mollie Wolf
15. Birthplace Germany

16 (a) Informant Mrs Chas. Deneke
(b) Address 717 N. Eutaw st

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 12/26/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) ~~(Signature of Registrar)~~ (b) Registrar

DEC 26 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23rd 1939, at 10 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1939, to Dec 23 1939, and that I last saw h[illegible] alive on Dec 22 1939.

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions Chronic Nephritis

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hoyt E. Shannon
Address 700 N. Fulton Ave Date signed 12/26/39

F 64158

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1936-a F 64158 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 601 Pontiac St (If outside city or town limits, write RURAL and give town)
(d) Street No. Brooklyn, Md (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clarence E. Lowman

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-1086

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	married

6 (b) Name of husband or wife Julia L. Lowman
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 23 1882

8. AGE: Years	Months	Days	If less than one day
57	10	19	hr. min.

9. Birthplace Prince George Co. Md. (Town, county, and state)

10. Usual Occupation Carpenter & Mill Wright
11. Industry or business Md. Car Wheel Co.

FATHER
12. Name Plummer Lowman
13. Birthplace Prince George Co. Md.

MOTHER
14. Maiden Name Eliza Lloyd.
15. Birthplace Prince George Co. Md.

16 (a) Informant Alvin E Lowman
(b) Address 219 Pontiac Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 26 1939 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn

18 (a) Funeral director G. Howard Strong
(b) Address 715 Light St.

19 (a) DEC 25 1939 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/22/39 19 . at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death
1 Fracture of clavicle and 12th Thoracic vertebra
Due to 2 Separation of symphysis pubis
2 Laceration of myocardium; fibrous
Due to 3 Extensive sarcomatosis with effusion
4 Extensive pleurisy
Other Conditions 5 Hemorrhage about lumbar spine and
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12/16/39
(c) Where did injury occur? Md. Car Wheel Co (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial (Specify type of place) While at work? Yes
(e) Means of injury Fell 40 ft scaffold

23. Signature Wm F Landecraft M.D. Medical Examiner.
Date signed 12/22/39

VS 6

correct age is especially important; physicians, please write plainly

HEALTH DEPARTMENT—CITY OF BALTIMORE

64159 64159

CERTIFICATE OF DEATH

46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto Gen'l Hospital 21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Luther Elbert Catterton

If U. S. Veteran specify WAR

(a) Residence: No. 1321 Carroll St., Ward.

(Usual place of abode)

S.S.No. 217-01-0165

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Etta A. Catterton

6. DATE OF BIRTH (month, day, year): Sept. 13 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Order clerk, Sharp & Dohme

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1009

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Calvert Co. Md.

FATHER

13. NAME: James B. Catterton

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Mary E. Catterton

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mrs. Etta A. Catterton

(Address): 1321 Carroll St.

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Dec. 25 1939

19. UNDERTAKER: E. Howard Strong

(Address): 745 Light St.

20. FILED ... 19... Registrar.

DEC 25 1939

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1939 to Dec. 21, 1939

I last saw him alive on Dec. 21, 1939 Death is said to have occurred on the date stated above, at 5:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Carcinoma of head of Pancreas	2
Other contributory causes of importance: Cirrhosis	

Was an operation performed? yes Date of: Dec. 14, 1939

For what disease or injury? Obstruction of Common Bile Duct

Name of operation: Cholecystogastrostomy

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E R Cramer M. D.

(Address) South Baltimore Md.

F 64160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-c

F 64160 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1217-E. Federal Street
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1217-E. Federal Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ---- years

3 (a) FULL NAME Mamie C. Schoenig

3 (b) If veteran, name war ----

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Wallace Schoenig

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) July 14th 1879

8. AGE: Years 60 Months 5 Days 14 If less than one day: hr. xxxxxxxxxx min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: At Home

11. Industry or business

FATHER
12. Name: Daniel McAuliffe
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Catherine ?
15. Birthplace: Ireland

16 (a) Informant: Frank W. Schoenig
(b) Address: 1217-E. Federal Street

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 12/20/39 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md.

18 (a) Funeral director George D. Ruth Inc.
(b) Address 1735-Harford Ave.

19 (a) DEC 25 1939 (Date received by Registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22, 1939, at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 17, 1939, to Dec. 22, 1939, and that I last saw h[illegible] alive on Dec 22, 1939.

Immediate cause of death: Chronic Myocarditis — Duration 1939

Due to

Due to

Other Conditions: Chronic Cholecystitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel B. Wolfe M. D.
Address 1331 E. North Ave. Date signed 12-23-39

VS 3

F 64161

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

F 64161 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1802 N. Montford Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1802 N. Montford Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Otto Foerster

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-2061

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Augusta Foerster
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Oct. 14, 1886

8. AGE: Years	Months	Days	If less than one day
53	2	9	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Wash House Boss
11. Industry or business Bruton Brewery

FATHER
12. Name John E. Foerster
13. Birthplace Germany

MOTHER
14. Maiden Name Lena Spindler
15. Birthplace Germany

16 (a) Informant Mrs. Augusta Foerster
(b) Address 1802 N. Montford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 26, 1939 (month) (day) (year)
(c) Cemetery or crematory Immanuel Luth. Cem.
Location Grindon Ave., Balto.

18 (a) Funeral director F. Lauenhardt
(b) Address 7401 Belair Road

19 (a) DEC 25 1939 (Registrar) Huntington Williams, M.D. Registrar
(b)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23rd, 1939 at 11:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-5 1939 to 12/23 1939 and that I last saw h[im] alive on 12/22 1939.

Immediate cause of death — Duration
Adeno-Carcinoma Stomach — 11/4/38
Due to
Due to Myocardial Degeneration — 12/20/39
Other Conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations Adeno-Carcinoma
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Miller M.D.
Address 1500 N. Eutaw Date signed 12/26/39

F 64162

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a

Registered No. E 64162

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or Institution: Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2820 Presstman St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

16-T

3 (a) FULL NAME William E. Knabe.

3 (b) If veteran, name war: Philipine Insurrection
3 (c) Social Security Account:
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Emma P. Knabe,
6 (c) If alive, give age 54 years
7. Birth date of deceased (mo., day, yr.) March 21, 1883
8. AGE: Years 56 | Months 9 | Days 3 | If less than one day: hr. min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Mail Carrier 0086
11. Industry or business

FATHER
12. Name George A. Knabe.
13. Birthplace Penna

MOTHER
14. Maiden Name Anna Bowen,
15. Birthplace Johnstown Penna.

16 (a) Informant Mrs Emma P. Knabe.
(b) Address 2820 Presstman
DEC 27 1939
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore City.
18 (a) Funeral director Geo W Little
(b) Address 2700 Edmondson Ave.
19 (a) [illegible] (b) [illegible]

DEC 25 1939

VS 7

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC 24 1939, 19, at 10.15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1939 to Dec 24 1939
and that I last saw him alive on Dec 23 1939.

Immediate cause of death: Cardiac decompensation — Duration: 2 wks
Due to: Aortic regurgitation & stenosis — 20 yrs
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Cardiac hypertrophy & dilatation
Of autopsy: aortitis, renal sclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Roger M Korb M. D.
Address 2435 Maryland Ave Date signed Dec 30 1939

correct age is especially important

F 64163 50973-FS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45-C

F 64163 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or Town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 444 E. Grindall St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Peter Joyce

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Janie Lee
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-29-1863

8. AGE: Years	Months	Days	If less than one day
76	8	24	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation O.A.P.
11. Industry or business

FATHER
12. Name Thomas Joyce
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Cunningham
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec, 27/39 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem. Location Frederick Road

18 (a) Funeral director Margaret A. Flynn
(b) Address 1422 Light St.

DFC 25 1939 (b) Baltimore, Md. Registrar
(Date received by Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-23 1939, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-13 1939, to 12-23 1939, and that I last saw him alive on 12-23 1939.

Immediate cause of death	Duration
Carcinoma mouth	3
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Same
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L K Woodward Jr. M. D.
Address Balto. City Hosp. Date signed 12-24-39

64164

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54 F 64164 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 941 Park Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Lyles.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	married

6 (b) Name of husband or wife Minerva Lyles
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not stated 1876

8. AGE: Years	Months	Days	If less than one day hr.	min.
64	?	?		

9. Birthplace Howard Co. Md. (Town, county, and state)
10. Usual Occupation Butler 0070
11. Industry or business Private Family

FATHER
12. Name Jesse Lyles
13. Birthplace Md.

MOTHER
14. Maiden Name Ruth Anderson
15. Birthplace Md.

16 (a) Informant Marie Lyles (daughter)
(b) Address 1217 W. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-25-39 (month) (day) (year)
(c) Cemetery or crematory Brownie Chapel
Location Howard Co. Md.

18 (a) Funeral director Robert L. Saunders
(b) Address Rockville, Md.

DEC 25 1939 (Date received by Registrar) Filed by [illegible] Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-21- 1939 at 9.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-19- 1939. to 12-21- 1939. and that I last saw h alive on 12- 21- 1939

Immediate cause of death	Duration
Diabetes Mellitus	5 years
Due to Diabetic Coma	3 days.
Due to	
Other Conditions Hypertension + Arterio. sclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy Not done

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. F. Maloney. M. D.
Address Provident Hospital Date signed 12/27/39

VS 3

64165

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

F 64165

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 29. S. Decker Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 29 S. Decker Ave.

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Simon Nitkowski

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Johanna Nitkowski

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years	Months	Days	If less than one day
77			hr. min.

9. Birthplace Russia

(Town, county, and state)

10. Usual Occupation Laborer 0040

11. Industry or business

FATHER

12. Name Joseph Nitkowski

13. Birthplace Russia

MOTHER

14. Maiden Name Unk

15. Birthplace Russia

16 (a) Informant Thomas Nitkowski

(b) Address 2126 E. Lombard St

17 (a) Burrial (b) Date thereof Dec. 26/39

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Holy Rosary

Location Baltimore

18 (a) Funeral director Stad W. Ozmanski

(b) Address 1930 Eastern Ave.

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

DEC 25 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC. 22 1939, at 8 PM

21. I certify that death occurred on the date above stated; that I attended deceased from September 1937, to Dec 22 1939 and that I last saw him alive on Dec 22 1939.

Immediate cause of death	Duration
Chronic Myocarditis	6 years
Chronic Nephritis	4 years.
Due to Arteriosclerosis	?
Due to	
Other Conditions Chronic Bronchitis Bronchial Asthma	

(Include pregnancy within 3 months of death)

Major findings:

Of operation

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Victor Sredney M.D.

M. D.

Address 1524 N Patterson Park Ave Date signed 12/24/39

64166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186-a

F 64166 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1928 Eastern Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1928 Eastern Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Marcyanna Cwalina

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife: Adam Cwalina
6 (c) If alive, give age

7. Birth date of deceased (mo., day, yr.): Mch. 12 1868

8. AGE: Years	Months	Days	If less than one day
71	9	12	hr. min.

9. Birthplace: Poland (Town, county, and state)
10. Usual Occupation: House work
11. Industry or business: at home

FATHER
12. Name: John Sobieski
13. Birthplace: Poland

MOTHER
14. Maiden Name: Unknowen
15. Birthplace: Poland

16 (a) Informant: Adam Cwalina
(b) Address: 1928 Eastern Ave,

17 (a) Burrial (Burial, cremation, or removal) (b) Date thereof Dec. 26/39 (month) (day) (year)
(c) Cemetery or crematory: Holy Cross Nat. Cem.
Location: Baltimore

18 (a) Funeral director: Fred W. Ozarowski
(b) Address: 1930 Eastern Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: DEC. 23 1939, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 16 1939 to Dec 23 1939, and that I last saw h[illegible] alive on 12-22 1939.

	Duration
Immediate cause of death: Hypostatic Pneumonia	12/20/39
Due to: Chronic Myocarditis	8-1939
Due to: Fracture of left hip joint	12/17/39
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence: Dec. 17. 1939
(c) Where did injury occur? 1928 Eastern Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? at home (Specify type of place) While at work? No
(e) Means of injury: Fell [illegible]

23. Signature: [illegible] M. D.
Address: 801 N Kenwood Ave Date signed: 12/20/39

64167

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64167
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6 E. Irving Pl.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 59

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6 E. Irving Pl
(If rural give location)
(e) If foreign born, how long in U. S. A.? 59 years

3 (a) FULL NAME Matthew Stallof

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Wh	Widower

6 (b) Name of husband or wife Leah Rosenberg
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
63			0 hr. min.

9. Birthplace Russia
(Town, county, and state)
10. Usual Occupation Tailor 0080
11. Industry or business

FATHER
12. Name Simon Stallof
13. Birthplace Russia

MOTHER
14. Maiden Name Leah Rinard
15. Birthplace Russia

16 (a) Informant Mr Harry Stallof
(b) Address 6 Irving Place

17 (a) Burial (b) Date thereof 12-25-39
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Levering Park
Location Milford Rd

18 (a) Funeral director Jack Burnstone
(b) Address 1439 E. Balto St

19 (a) 12/25/39 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24 1939 at 3:50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M.D.
Medical Examiner.
Date signed 12/27/39

64168

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B 45428 Registered No.

F 64168

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mo
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5318 Winner Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rose Durham

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-13-1856

8. AGE: Years 83 | Months 7 | Days 10 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name Andrew Durham
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine ?
15. Birthplace Unknown

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/39 (month) (day) (year)
(c) Cemetery or crematory Trinity Cem
Location Balto. Md
18 (a) Funeral director Milton Schilling
(b) Address 1122 E. Monument St

19 (a) Date received DEC 25 1939 (b) Signature of registrar H. Tim Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-23 1939 at 5:15 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-7 1939, to 12-23 1939, and that I last saw her alive on 12-23 1939.

Immediate cause of death: Bronchopneumonia — Duration: 1 day
Due to: Hypertensive and arteriosclerotic ? Cardio vascular disease
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. K. Woodward Jr. M. D.
Address Balto city Hosp. Date signed 4-27-39

F 64169

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72-a

F 64169 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1821 W Lexington (If rural give location)
(e) If foreign born, how long in U. S. A.? years

20-1

3 (a) FULL NAME Mary [illegible] Sylka

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Married

6 (b) Name of husband or wife John Sylka 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 24 1878

8. AGE: Years	Months	Days	If less than one day
47	11		hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER 12. Name John W Holsinger
13. Birthplace Ohio

MOTHER 14. Maiden Name Mary Thomas
15. Birthplace Virginia

16 (a) Informant John Sylka
(b) Address 1821 W Lexington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Geo. A. Fuller
(b) Address Fulton & Fayette Sts.

19 (a) [illegible] (Date received by local registrar) (b) [illegible] Registrar

DEC 25 1939

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24 1939, at 3:47 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1939 to Dec 24 1939, and that I last saw h[illegible] alive on Dec 24 1939.

Immediate cause of death: Acute myeloid aleukemic leukemia — Duration: 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address West Balto Gen'l Hosp Date signed 12/24/39

HEALTH DEPARTMENT—CITY OF BALTIMORE

64170

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Marine Hospital St. 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 21 ds. How long in U. S. If of foreign birth? 42 yrs. mos. ds.

2. FULL NAME Reinberg, Mrs. Virginia

If U. S. Veteran specify WAR.

(a) Residence: No. Curtis Bay, Md., Coast Guard Depot. Ward. West 96

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Capt. Leroy Reinberg

6. DATE OF BIRTH (month, day, year) Sept. 29, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Staten Island, New York

FATHER

13. NAME William V. Goodman

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME Anna Gould

16. BIRTHPLACE (city or town) (State or country) Staten Island, New York

17. INFORMANT Hosp. Records, Marine Hospital

(Address) Wyman Park Drive & 31st. Street Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Dulaney Woodlawn Date 12-27-39

19. UNDERTAKER J. Wm. Lee Sons

(Address) West St.

20. FILED Huntington Williams

DEC 26 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1939 to Dec. 24, 1939

I last saw her alive on Dec. 24, 1939. Death is said to have occurred on the date stated above, at 1:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, Pulmonary, Miliary	?

Other contributory causes of importance:

Miliary flareup began	II/3/39

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) J.H.R. Bootha. A. Surgeon M. D.

(Address) U.S. Marine Hosp., Balt., Md.

OCCUPATION is very important. See instructions on back of certificate.

F 64171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 64171

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert Street
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 817 St. Paul St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Peter McMahon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1866

8. AGE: Years	Months	Days	If less than one day
73	3		hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Peter McMahon
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary Hogen
15. Birthplace Balto Md.

16 (a) Informant Rev. Bagley.
(b) Address 1515 N Eden St

17 (a) (Burial, cremation, or removal) (b) Date thereof Dec 26/39 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Geo W. Dowell Son
(b) Address 811 N Howard St

19 (a) (Date of death) (b) Interring by Williamsport Md.

DEC 26 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/24 1939. at 7:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/8 1939. to 12/24 1939. and that I last saw him alive on 12/23 1939.

Immediate cause of death Uraemic Cardiac Decompensation — Duration 7 days

Due to Arteriosclerotic Cardiac Vascular disease — Duration 7

Due to Myocardial degeneration — Duration 1 month

Other Conditions Abscessed Buttock (Include pregnancy within 3 months of death)

Major findings:
Of operations Incision & Drainage of abscess (at bedside) Performed during last month
Of autopsy None done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry M Becke M. D.
Address Mercy Hospital Date signed 12/24/39

F 64172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

118

F 64172

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Guilford Ave & 33rd Street
(c) Hospital or institution Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Pennsylvania County
(c) City or town Oxford. (If outside city or town limits, write RURAL and give town)
(b) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Edward E. Carroll

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married.

6 (b) Name of husband or wife Mr. Edward E. Carroll

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Sept 6 1866

8. AGE: Years	Months	Days	If less than one day
73	3	19	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER
12. Name Mr. Thomas Hickey
13. Birthplace Ireland.

MOTHER
14. Maiden Name Mary O'Neil
15. Birthplace Ireland.

16 (a) Informant Mrs E Carroll
(b) Address West Grove Pa

17 (a) (Burial, cremation, or removal) (b) Date thereof 12-28-39 (month) (day) (year)
(c) Cemetery or crematory St Mary
Location West Grove Pa

18 (a) Funeral director J E Strahorn
(b) Address Oxford Chester Co Pa

19 (a) (Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 25 1939, at 2:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 8 1939 to Dec. 25 1939 and that I last saw her alive on Dec. 25 1939.

Immediate cause of death	Duration
Heart Failure	Two days
Due to Arteriosclerosis, coronary	10 years
Due to	
Other Conditions Cholecysto-duodenal fistula and pyloric obstruction (Include pregnancy within 3 months of death)	

Major findings:
Of operations cholecysto-duodenal fistula and pyloric obstruction. —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Crawford
Address Union Memorial Hospital Date signed 12-29-39

VS 3

M. D. R. 1932-9

× F 64173

64173

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 154

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 W. Read St. St. 11-V Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 6 ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Francis Mewlin Acton Visit

(a) Residence: No. 32 Oak St. Salem, N. J. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Divorced

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen H. Ridge.

6. DATE OF BIRTH (month, day, year) 6-14-1891

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
48	6	9 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Salem, N. J.

FATHER

13. NAME Jonathan Woodnutt Acton

14. BIRTHPLACE (city or town) (State or country) Salem, N. J.

MOTHER

15. MAIDEN NAME Frances Blackwood Howse

16. BIRTHPLACE (city or town) (State or country) Allowaytown, N. J.

17. INFORMANT Conrad Acton M.D.
(Address) 101 W. Read St.

18. BURIAL, CREMATION, REMOVAL
Place Salem, N. J. Date 12/26 1939

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St. Thinking of Baltimore, Md.

FILED DEC 26 1939 19___ _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 17 1939 to Dec 23 1939

I last saw him alive on Dec 23 1939 Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Impacted wisdom tooth	12-7-39
Osteomyelitis of jaw	12-23-39
Myocardial failure	
Other contributory causes of importance:	
Obesity	1924

Name of operation none Date of _____

What test confirmed diagnosis? Xray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19___

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) Conrad Acton M.D. M. D.

(Address) 101 W. Read St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Omit terminal conditions. OCCUPATION is very important. See instructions on back of certificate.

64174

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-e

F 64174

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden Ave
(c) Hospital or institution:
Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4th. 3m
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 530 N Chester St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Coleman

3 (b) If veteran, name war W
3 (c) Social Security Account No. none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1868

8. AGE: Years 71 | Months 5 | Days 12 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business The Coleman Co

FATHER
12. Name John P. Coleman
13. Birthplace Kent Co. Md.

MOTHER
14. Maiden Name Julia A. Floyd
15. Birthplace Easton Md

16 (a) Informant Albert M. Coleman
(b) Address 19 Vinal St. Brookline Mass

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 12/27/39 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) Date received (Date stamp) (b) Registrar Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH December 25 1939, at 2:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 30 1939 to Dec. 25 1939 and that I last saw him alive on Dec. 25 1939.

Immediate cause of death: Carcinoma of Sigmoid & Rectum — Duration 3 mos.
Due to
Due to
Other Conditions Cardiac failure
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Sigmoid & Rectum c Metastasis
Of autopsy Carcinoma of Sigmoid c Metastasis

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William R. Longshore M. D.
Address Md. General Hosp. Date signed 12/29/39

VS 3

64175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

128

F 64175
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd St
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 205 W. Madison. City
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charlotte Faulkner Perry

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	~~Married~~ Widowed

6 (b) Name of husband or wife Frank L. Perry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
abt 70			hr. min.

9. Birthplace Chicago, Ill (Town, county, and state)
10. Usual Occupation Housewife 37
11. Industry or business none

FATHER
12. Name Samuel Faulkner
13. Birthplace Unknown

MOTHER
14. Maiden Name Faulkner
15. Birthplace Unknown

16 (a) Informant Frank L. Perry
(b) Address Chicago Ill

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 26/39 (month) (day) (year)
(c) Cemetery or crematory Oak Woods Cem
Location Chicago Ill

18 (a) Funeral director H. W. Jenkins & Son Co.
(b) Address Mc Culloh & Orchard St

DEC 26 1939 (Date rec'd by registrar) (b) Filed Dec 26 1939 H.P.

V8 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1939 at 10:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/24 1939 to 12/24 1939 and that I last saw her alive on 12/24 1939

Antecedent causes of death	Duration
Circulatory failure	?
Due to Acute pancreatitis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Acute pancreatitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ferdinand C. Chatard
Address 300 W. Calvert St. Union Memorial Hosp. Date signed 12-26-39

F 64176

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

105

F 64176

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33 N. Calvert Sts.
(c) Hospital or institution: UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Few days

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County
(c) City or town RAPIDAN (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CALVERT McMILLAN CRANSHAW Jr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/25/39

8. AGE: Years	Months	Days	If less than one day
0	9	28	hr. min.

9. Birthplace BALTIMORE, MD. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name CALVERT McC. CRANSHAW Sr.
13. Birthplace BALTIMORE, MD.

MOTHER
14. Maiden Name LOUISE M. DENNIS
15. Birthplace BALTO. MD

16 (a) Informant Hosp. Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 26/39 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Henry W. Jenkins Bro
(b) Address McCulloh & Eutaw Sts

Dec 26 1939 (Date received by Registrar) Washington Williams M.D. Registrar

MEDICAL CERTIFICATION

X

20. DATE OF DEATH 12/23 1939, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/23 1939 to 12/23 1939, and that I last saw him alive on 12/23 1939.

Immediate cause of death	Duration
ACUTE LARYNGITIS	10 days
Due to PNEUMOCOCCUS,	
BRONCHOPNEUMONIA	1 day
Due to ORGANISM NOT KNOWN	
Other Conditions ANEMIA DUE TO IRON DEFICIENCY	BIRTH

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph R. Cole M. D.
Address Union Mem. Hosp. Date signed 12/23/39

VS 3

F 64177

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-D

F 64177 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2224 E. Hoffman St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2224 E. Hoffman St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis Zuchs

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-03-2521

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Augusta Zuchs

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) May 28 1884

8. AGE: Years 55 | Months 6 | Days 25 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Steam Fitter

11. Industry or business Steam Fitting

FATHER 12. Name Henry Zuchs

13. Birthplace Germany

MOTHER 14. Maiden Name Bertha Steil

15. Birthplace Germany

16 (a) Informant Mrs. Augusta Zuchs

(b) Address 2224 E. Hoffman St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 12-26-39 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Loudon Ave.

18 (a) Funeral director John E. Melly Inc.

(b) Address 2435 E. Eden St.

DEC 26 1939 (Date received by local registrar) Washington Heights Md. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23 1939, at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from February 1939 to Dec. 23 1939 and that I last saw him alive on Dec. 2 1939.

	Duration
Immediate cause of death Coronary Thrombosis	sudden
Due to Arteriosclerotic cardio-vascular Disease	2 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature F. Karl Grossman M. D.

Address 1212 N. Calvert St. Date signed 12/27/39

VS 3

64178

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

51170 Registered No.

F 64178

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1231 E. Lanvale St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Roche

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Katherine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1863

8. AGE: Years	Months	Days	If less than one day
76	3	11	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Mill Right
11. Industry or business

FATHER
12. Name Edward Roche
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary White
15. Birthplace Ireland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27/39 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cemetery
Location Harford Rd.

18 (a) Funeral director Edmund W. Conklin
(b) Address 924 E. Eager St.

19 (a) 1939 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-23-39 19 1 at 25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-20-1939 to 12-23 1939, and that I last saw him alive on 12-23-1939.

Immediate cause of death	Duration
Cardiac Failure	?
Due to Arteriosclerotic Heart Disease	?
Due to	
Other Conditions Generalized arteriosclerosis	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed

VS 1

Correct age is especially important

64179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C Registered No. F 64179

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1904 McCulloh St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Eloyette Carter

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-1653

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 4th 1911

8. AGE: Years	Months	Days	If less than one day
28		18	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business Gen Farming

FATHER
12. Name Lewis Bradgon
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Cattle Hall
15. Birthplace Annapolis Md.

16 (a) Informant Mary Green
(b) Address 510 Gold St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 12-26-1939 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Pk
Location Baltimore Md.

18 (a) Funeral director Archibald A Saddler
(b) Address 2101 Mc Culloh St.

19 (a) 12-27-39 (Date received by registrar) (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-22-39 19 , at 4.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-21-39 to 12-22-39 and that I last saw him alive on 12-22-39

Immediate cause of death	Duration
Chr. Myocarditis	several years.
Due to Acute Dilatation	
Due to	
Other Conditions Marked Obesity (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. F. Maloney M. D.
Address Provident Hospital Date signed 12/27/39

VS 3

F 64180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 173

Registered No. F 64180

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1820 N. Calhoun St
(c) Hospital or institution:
Provident Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Philadelphia
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1820 N Calhoun St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Warsly Jones

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-07-1843

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	married

6 (b) Name of husband or wife Cecelia Jones

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3, 1909

8. AGE: Years	Months	Days	If less than one day
34 30	6	18	hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Daniel Jones
13. Birthplace Va

MOTHER 14. Maiden Name Agusta Jones
15. Birthplace Va

16 (a) Informant Cecelia Jones
(b) Address 1704 Titan St Phila Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-39 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Thomas E. Kelson
(b) Address 1303 Greenmount Ave

19 (a) (Date received by registrar) (b) Hunting for Williams Mortician

DEC 26 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21 1939, at 6 05P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Perforation Right Iliac artery and small intestine;	
Due to Exsanguination	
Other Conditions Alcoholic Intoxication	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 12-21-39
(c) Where did injury occur? Calhoun Street (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work? No
(e) Means of injury Bullet wound - pistol

23. Signature [illegible] Medical Examiner. M.D.

Date signed 12/22/39

F 64181

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181 F 64181 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 70yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave (Meth Home) (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Gardner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 21st 1860

8. AGE: Years	Months	Days	If less than one day
79	2	3	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation At Home for Aged
11. Industry or business —

FATHER
12. Name Christopher Gardner
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Elizabeth Peacock
15. Birthplace Balto Md

16 (a) Informant Board Home for Aged & M. E. Church
(b) Address 2211 Rogers Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/39 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) 12-26 1939 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/24 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/23 1939, to 12/24 1939, and that I last saw h[illegible] alive on 12/24 1939

Immediate cause of death
1st 2nd Degree Burns
Arable, Tub, Legs, Trunk,
Due to Buttocks, back, wrists & Hands
Due to Surgical Shock
Other Conditions
(Include pregnancy within 3 months of death)

Duration: 1 day

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12/23/39
(c) Where did injury occur? Balto. (City or town) Md. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Methodist Home (Specify type of place) While at work? No
(e) Means of injury Sat in Tub of scalded H water

23. Signature C. Frederick Johnston Jr M.D.
Address Md. General Date signed 12/27/39

VS 8

H. L. Stollenwerk, M.D. - Asst Medical Examiner

64182 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 64182

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Joseph's Hospital — Registered No. 131

CITY OF BALTIMORE: (No. Caroline & Oliver Sts. 9 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4yr. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Emma Taylor — If U. S. Veteran specify WAR

(a) Residence: No. 1809 Dallas St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE — Joseph Edward Taylor

6. DATE OF BIRTH (month, day, year) July 17, 1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME August Mark

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Eva Mahler

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Joseph E. Taylor (Address) 1809 Dallas St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 12/28 1939

19. UNDERTAKER Pulhorn & Cook (Address) 1217 E. Oliver St.

20. FILED 1939 Howard J. Nelkin, M.D., Registrar.

DEC 26 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24th, 1939 to Dec. 25th, 1939

I last saw h.e.s. alive on Dec 25th, 1939. Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Dis.	
Chronic Nephritis	
Uraemia & Anuresis	
Cardiac Failure	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation N.P. What test confirmed diagnosis? N. P. N. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. P. Arnaut M. D.

(Address) St. Joseph Hosp

OCCUPATION is very important. See instructions on back of certificate.

AUG ST.

F 64183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 23

F 64183 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 606 E Baltimore St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 606 E Baltimore St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME SAMUEL LEVY

3 (b) If veteran, name war	3 (c) Social Security Account No.
World.	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Bernadine Wife Kelly
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years	Months	Days	If less than one day
46			hr. min.

9. Birthplace Chicago, Illinois (town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Harry Levy
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah
15. Birthplace Russia

16 (a) Informant Mrs Bernadine Levy
(b) Address Same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 26/39 (month) (day) (year)
(c) Cemetery or crematory, Hebrew Rosedale
Location Philadelphia Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 Eutaw North ave Baltimore, Md.

19 (a) Date received by registrar DEC 26 1939 (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24 1939, at 12:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Intracranial hemorrhage

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Wollenweber M.D.
Medical Examiner.
Date signed Dec 24, 1939

F 64184

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-C Registered No. E 64184

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 19 S. Conkling St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 19 S Conkling St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George F. Haas

3 (b) If veteran, name war —
3 (c) Social Security Account No. 213-07-2353

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lillian Haas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 14 1890

8. AGE: Years	Months	Days	If less than one day
49	8	10	hr. min.

9. Birthplace Hudson N C (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Bethlehem Steel

FATHER
12. Name Dont know
13. Birthplace N C

MOTHER
14. Maiden Name Dont know
15. Birthplace N C

16 (a) Informant Lillian Haas
(b) Address 19 S Conkling St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27- (month) (day) (year)
(c) Cemetery or crematory Mountain Park
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 2018 Allison

19 (a) 6 1939 (Date rec'd by registrar) (b) Interment or Removal Hamburg for Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1939, at 5:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1937, to Dec 24 1939, and that I last saw him alive on 12-24 1939.

Immediate cause of death	Duration
Gangrene both legs	2 wks
Due to Anasarca	6 wks
Due to Chronic myocarditis	3 yrs
Other Conditions Obesity.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John J Yonell M. D.
Address 14 N East Ave Date signed 12-26-39

Correct age is especially important. Physicians, please write plainly.

VS 8

F 64185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

216-M Registered No. E 64185

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
6 Cor.
(d) Street No. Hollen Rd and Woodbourne (If rural give location)
(e) If foreign born, how long in U. S. A.) ____ years

3 (a) FULL NAME ALFRED H. GAMBLE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	W	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 21-1929

8. AGE: Years	Months	Days	If less than one day
10		7	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation child

11. Industry or business

FATHER
12. Name F. Herman Gamble
13. Birthplace Balto Md

MOTHER
14. Maiden Name Florence Popp
15. Birthplace Balto Md

16 (a) Informant Herman Gamble
(b) Address Woodbourne Ave near Hollen Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-39 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J. Rucker
(b) Address 5305 Hayfield Rd

19 (a) 12-26-1939 (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 23 1939, at 7 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquest) thereon and from the evidence obtained by said autopsy (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture, cervical spine	
Due to Dislocation, cervical	
Due to vertebrae (atlas + axis.	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence December 23, 1939
(c) Where did injury occur? Woodbourne Ave near Hollen Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, in industrial place, or public place? Public Street (Specify type of place) While at work? No
(e) Means of injury struck by auto while crossing street

23. Signature Joseph L. Wollenweber M.D. Medical Examiner.

Date signed Dec 23, 1939

VS 6

F 64186

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64186

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph's Hosp. St. 8-3 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Michael J. Doemling

If U. S. Veteran specify WAR

(a) Residence: No. 1214 N. Eugene St., S. S. Ward. Ss. No. 213-10-2997

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Catherine E. Bohl

6. DATE OF BIRTH (month, day, year): June 3-1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Balto Transit Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Andrew Doemling

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Elizabeth Foerster

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Catherine E. Bohl

(Address): 1214 N. Eugene Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: 12-28 1939

19. UNDERTAKER: Leonard J. Ruch

(Address): 5305 Harford Rd.

20. FILED ... 19... Registrar.

DEC 28 1939 Hunting & Williams, M.D.

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-24, 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-8, 1939 to 12-24, 1939

I last saw him alive on 12-24 1939. Death is said to have occurred on the date stated above, at 9:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. nephritis	3 yrs. ago

Other contributory causes of importance:

Cardiac decompensation due to chr. nephritis

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation: ...

What test confirmed diagnosis? N.P.N. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify.

(Signed) M. P. Cunningham M. D.

(Address) St. Joseph's Hosp

F 64187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 91-a

F 64187 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2052 Linden Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2052 Linden Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles E. Finneyfrock

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Emma Finneyfrock

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 31-1867

8. AGE: Years 72 | Months 3 | Days 24 | If less than one day hr. min.

9. Birthplace Lewistown, Md. (Town, county, and state)

10. Usual Occupation Shipping Clerk

11. Industry or business H. M. Hagner Co. Retired 37 yrs.

FATHER
12. Name Josiah Finneyfrock
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Mary Miles
15. Birthplace Maryland

16 (a) Informant Mrs. Emma Finneyfrock
(b) Address 2052 Linden Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 27 1939 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick, Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 (a) DEC 28 1939 (b) (Registrar) Horace F. Burgee, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24 1939, at 9.40 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 11 1939, to Dec 24 1939, and that I last saw him alive on Dec 24 1939.

Immediate cause of death	Duration
Subacute Bacterial Endocarditis	3 mo
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Wilson
Address 617 W 40th Date signed 12/25/39

F 64188

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 81 Registered No. F 64188

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2327 Eutaw Place (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Hessy S. Rosenstock

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-16-8354

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: none

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) August 26 - 1866

8. AGE: Years 73 | Months 4 | Days 10 | If less than one day: — hr. — min.

9. Birthplace Baltimore, Md. (town, county, and state)

10. Usual Occupation Beauty Supplies (wholesale)

11. Industry or business

FATHER
12. Name Samuel Rosenstock
13. Birthplace Germany

MOTHER
14. Maiden Name Hannah Franke
15. Birthplace Baltimore Md.

16 (a) Informant Hospital history
(b) Address U. M. H.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/39. (month) (day) (year)
(c) Cemetery or crematory Balto. Hebrew
Location Balto. Md.

18 (a) Funeral director Harris Lonaconing & Son
(b) Address 1202 Eutaw Place

Dec 26 1939 Huntington Williams M.D. Registrar

VS:

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-25 1939, at 1:42 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-19 1939 to 12-25 1939, and that I last saw h[illegible] alive on 12-25 1939.

Immediate cause of death: Bronchopneumonia — Duration: 4 days
Due to: Amyotrophic lateral sclerosis — 9 months
Due to: —
Other Conditions: malnutrition (recent)
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature Ferdinand Chatard
Address Union Memorial Hosp. Date signed 12-25-39

64189 HEALTH DEPARTMENT—CITY OF BALTIMORE 64189

S. S. No. 213-07-1312 CERTIFICATE OF DEATH 51-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 10 da. How long in U. S. If of foreign birth? yrs. mos. da. 55.

If U. S. Veteran specify WAR

2. FULL NAME James T Ewing

(a) Residence: No. Wood Ave near North Point Rd Ward. Sparrows Pt Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Verda G. Ewing

6. DATE OF BIRTH (month, day, year) June 11 [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Crane Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME James C Ewing

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Minnie Backs

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Verda G Ewing

(Address) Wood Ave near North Point Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Dec 26 1939

19. UNDERTAKER William M Mareck

(Address) 715 Eight St

20. FILED DEC 26 1939 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 12 1939 to December 22 1939

I last saw h[illegible] alive on December 22 1939 Death is said to have occurred on the date stated above, at 5[illegible] A.m.

The principal cause of death and related causes of importance were as follows:

Embolism of pulmonary artery due to cystectomy for malignant papilloma of bladder & stitching ureters

Date of onset

Other contributory causes of importance

Was an operation performed? Yes Date 12/15/39 12/19/39

For what disease or injury? Malignant papilloma of bladder

Name of operation Perineo-abdominal cystectomy

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) Arnold U. Fregd M. D.

(Address) Sinai Hospital.

64190

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

Registered No. E 64190

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5033 Denmore Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5033 Denmore Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FRANK CAPRA

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Brooklyn, N. Y. (Town, county, and state)
10. Usual Occupation Jockeys Agent.
11. Industry or business Racing Business

FATHER
12. Name Mathew Capra
13. Birthplace Italy

MOTHER
14. Maiden Name Unknown
15. Birthplace Italy

16 (a) Informant Mrs Fannie Bell Lake
(b) Address 5033 Denmore Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-39 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Baltimore, Md.

18 (a) Funeral director Loring Byers
(b) Address 5005 Park Heights Ave.

19 (a) DEC 26 1939 (Date received by Registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 23 1939, at 11 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	-
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed Dec 23, 1939

DEC 26 1939

VS 6

64191

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 64191

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2020 E. Lanvale Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 82 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2020 E Lanvale St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John C. Krause

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret Krause
6 (c) If alive, give age 81 years

7. Birth date of deceased (mo., day, yr.) Oct. 12, 1857

8. AGE: Years	Months	Days	If less than one day
82	2	11	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)
10. Usual Occupation Retired Machinists
11. Industry or business

FATHER
12. Name John C. Krause
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Baltimore, Maryland

16 (a) Informant Miss Amelia Krause, Daughter
(b) Address 2020 E. Lanvale Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-39 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Taylor Avenue.

18 (a) Funeral director Albert L. Hill Jr.
(b) Address 1606 N. Chester Street

19 (a) (Date received by Registrar) (b) Registrar

DEC 26 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23, 1939, at 10:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1934 to Dec 23, 1939, and that I last saw him alive on Dec. 23, 1939.

	Duration
Immediate cause of death Pulmonary Edema	2 days.
Due to Hypertension Cardio-Vascular Lesion	3 yrs.
Due to	
Other Conditions Generalized Arteriosclerosis	3 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. Krause, M. D.
Address 1927 E. North Ave. Date signed 12/26/39

correct age is especially important.

64192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107-a F 64192 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 207 W. Mulberry St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lee Song Yue (Lee Chong) and also (Lee Goie)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Chinese	Single

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) about 1884

8. AGE: Years	Months	Days	If less than one day
about 55	?	?	hr. min.

9. Birthplace China
(Town, county, and state)

10. Usual Occupation Secretary

11. Industry or business Chinese Association

FATHER
12. Name Not known
13. Birthplace Not Known

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Lee Wah (cousin)
(b) Address Eager & Wolfe Streets

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 26, 1939 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore

18 (a) Funeral director Stewart & Mowen Company
(b) Address 108 W. North Avenue

19 (a) Dec 26 1939 (Date received by registrar) (b) Huntington, Indiana, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 22 1939, at 10 am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bilateral lobular pneumonia.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. L. Underhill M.D.
Medical Examiner.
Date signed 12/24/39

VS 6

Previous Residence 905 Popular Grove St

HEALTH DEPARTMENT—CITY OF BALTIMORE

64193 64193

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 171 N. Broadway St. 5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 6 mos. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Frederick Wolf

If U. S. Veteran specify WAR None

(a) Residence: No. Campfield Rd Randallstown St. Ward. Baltimore Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write that word)
M.	W.	Married

3a. If married, widowed or divorced: HUSBAND of (or) WIFE of Anna Wolf

6. DATE OF BIRTH (month, day, year) April 14, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Gottlieb Wolf

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Theo Katzenberg

(Address) Campfield Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Pk Date Dec 26, 1939

19. UNDERTAKER Young Heemann & Son

(Address) 3x Broadway

DEC 26 1939

Huntington Williamsburg

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22, 1939.

22. I HEREBY CERTIFY, That I attended deceased from June, 1939, to Dec. 22, 1939

I last saw him alive on Dec 20, 1939. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1- Coronary Thrombosis	12-22-39
Other contributory causes of importance:	
11- Arterio-Sclerotic Heart Disease with Dilatation	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Earl L. Thompson M. D.

(Address) 4108 Liberty Hts. Ave

OCCUPATION is very important. See instructions on back of certificate.

V9 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

64194

CERTIFICATE OF DEATH

F 64194

93-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3312 Chestnut Ave St. 43 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Gorrell.

If U. S. Veteran specify WAR

(a) Residence: No. 3312 Chestnut Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Gorrell

6. DATE OF BIRTH (month, day, year) Nov 21, 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME John Robinson.

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Sarah Griffith

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT George W. Gorrell.
(Address) 510 Oakleigh Road

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Dec 27, 1939

19. UNDERTAKER Chenoweth & Donovan.
(Address) 3615-17 Chestnut Ave.

20. FILED DEC 26 1939 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from June, 1938 to Dec 24, 1939, I last saw h[illegible] alive on Dec 24 1939. Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Arteriosclerosis and Hypostasis	3 yrs 0 mo.

Other contributory causes of importance: Acute Pulmonary Odema

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Ivan Dudenhoefer M. D.

(Address) 846 W 36 Pkwy

OCCUPATION is very important. See instructions on back of certificate.

F 64195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59 * F 64195

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Do Balto Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Odenton, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elvern Carnes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Lula May Carnes
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1890

8. AGE: Years	Months	Days	If less than one day
49	2	22	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation retired
11. Industry or business Penna R.R. laborer

FATHER
12. Name John Carnes
13. Birthplace Maryland

MOTHER
14. Maiden Name Lula Mason
15. Birthplace Maryland

16 (a) Informant Lula May Carnes
(b) Address Odenton, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 26, 1939 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hampden

18 (a) Funeral director Arnold & Donovan
(b) Address 3615-17 Gilmor St Ave.

19 (a) Dec 26 1939 (b) Filed by Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23, 1939, at 5:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 22, 1939 to Dec 23, 1939 and that I last saw him alive on Dec 22, 1939.

Immediate cause of death: Diabetes mellitus — Myocardial insufficiency — Duration 3 yrs.
Due to
Due to
Other Conditions Gangrene of hand (infected), cachexia, arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec 13, 1939
(c) Where did injury occur? Home (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Stepped on his lawnmower and fell forward.
23. Signature E. R. Evans M. D.
Address Lynch Bldg Balto Md Date signed 12-27-39

VS 3

Howard J. Maddox, M.D. Chief Medical Examiner

F 64196

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C

Registered No. F 64196

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1200 Valley (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Michael Heffner

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Baltimore (Town, county, and state) MD
10. Usual Occupation Peddler
11. Industry or business

FATHER
12. Name Daniel ?
13. Birthplace

MOTHER
14. Maiden Name Barbara Dorsigner
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27, 1939 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore
18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave
(c) Dec 26 1939 (Local registrar) Virginia Nitti Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25, 1939, at 9 p.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec-1- 1939, to Dec 25 1939, and that I last saw him alive on Dec 24- 1939.

Immediate cause of death	Duration
Cerebral Arterio Sclerosis	2 yrs
Due to Chronic Myocarditis	1 yr
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature E. Gill Wall M. D.
Address 1631 E. North Ave Date signed Dec 26-39

VS 8

F 64197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

F 64197 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street
(c) Hospital or institution:
Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bernard Schramm

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife Francis

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1856

8. AGE: Years 83 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Barber

11. Industry or business Pool

FATHER
12. Name Bernard
13. Birthplace Russia

MOTHER
14. Maiden Name Salome Burkhard
15. Birthplace France

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 28 1939 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore.

18 (a) Funeral director Pete Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) Dec 1939 (Signature of registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1939, at 7.30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 21 1939 to Dec 24 1939 and that I last saw him alive on Dec 24 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 days
Due to	
Due to Arterio-Sclerosis	5 yrs
Other Conditions Edema Lungs	1 day

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E. North Av Date signed Dec 26-39

Spec.—9-39—A. & Co.—250 Blks.

64198

F 64198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ 45-B

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1433 W. Baltimore St. 19-3 WARD)

2-FULL NAME Alexander Hobbs

(a) RESIDENCE NO. 1433 W. Baltimore St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Amanda A. Hobbs.

6 DATE OF BIRTH (month, day, and year) Aug 21 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Telegraph Operator

(b) General nature of industry, business, or establishment in which employed (or employer): B+O.R.R.

(c) Name of employer: B+O.R.R.

9 BIRTHPLACE (city or town) (State or country): Carroll Co- Md

PARENTS

10 NAME OF FATHER: Wm H Hobbs.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Rose Cavey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Amanda A Hobbs
(Address) 1433 W Balto St

DEC 26 1939 Filed — Hunter for Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 22-1939

17

I HEREBY CERTIFY, That I attended deceased from 5/1, 1934, to Dec. 22, 1939

that I last saw him alive on Dec. 22, 1939

and that death occurred, on the date stated above, at 10.40 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of tongue
Generalized metastases

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary): terminal broncho-pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 1934

Was there an autopsy? No -

What test confirmed diagnosis? Biopsy 1934

(Signed) Anthony V. Bonkuneas M. D.

12/28 1939 (Address) 37 S. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: 12/30/39

20 UNDERTAKER: Geo. L. Berger — ADDRESS: 472 Hollins St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.

64199

Kauf Goodman

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

943

F 64199

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1938 E. Chase St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 24 years

3 (a) FULL NAME Kauf Goodman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Fannie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace Poland 1919
(Town, county, and state)

10. Usual Occupation Confectionery Store

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Poland

MOTHER
14. Maiden Name Not Known
15. Birthplace Poland

16 (a) Informant Hosp Records
(b) Address

17 (a) Burial (b) Date thereof 12-26-39
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Wash. Blvd.
Location Wash. Blvd.

18 (a) Funeral director Jack Lewis Inc.
(b) Address 1439 E. Baltimore St.

19 (a) (Date rec'd by Reg.) (b) 1939 Huntington Miller Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-25- 1939, at 8.55 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary Artery disease	1
Due to Sclerosis, Coronary	
Due to Myocardial Failure	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 12-26-39

VS 6

Correct age is especially important. Typewriter preferred.

64200

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 59

F 64200

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun sts
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 562 Centre Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Ida Klein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fe	W	W.

6 (b) Name of husband or wife TOBIAS KLEIN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
62 yrs.			hr. min.

9. Birthplace Austria (town, county, and state)
10. Usual Occupation — Housewife
11. Industry or business

FATHER
12. Name Jos. Walle
13. Birthplace Austria

MOTHER
14. Maiden Name Nary —
15. Birthplace Austria

16 (a) Informant Sue Klein
(b) Address 1016 Hillen St.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 12-26-39 (month) (day) (year)
(c) Cemetery or crematory Pikesville
Location Pikesville Md.

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto. St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8 DEC 26 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-25 1939, at 11:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-5 1939 to 12-25 1939, and that I last saw her alive on 12-25 1939.

Immediate cause of death: Coronary Occlusion — Duration

Due to Hypertensive & Arteriosclerotic Heart Disease

Due to

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Wolf M. D.
Address Franklin Sq. Hosp. Date signed 12-27-39

201

F 64201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Herkeland & Rayenbo
(c) Hospital or institution:
West Balto Gen Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 55 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2100 Rupp St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME Mrs Freda Dunner

3 (b) If veteran, name war ✓

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Solomon

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 1869.

8. AGE: Years 70 | Months ? | Days ? | If less than one day ____ hr. ____ min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business none

FATHER
12. Name ? Dunner
13. Birthplace Russia

MOTHER
14. Maiden Name ?
15. Birthplace Russia

16 (a) Informant Mrs Esther Dunner
(b) Address 2100 Rupp St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-39 (month) (day) (year)
(c) Cemetery or crematory Herzing Run
Location Bowling Lane & Phil Rd

18 (a) Funeral director Jack Levin Inc
(b) Address 1438 E. Balto St.

19 (a) DEC 26 1939 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1939, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 25 1939, to 4 AM Dec 25 1939, and that I last saw h alive on Dec 23 1939.

Immediate cause of death: Coronary occlusion
Coronary arteriosclerosis
Due to: Cardiac failure

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J Wallenstein M. D.
Address 1 W Bg St. Date signed Dec 27 39

EKS

64202

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 X

F 64202

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5109 Wolverton ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Philadelphia
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1710 - 68th ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jennie Goldberg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Max Goldberg
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Austria
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Israel Reines
13. Birthplace Austria

MOTHER
14. Maiden Name Rebecca —
15. Birthplace Austria

16 (a) Informant Celia Cohen
(b) Address 5109 Wolverton Ave.

17 (a) Removal (b) Date thereof 12-26-39
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Phila., Pa.
Location

18 (a) Funeral director Jos. Levine Inc
Address 1439 E. Balto. St.

19 (a) DEC 28 1939 (b) Huntingdon Pennsylvania
(Date received by Registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-26-1939 at 10 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Autopsy & Inquiry find that said deceased came
(Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to Sclerosis	
Due to Generalized Atherosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Wolfenden M.D.
Medical Examiner
Date signed 12-26-39

correct age is especially important. Physicians, please write out the words

HEALTH DEPARTMENT—CITY OF BALTIMORE

64203

64203

CERTIFICATE OF DEATH

93-P

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1009 Woodbourne Ave St., 27-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Anna M. Titchenell

If U. S. Veteran specify WAR

(a) Residence: No. 1009 Woodbourne Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Moses A. Titchenell

6. DATE OF BIRTH (month, day, year) Mch. 31, 1872

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
67	8	2/20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden.

FATHER

13. NAME Carl Carlstrom

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Capt. Moses A. Titchenell
(Address) 1009 Woodbourne Ave

18. BURIAL, CREMATION, OR REMOVAL
Balto. National Date 12/26/39

19. UNDERTAKER Henry H. Kuttler
(Address) 410 Edmondson Ave

20. FILED DEC. 26 1939 19 Hampton Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 8 1939 to December 21 1939

I last saw her alive on December 21, 1939. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Eldred Roberts M. D.

(Address) 6100 York Road.

OCCUPATION is very important. See instructions on back of certificate.

VS 3

64204 HEALTH DEPARTMENT—CITY OF BALTIMORE 64204

CERTIFICATE OF DEATH

53-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5306 Ethelbert Ave 27-17 Sec., Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Florence May Disney

If U. S. Veteran specify WAR _____

(a) Residence: No. 5306 Ethelbert A. St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: W.
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Walter M. Disney

6. DATE OF BIRTH (month, day, year): May 31, 1872

7. AGE: 67 Years | 6 Months | 23 Days | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year): _____

11. Total time (years) spent in this occupation: _____

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: James Johnson

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Mary E. Ritter

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Walter M. Disney
(Address) 5306 Ethelbert Ave

18. BURIAL, CREMATION, OR REMOVAL: Pleasant Hill Date 12/26/39

19. UNDERTAKER: Harry H. Nikter
(Address) 401 E Monument Ave

20. FILED DEC 26 1939 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 23rd 1939

22. I HEREBY CERTIFY, That I attended deceased from December, 1938, to Dec. 23rd 1939

I last saw h alive on Dec 23rd 1939. Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Carcinomatosis	
Prob beginning in urinary bladder	
Other contributory causes of importance:	

Was an operation performed? Resection of urinary bladder Date of 6 days ago

For what disease or injury? Carcinoma of bladder

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) Jas. P. Beasley M. D.

(Address) 3045 Wyoming Ave

State CAUSE OF DEATH in plain English. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

V 8 3

F 64205

HENRY L.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

210-M F 64205 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1508 W. Fayette st
(c) Hospital or institution: Franklin Square Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1508 W. Fayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry L. Davis (Henry Lesson Davis)

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-05-3091

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Wh	Widower

6 (b) Name of husband or wife Late May E. Davis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 4 1885

8. AGE: Years	Months	Days	If less than one day
54	11	21	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Boiler Maker

11. Industry or business

FATHER 12. Name Dawie

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant Henry A. Davis

(b) Address 1508 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/39 (month) (day) (year)

(c) Cemetery or crematory Western

Location Edmondson Ave & Longwood

18 (a) Funeral director Harry R. Pitzhe

(b) Address 410 Edmondson Ave

19 (a) (Date received by registrar) (Signature of Registrar)

DEC 28 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH December 25 1939, at 6:15 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) ... find that said deceased came to his death on the day stated above.

Immediate cause of death: Fractured Skull Laceration of Brain

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy (Acc)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12/23/39
(c) Where did injury occur? Fayette & Pitcher 1508 W. Fayette (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street While at work? No (Specify)
(e) Means of injury Struck by street car

23. Signature [illegible] M.D. Medical Examiner.

Date signed 12/23/39

Correct age is especially important. Registrar.

64206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B Registered No. F 64206

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1905 Etting St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1905 Etting St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

14-13

3 (a) FULL NAME GRACE LEWIS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Widow

6 (b) Name of husband or wife Samuel Lewis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Virginia
(Town, county, and state)
10. Usual Occupation — Maid
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant John Epps
(b) Address 1905 Etting St

17 (a) (Burial, cremation, or removal) (b) Date thereof Dec 26, 1939
(month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St. Huntingtown Williams Md

19 DEC 26 1939
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24 1939, at 8 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said inquiry find that said deceased came
(Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. W. Ellenwood — M.D.
Medical Examiner.
Date signed Dec 24, 1939

VS 6

correct age as especially important. Registrants [illegible]

64207

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64207

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2618 Puget St., 25-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hanna Bloke

If U. S. Veteran specify WAR .....

(a) Residence: No. 2618 Puget St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 5, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Redding Lewis

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Susanna Fields

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Daughter (Mrs. Jordan)

(Address) 2618 Puget St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date Dec 27, 1939

19. UNDERTAKER Joseph A. Lyerly

(Address) 4109 Mount St

DEC 26 1939

20. Date Received ..... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/22/39

22. I HEREBY CERTIFY, That I attended deceased from 12/12/39 to 12/27/39

I last saw him alive on 12/22/39 Death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12/12/39
Other contributory causes of importance: None	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, ...

(Signed) J. B. Hayden M. D.

(Address) 1600 W. Lanvale St

OCCUPATION is very important. See instructions on back of certificate.

VS 3

4208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 82-B

F 64208 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address West Balto. General Hosp.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2008 403 Yale Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick A. Sweitzer

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Margaret Sweitzer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1882

8. AGE: Years 57 | Months 5 | Days | If less than one day hr. min.

9. Birthplace Unionville, Balto. Co. (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER 12. Name George Sweitzer
13. Birthplace Germany

MOTHER 14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Norman Sweitzer
(b) Address 403 Yale Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 27/39 (month) (day) (year)
(c) Cemetery or crematory Angel Hill Cem.
Location Hartford Co. Md.

18 (a) Funeral director John B. Miller
(b) Address 2634 Jefferson St.

19 (a) Filed Dec 26 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1939, at 12:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 16 1939 to Dec 24 1939, and that I last saw h[illegible] alive on Dec 24 1939.

Immediate cause of death Thrombosis Posterior superior Cerebellar artery (Rt.)

Duration 12-14 days.

Due to Bronchopneumonia (Bilateral) 5 days

Due to (Coagulation)

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature O. B. Shook, M.D.
Address W. B. & A. Date signed 12/24/39

VS 2/1939

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48 F 64209

4209

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3702 Liberty Hghts
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3702 Liberty Hghts ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Ethel Allen

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~or wife~~ Joseph
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 6. 1899.

8. AGE: Years	Months	Days	If less than one day
40	~~Sept~~ 3	20	hr. min.

9. Birthplace Philadelphia Pa
(Town, county, and state)

10. Usual Occupation House Wife 1037

11. Industry or business

FATHER
12. Name Wolf Goffe
13. Birthplace Russia

MOTHER
14. Maiden Name Rosa R Goffin
15. Birthplace Russia

16 (a) Informant Joseph Allen
(b) Address 3702 Liberty Hghts

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Dec 26/39 (month) (day) (year)
(c) Cemetery or crematory Balto. Hebrew Cemetery
Location Glenwood Road

18 (a) Funeral director Sol Levinson & Bro
(b) Address 1124-26 W. Monto ave —

19 (a) (Date rec'd by registrar) DEC 26 1939 **(b)** Huntington Williams, M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec -26- 1939 at 4 a.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 5- 1939, to Dec-26-1939, and that I last saw her alive on Dec-26-1939

Immediate cause of death Adeno-Carcinoma Uteri — **Duration** about 6 Months

Due to —

Due to —

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations Uterine Tumor
Of autopsy none performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature Herman Seidel M.D.
Address 2404 Guilford Ave **Date signed** 12/26/39

correct age if apparently important. Any

240 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 64210

CERTIFICATE OF DEATH

46-F

1. PLACE OF DEATH Sinai Hospital
CITY OF BALTIMORE: (No. Monument & Bulteel St., 6-4 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR
2. FULL NAME Isaac Neuman
(a) Residence: No. 1801 E. Fayette St., Ward. 4th C R
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude

6. DATE OF BIRTH (month, day, year) 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	—	~	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self-
10. Date deceased last worked at this occupation (month and, year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Hyman Neuman
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Evelyn
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Florence Neuman
(Address) 1801 E Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Heber Rosedale Date Dec 26 1939

19. UNDERTAKER Sol Levinson Bros
(Address) 1124 W Fort Ave

20. FILED 19
Registrar.

DEC 26 1939 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1939 to Dec 25, 1939
I last saw alive on Dec 25, 1939 Death is said to have occurred on the date stated above, at 11:21 p.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Carcinomatosis Abd. County	
Arteriosclerosis, C.V. Disease	
Bronchopneumonia	over
Other contributory causes of importance:	

Was an operation performed? Yes Date of 12-6
For what disease or injury?
Name of operation Paracentesis (Abd)
What test confirmed diagnosis? Was there an autopsy? Yes

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) Benjamin Rafal M. D.
(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 64211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 22

F 64211 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Light Street
(c) Hospital or institution: South Balto. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County A. A. Co.
(c) City or town Maria Hill, Brooklyn
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Rudolph Levy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22 1886

8. AGE: Years 53 | Months 1 | Days 1 | If less than one day: hr. min.

9. Birthplace Calvert Co. Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Nathaniel Levy
13. Birthplace Md.

MOTHER
14. Maiden Name Susan Smith
15. Birthplace Md

16 (a) Informant Mrs Elaine Carroll
(b) Address 2107 Madison Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-39 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge Branch
Location A. A. Co. Maryland

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 N. Biddle St

19 DEC 26 1939 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23 1939, at 1:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 21, 1939, to Dec 23 1939, and that I last saw him alive on Dec 23 1939.

	Duration
Immediate cause of death Tetanus	
Due to Injured right thumb.	11 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12-17-39
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? Yes
(Specify type of place)
(e) Means of injury Struck thumb against barrel

23. Signature R Donald Jandon M. D.
Address Sa Balto Gen. Hosp Date signed

VS 2

372777 F 64212

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

49-2 F 64212 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 903 Harlem Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

16

3 (a) FULL NAME Elsie Coleman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Clyde

6 (c) If alive, give age Ex. years

7. Birth date of deceased (mo., day, yr.) 9-22-01

8. AGE: Years 38 | Months 3 | Days 1 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housemaid 070

11. Industry or business Private

FATHER
12. Name Brice Pilat
13. Birthplace Md

MOTHER
14. Maiden Name Bell Pinkett
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location G.G. Rd Naughright

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 N. Biddle St.

19 (a) (Date rec'd by registrar) DEC 26 1939 (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23 1939 at 7 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 12 1939 to Dec 23 1939 and that I last saw her alive on Dec 23 1939.

Immediate cause of death	Duration
post operation shock	
Due to	
Due to	
Other Conditions CA of Ovary, R. Myomata, Uteri (Include pregnancy within 3 months of death)	

Major findings:
Of operations INOPERABLE CA
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John H. Ridley M.D.
Address John Hopkins Hosp. He signed 12/27/39

64213

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

57 ✓ F 64213

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3801 Bonner Road
(c) Hospital or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 30 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3801 Bonner Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? -- years

15 54

3 (a) FULL NAME Anna L. Emery Ritchie

3 (b) If veteran, name war ---

3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Charles H. Ritchie
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) October 3rd 1871

8. AGE: Years	Months	Days	If less than one day
68	2	22	... hr. ... min.

9. Birthplace Emporium, Penna.
(Town, county, and state)

10. Usual Occupation Housewife 0037

11. Industry or business Home

FATHER
12. Name Benjamin L. Emery
13. Birthplace Penna.

MOTHER
14. Maiden Name ? Freeman
15. Birthplace Unknown

16 (a) Informant Mr. Charles H. Ritchie
(b) Address 3801 Bonner Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 28th 1939 (month) (day) (year)
(c) Cemetery or crematory Highland
Location Look Haven, Penna.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Aves.

19 (a) Date received by registrar DEC 26 1939 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 25th 1939, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/14 1933 to 12/26 1939. and that I last saw her alive on 12/24 1939.

	Duration
Immediate cause of death Arteriosclerosis	(?)
Due to	
Due to	
Other Conditions Arthritis Deformans	6 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William N. Triplett, M. D.
Address 1326 W. Lombard Date signed 12/26/39

Correct age is especially important. Typewriting preferred.

4214 F 64214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 82-a

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) ~~County~~
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2334 Mosher St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mr. Maurice Zigler (Maurice F. Zigler)

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife: Lenore Hummel
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 7 1883

8. AGE: Years	Months	Days	If less than one day
56	9	17 14	hr. ..... min.

9. Birthplace Indiana (Town, county, and state) 1066

10. Usual Occupation Salesman Retired

11. Industry or business

FATHER
12. Name John Zigler
13. Birthplace Terre Haute Ind.

MOTHER
14. Maiden Name Louise Fuhrer
15. Birthplace Mt. Vernon Ind.

16 (a) Informant Mrs. Lenore Zigler
(b) Address 2334 Mosher St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. 26 1939 (month) (day) (year)
(c) Cemetery or crematory Greenwood Cemetary
Location New Orleans Louisana

18 (a) Funeral director William J. Tickner & Sons
(b) Address North & Pennsylvania Aves.

19 (a) DEC 26 1939 (b) Date received by local registrar — Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-24 1939, at 10:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-14 1939, to 12-24 1939, and that I last saw him alive on 12-24 1939.

	Duration
Immediate cause of death Cerebral Hemorrhage	12:00 M.
Due to Essential Hypertension	12:24:39
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature M. J. Sadowe M.D.
Address 84 Eyrie Date signed 12/24/39

64215

LB 50203

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-N

F 64215

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days 1 mth.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2117 W. Fayette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

20

3 (a) FULL NAME
Emma Born

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Herman (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11, 1864

8. AGE: Years	Months	Days	If less than one day
75	5	12	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation unemployed
11. Industry or business

FATHER
12. Name George Gropp
13. Birthplace Germany

MOTHER
14. Maiden Name Adeline Esterley
15. Birthplace Baltimore

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-39 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Frederick A. Cole
(b) Address 1300 W. Lombard St. Baltimore or Industries, Md.

19 DEC 26 1939 (Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-23 1939, at 3:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-16 1939, to 12-23 1939, and that I last saw h[er] alive on 12-22 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage	four minutes
Due to Cerebral arteriosclerosis	?
Due to	
Other Conditions Fracture rt. femur	6½ wks

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide accident
(b) Date of occurrence 11/7/39
(c) Where did injury occur? Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public Home Baltimore While at work Baltimore (Specify type of place)
(e) Means of injury Slipped + fell on rt. hip

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 12-28-39

Witness [illegible] M.D. Chief Resident Physician Baltimore City Hospitals

correct. If it is especially important, [illegible]

64216

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64216
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 23 E Cambridge St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret A. Rodgers

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 219-05-6685

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Henry C Rodgers
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): March 19 1880
8. AGE: Years 59 | Months 9 | Days 6 | If less than one day: hr. min.
9. Birthplace: Baltimore Md
(Town, county, and state)
10. Usual Occupation: Cook
11. Industry or business: Canning Works

FATHER
12. Name: O'Connell
13. Birthplace: Baltimore Md

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Baltimore Md.

16 (a) Informant: Henry C Rodgers
(b) Address: 2308 Cambridge St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29/39 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral
Location: Baltimore Md

18 (a) Funeral director: Williams Co
(b) Address: 124 E Oxford

19 (a) DEC 26 1939 (date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-25- 1939, at 11.55 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death	Duration
Coronary artery occlusion	
Due to: Athero-sclerosis	
Due to: Generalized Athero Sclerosis	
Other Conditions: Hypertrophy Heart, Edema - Enlarged Liver - Fever. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Howard J. Moseley M.D.
Medical Examiner.
Date signed 12-26-39

Correct age is especially important. Typewrite. Please write plainly in ink.

51228-FS

F 64217

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95-B

F 64217 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1908 McDonough St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry L. Koller

3 (b) If veteran, name war: A-U
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Florence
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-9-1867

8. AGE: Years	Months	Days	If less than one day
72	0	15	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation O.A.P.
11. Industry or business

FATHER
12. Name Andrew Jackson
13. Birthplace Pa.

MOTHER
14. Maiden Name Elizabeth Garrett
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-39 (month) (day) (year)
(c) Cemetery or crematory Loudons
Location Baltimore

18 (a) Funeral director Mathews Co.
(b) Address 1217 E. Fayette St.

19 (a) Date received DEC 26 1939 (Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-24- 1939 at 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-22- 1939 to 12-24- 1939 and that I last saw him alive on 12-24- 1939.

Immediate cause of death	Duration
Cardiac failure	7
Due to Hypertensive CVD Gen. & Cerebral A-S.	6 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Cardiac enlargement. Gen. A-S.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 12-25-39

F 64218

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 64218 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Franklin Square Hosp.
(c) Hospital or institution:
Fayette or Baltimore
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20d.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 705 Beaumont Av.
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Mrs. Ada Bowen

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	W	W

6 (b) Name of husband or wife: Charles Bowen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 1st 1879

8. AGE: Years	Months	Days	If less than one day: hr.	min.
58 60	3	24		

9. Birthplace Hampstead Carroll Co. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Unknown Ridgely
13. Birthplace Carroll Co. Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Carroll Co. Md.

16 (a) Informant Alice Zimmerman
(b) Address 425 Hale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/39 (month) (day) (year)
(c) Cemetery or crematory Salem Lutheran Church
Location Catonsville Md.

18 (a) Funeral director Wm Cook
(b) Address 1217 E. Baltimore St

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 28 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-25 1939, at 4:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-5 1939, to 12-25 1939, and that I last saw him alive on 12-25 1939.

Immediate cause of death	Duration
Cardiac Block	
Due to Arteriosclerotic Heart Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan Wolf M. D.
Address Franklin Sq Hosp Date signed 12-27-39

F 64219

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a

Registered No. F 64219

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 541 Oxford St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 541 Oxford St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hester Clarke

3 (b) If veteran, name war

3 (c) Social Security Account No. (none)

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col	Widowed

6 (b) Name of husband or wife Emmit Parker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1845

8. AGE: Years	Months	Days	If less than one day
44			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Hsew. None
11. Industry or business

FATHER
12. Name Emmit Parker
13. Birthplace Va

MOTHER
14. Maiden Name Not Known
15. Birthplace Va

16 (a) Informant Julia Parker (mother)
(b) Address 541 Oxford St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/39 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Mt Washington

18 (a) Funeral director E O Wilson
(b) Address 1000 Brantley Av

DEC 26 1939 (b) Huntington Williams Md
(Date received by local registrar) (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22 1939, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 12 1935, to Dec 22 1939, and that I last saw her alive on Dec. 21 1939.

Immediate cause of death Cerebral Hemorrhage — Duration 3 yrs

Due to — Duration

Due to — Duration

Other Conditions Contracture suffered — Duration 6 mos.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Pettegrew M. D.
Address 817 Hamilton Ave Date signed

64220

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 64220

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1501 Aisquith Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Adam Fred Conrad

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/31/39

8. AGE: Years	Months	Days	If less than one day
	4	24	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Adam Conrad
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Pauline (Davis)
15. Birthplace Baltimore, Maryland

16 (a) Informant Father - Adam Conrad
(b) Address 1501 Aisquith St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 26, 1939 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road
Geo. J. Ruth, Inc.

18 (a) Funeral director
(b) Address 1735 Harford Avenue

19 (a) (Registrar) (b) Registrar

DEC 26 1939

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Conflagration gas poisoning — Duration

Due to

Due to Pulmonary edema

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 12/24/39
(c) Where did injury occur? 1501 Aisquith St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Smoke from burning mattress

23. Signature Wm. B. Fondorf, Health M.D. (Attending Physician or Medical Examiner.)
Date signed 12/26/39

Correct age is especially important. Registrar.

F 64221

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94B

F 64221 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Baltimore, Maryland
(b) Street address
(c) Hospital or institution: 116 South Carey St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 116 South Carey Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1939

3 (a) FULL NAME Annie Fuchs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Henry Fuchs

6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) May 10, 1865

8. AGE: Years	Months	Days	If less than one day
74	7	15	hr. min.

9. Birthplace Frederick, Maryland (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business -

FATHER
12. Name Jeramiah Jenkins
13. Birthplace Frederick, Maryland

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Henry Fuchs, husband
(b) Address 116 South Carey Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 1-39 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location Baltimore Md

18 (a) Funeral director Pratt & Chickes
(b) Address

19 (a) DEC 26 1939 (Date received by registrar) Huntington Williams M.D. Registrar
(b) Registered No.

VS 6

MEDICAL CERTIFICATION about

20. DATE OF DEATH December 25 1939, at 6:00 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm B. Vandebought M.D.
Coroner Medical Examiner.
Date signed 12/26/39

Correct age is especially important. Physicians: please write the cause of death very carefully.

HEALTH DEPARTMENT—CITY OF BALTIMORE

64222

CERTIFICATE OF DEATH

122 B F 64222

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.) Ward.

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Anthony N. Billings Sr. If U. S. Veteran specify WAR

(a) Residence: No. 7309 Old Harford Rd. Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 5th 1939

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Anthony Billings

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Fannie Delaro

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT Anthony Billings (Address) 7309 Old Harford Rd

18. BURIAL, CREMATION, OR REMOVAL Place Beth. Cemetery Date 12/27/39

19. UNDERTAKER E. L. Fanning & Son (Address) 1938 E. Lafayette Ave

20. FILED DEC 26 1939 19 Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24 1939 to Dec. 25 1939

I last saw h alive on Dec. 25, 1939 Death is said to have occurred on the date stated above, at 2:10 a.m.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Intussusception	12-24-39
Other contributory causes of importance:	

Was an operation performed? Yes Date of Dec 24 1939

For what disease or injury? Intussusception

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. R. Thompson M. D.

(Address) St Joseph's Hosp

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

64223

CERTIFICATE OF DEATH

59 F 64223

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St., 20-5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Infant. Goette

If U. S. Veteran specify WAR .....

(a) Residence: No. 418 S. Smallwood St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 24-39

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		One	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME George Edward Goette

14. BIRTHPLACE (city or town) (State or country) Balto. Maryland

MOTHER

15. MAIDEN NAME Cecelia Thelma Reese

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs C Julyan Goette
(Address) 418 S Smallwood

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Cem Date 12/26 19 39

19. UNDERTAKER George B Shipley
(Address) Baltimore Maryland

20. FILED DEC 26 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-25-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-24-, 1939 to 12-25-, 1939

I last saw him alive on 12-24-, 1939 Death is said to have occurred on the date stated above, at 12 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atalectasis	
Prematurity	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Haughs B. McNally M. D.

(Address) 3498 Dolfield Ave

OCCUPATION is very important. See instructions on back of certificate.

VS 5

64224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. F 64224

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U. S. P. Hosp. Balt. Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balt. (If outside city or town limits, write RURAL and give town)
(d) Street No. 220 S. Sharpe St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles McDonald

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1855

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Cook
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL DEC 26 1939
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 (a) DEC 26 1939 Huntington Williams M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION Autopsy

20. DATE OF DEATH December 19 1939, at M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Lobar pneumonia, Left — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wade Huff M.D.
Medical Examiner.
Date signed 12/19/39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 64225

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-N Registered No. F 64225

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hospital, P. D.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1117 Thomas Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cecil Maddox

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
48			hr. min.

9. Birthplace (Town, county, and state) Md.
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL DEC 26 1939

18 (a) Funeral director Commissioner of Health
(b) Address Per H. E. Moore

19 (a) DEC 26 1939 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-19- 1939, at 2:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hernia — Duration
Due to Intestinal obstruction
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Wilson M.D. Medical Examiner.
Date signed 12-20-39

VS 6

64226

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-a

F 64226

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 312 S. Ann
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 312 S. Ann Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? 65 Years years

3 (a) FULL NAME Joseph Ruthowski

3 (b) If veteran, name war — no

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Elizabeth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 11 1872

8. AGE: Years	Months	Days	If less than one day
67	—	24	hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Florzan Ruthowski
13. Birthplace

MOTHER
14. Maiden Name Mary —
15. Birthplace Poland

16 (a) Informant Mrs. Elizabeth Ruthowski
(b) Address 312 S. Ann Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) 39 (year)

(c) Cemetery or crematory St Stanislaus
Location Balto City

18 (a) Funeral director John M Weber
(b) Address 401 S. Chester St

DEC 26 1939 (Date received by Registrar) (b) Huntingtown Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1939, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1939, to Dec 25 1939, and that I last saw him alive on Dec 25 1939.

Immediate cause of death: Cardiac Asthma — Duration: 2 months

Due to: Chronic Myocarditis — 1933

Due to:

Other Conditions: Carcinoma of oesophagus
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Michael J. Dausch M. D.
Address 2530 E. Baltimore St. Date signed 12-26-39

1227

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-13 F 64227 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 241 S. Washington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 241 S. Washington St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME Stanislaus Janczewski

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Wanda
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Francis Janczewski
13. Birthplace Poland

MOTHER
14. Maiden Name unknown
15. Birthplace Poland

16 (a) Informant Mrs. Regina Wielechowski (Daughter)
(b) Address 241 S. Washington St

17 (a) (Burial, cremation, or removal) (b) Date thereof Dec 28 1939 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus Cem
Location Balto. City

18 (a) Funeral director John M. Weber
Address 46 S. Chester St

19 (a) Dec 26 1939 (Date rec'd by Registrar) (b) Huntington Millington Md.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1939 at 7.00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 12 1939 to Dec 25 1939, and that I last saw him alive on Dec 25 1939.

Immediate cause of death	Duration
Coronary Thrombosis	3 mos.
Due to Arteriosclerosis Generalized.	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Pokorny M. D.
Address 2201 E. Madison St Date signed

F 64228

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No. F 64228

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 933 North Patterson Park Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 39

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 933 North Patterson Park Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 39 years

3 (a) FULL NAME LUCIA FRANK (or FRANCHISCHETTI)

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: none

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Jacobe Frank(Franchischetti)

6 (c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): March 31, 1882

8. AGE: Years: 57 | Months: 8 | Days: 24 | If less than one day: hr. min.

9. Birthplace: Vasto Girardi (Italy)
(Town, county, and state)

10. Usual Occupation: housewife

11. Industry or business: -

FATHER
12. Name: Carmine Di Fanto
13. Birthplace: Italy

MOTHER
14. Maiden Name: Filomena Cenci
15. Birthplace: Italy

16 (a) Informant: Jacobe Franchischetti (husband)
(b) Address: 933 North Patterson Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27/39 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer Cem.
Location:

18 (a) Funeral director: Frank Della Rose
(b) Address: [illegible] Morley St.

19 DEC 26 1939 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24 19 39, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Cardio-vascular-renal disease — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm B. Vandeloings M.D.
Date signed 12-26-39 Attended, Medical Examiner. 20 W. Lanvale

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64229 **CERTIFICATE OF DEATH** 131 F 64229

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4749 PARK HEIGHT AVE St. 27-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60. yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME MARGARET STEARN.

(a) Residence: No. 4749 PARK HEIGHT AVE. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Arthur B. Stearns

6. DATE OF BIRTH (month, day, year): Sept 1-1877

7. AGE: Years 62 | Months 3 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: George Hoffman

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Margurite Creamer

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Arthur B. Stearns (Address) 4749 Park Height Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Cathedral Cem. Date 12/27 19 39

19. UNDERTAKER: Chas. R. Davis & Son Inc (Address) 1134 N. Howard St.

20. FILED DEC 26 1939 Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): DECEMBER 24, 193

22. I HEREBY CERTIFY, That I attended deceased from SEPT 6 1939 19 to DEC 24 1939. 19

I last saw her alive on DEC 23 1939 19 Death is said to have occurred on the date stated above, at 7.30 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
APOPLEXY	12/23/
MITRAL REGURGITATION	1938.
CHR INTERSTITAL NEPTHRITIC	1938.

Other contributory causes of importance:

APOPLEXY	1938.
ARTERIOR SCLEROSIS	1938.

Was an operation performed? NONE. Date of NONE.

For what disease or injury?

Name of operation NONE

What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas R Davis M. D.

12/24 (Address) 3013 SAINT PAUL STREET

OCCUPATION is very important. See instructions on back of certificate.

VS 9

F 64230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-B

Registered No. F 64230

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wilkens & Caton Aves.

(c) Hospital or institution: St. Agnes' Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1817 E. 33rd St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Myra K. Manley

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 910

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife: Dr. Frank Manley

6 (c) If alive, give age: 48 years

7. Birth date of deceased (mo., day, yr.) Aug 13 - 1890

8. AGE: Years	Months	Days	If less than one day: hr.	min.
49	4	12		

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John Stephart

13. Birthplace Pa.

MOTHER 14. Maiden Name Mary Eliz. Ziegler

15. Birthplace Pa

16 (a) Informant Dr. Dr. Frank Manley

(b) Address 1817 E. 33rd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (month) 28 (day) 39 (year)

(c) Cemetery or crematory Moreland Mem. Park

Location

18 (a) Funeral director Chas. H. Draper Undertaker

(b) Address 118 W. Mt. Royal Ave

19 (a) DEC 26 1939 (b) Huntington Willis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-25 1939, at 5.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-20 1939, to 12-25 1939, and that I last saw h[illegible] alive on 12-25 1939

Immediate cause of death: Secondary Anemia — Duration

Due to: Acute Hemorrhagic Enteritis

Due to:

Other Conditions: Fatty Degeneration of Liver

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature M. Sadow M. D.

Address St. Agnes. Date signed

Correct age is especially important. Physicians, please write the cause of death clearly and legibly.

VS 3

LB 51226

F 64231

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95-3

Registered No. F 64231

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 hrs. 25 min.
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 556 St. Mary's St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Chapel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Klien

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20, 1882

8. AGE: Years	Months	Days	If less than one day
57	6	3	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Danridge
13. Birthplace Va.

MOTHER
14. Maiden Name Mary
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) Dec 27 1939 (year)
(c) Cemetery or crematory Victoria Va
Location

18 (a) Funeral director Katie R Williams
(b) Address 3209 Ashcroft St

19 (a) DEC 26 1939 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-23-1939, at 7 35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-22 1939, to 12-23 1939, and that I last saw him alive on 12-23- 1939.

	Duration
Immediate cause of death Cardiac Decompensation and Uremia	3 Months
Due to Hypertensive Cardiac Vascular disease	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Emanuel Klein M. D.
Address Balto City Hosp. Date signed

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

64232
37 382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64232 Registered No. 107-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2303 Aiken St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Deanna Linda Kratz

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-24-39

8. AGE: Years	Months	Days	If less than one day
	5	2	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

MOTHER / FATHER
12. Name Elmer Kratz
13. Birthplace Md
14. Maiden Name Rhea Reiff
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27/39 (month) (day) (year)
(c) Cemetery or crematory Hebrew Helping Ass'n
Location Philips Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 124-26 E. Northwood Huntington Williams, W Va

19 (a) 12/30/39 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 1939 at 7 26 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1939 to Dec 26 1939 and that I last saw her alive on Dec 26 1939.

Immediate cause of death Pneumonia, broncho and lobar

Duration 5 days

Due to

Due to

Other Conditions Infected eczema

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Broncho pneumonia Lobar pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry P. Doelberg
Address Johns Hopkins Hosp Date signed 12-28-39

VS 3

F 64233
LB 48021

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

186-W F 64233 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days 3 mths.
(e) Length of stay in Baltimore (yrs., mos., or days) 68 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 928 W. North Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mildred Fossett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband or wife James H. (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1858

8. AGE: Years	Months	Days	If less than one day
81	5	21	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Housewife 037
11. Industry or business At Home

FATHER
12. Name George Gantt
13. Birthplace Va.

MOTHER
14. Maiden Name Cornelia Tillett
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Lorraine
Location Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 E. Pratt St

19 (a) (Local registrar) (b) Huntingtown Williams, Md. Registrar

DEC 27 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-25 1939 at 10:50 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-2 1939 to 12-25 1939.
and that I last saw her alive on 12-25 1939.

Immediate cause of death Fracture left femur — Duration 2 3/4 months
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations same (Over)
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 9-2-39 or before
(c) Where did injury occur? unknown (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? unknown (Specify type of place) While at work? unknown
(e) Means of injury Patient fell - details unknown

23. Signature L. K. Woodward Jr. M. D.
Address Balto. City Hosp. Date signed 12-26-39

N. J. Maldeis M.D. - Chief Medical
Wm Blackburn - Examiner

F 64234

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

F 64234
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2239 E Preston St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2239 E Preston St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Theodore Schmalbock

3 (b) If veteran, name war —
3 (c) Social Security Account No. 220-09-9591

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Louise Schmalbock
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 18 1866

8. AGE: Years 73 | Months 2 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Baker
11. Industry or business Cake Mfg

FATHER
12. Name Henry Schmalbock
13. Birthplace Bohlen Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Louise Schmalbock
(b) Address 2239 E Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St.

19 (a) Dec 29 1939 (Date received by Registrar) (b) [illegible] Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 1939, at 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 12 1938, to Dec. 26 1939, and that I last saw him alive on Dec. 24 1939.

Immediate cause of death Lobar Pneumonia

Duration 1 week

Due to Bilateral Pyelonephritis & Renal Calculus.

Due to Benign prostatic hypertrophy removed July 1938.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benjamin M. Jaffe M.D.
Address 2128 E. Fayette Date signed Dec 26 39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64235

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

F 64235 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2044 Braddish Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2044 Braddish Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

1546

3 (a) FULL NAME William H.Davis,

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Rosa M.Davis,
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) December 16, 1873

8. AGE: Years 66 | Months - | Days 9 | If less than one day hr. min.

9. Birthplace Greenville S.C.,
(Town, county, and state)

10. Usual Occupation Retired Salesman
11. Industry or business

FATHER
12. Name Isaac Davis
13. Birthplace S.C.

MOTHER
14. Maiden Name Ellen Ariel.
15. Birthplace S.C.

16 (a) Informant Mrs Rosa M.Davis,
(b) Address 2044 Braddish Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof DEC 27 1939 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City

18 (a) Funeral director Geo W. Little
(b) Address 2700 Edmondson Ave.

19 (a) (b) Washington Wilt (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC 25 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 - 39 19 to Dec 25 19 39.
and that I last saw h alive on Dec 25 19 39.

Immediate cause of death: Cerebral thrombosis — Duration 1 hr.
Due to arterio - sclerosis
Due to Hypertension
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Fred T. Lyons M. D.
Address 3321 Fredk Ave Date signed 12/26/39

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 3

F 64236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F

Registered No. F 64236

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: So Balto. Genl Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 1260 Battery Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret May Philburn

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-0875

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F. M	W.	Divorced

6 (b) Name of husband or wife John
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Dec 18 1879

8. AGE: Years	Months	Days	If less than one day
60	-	6	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Matron, Nat'l Biscuit Co
11. Industry or business

FATHER
12. Name William E Summers
13. Birthplace Crisfield Md

MOTHER
14. Maiden Name Mary King
15. Birthplace Baltimore

16 (a) Informant Mrs. Albert Philburn
(b) Address 1602 Henry St

17 (a) Burial (b) Date thereof Dec 28 1939
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location 2930 Frederick Ave

18 (a) Funeral director William M Marack
(b) Address 715 Light St

19 (a) DEC 27 1939 (b) Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24, 1939, at 2:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 28, 1939, to Dec. 24 1939, and that I last saw h.. alive on Dec. 24, 1939.

Immediate cause of death: Carcinoma of head of Pancreas
Due to: Jaundice metastases
Due to:
Other Conditions: Chronic cholecystitis & lithiasis, hypertension, arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Calculus in Gall Bladder
Carcinoma of Pancreas & metastases
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature I. Bernstein M. D.
Address So Balto Genl Hosp Date signed 12-26-39

Except age is especially important. Physician please write as exactly as possible and fill every blank.

64237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107-N F 64237 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1814 Warwick Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1814 Warwick Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

63

3 (a) **FULL NAME** Baby Boy Hyle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 22nd 1939

8. AGE: Years	Months	Days	If less than one day
		5	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation ——
11. Industry or business ——

FATHER
12. Name Chas. Leroy Hyle
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Frances Wurz
15. Birthplace Balto. Md.

16 (a) Informant Frank Wurz
(b) Address 1814 Warwick ave

17 (a) Burial (b) Date thereof 12/27/39
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ St. Mary's
Location Hampden

18 (a) Funeral director Wilkins Cook
(b) Address 1217 St Paul st

19 (a) Dec 27 1939 (b) H. Williams M.D.
(Signature of physician)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27th 1939, at 1.45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 22nd 1939 to Dec 27th 1939, and that I last saw ~~him~~ alive on Dec 27th 1939.

Immediate cause of death Pneumonia — Duration 5 days

Due to — over

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Hulla M.D.
Address 1217 E. Fayette St. Date signed 12/27/39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 64238 Registered No.

Physicians: please write the causes of death clearly and legibly. Please write plainly, and be sure to give correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2238 E. Chase St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2238 E. Chase St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Noyes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed, or divorced~~
Female	White	Married

6 (b) Name of husband ~~or wife~~ Reuben Noyes
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Nov 9th 1853

8. AGE: Years	Months	Days	If less than one day
86	1	16	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Home wife
11. Industry or business At Home

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Gertrude Schaumburg
(b) Address 2236 E. Chase St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 12/28/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto
Location Balto Md

18 (a) Funeral director W. H. Cook
(b) Address 1217 St. Paul St

19 (a) Dec 27 1939 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25th 1939, at 5 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 22 1939. to Dec. 25 1939. and that I last saw her alive on Dec. 22 1939.

Immediate cause of death: Arteriosclerotic Cardio vascular Disease — Duration: 10 yrs [3]

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Kayl Hopman M. D.
Address 2127 N. Patterson Park Ave. Date signed 12/29/39

F 64239

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

34 c F 64239 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fremont Ave near Penn
(c) Hospital or institution:
St Peters Clara Church
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 824 Somerset St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JAMES WHITE

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Sarah White

6 (c) If alive, give age 26 years

7. Birth date of deceased (mo., day, yr.) March 16 1915

8. AGE: Years 24 Months 9 Days 6 If less than one day hr. min.

9. Birthplace Norfolk Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Daniel J White
13. Birthplace Va

MOTHER
14. Maiden Name Senia Brinkley
15. Birthplace Va

16 (a) Informant Sarah J. White
(b) Address 824 Somerset Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-1939 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem Park
Location Baltimore Co Maryland

18 (a) Funeral director Mrs Lottie Gross
(b) Address 1408 Ashland Ave

19 (a) Dec 27 1939 (Date received by registrar) (b) [illegible]

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH December 22 1939 at 10.0 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death Acute Dilatation (Dilatation)

Due to Coronary thrombosis with involvement of aortic

Duration

Due to Hypertrophy & Dilatation of heart

Other Conditions Myocardial fibrosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. F. Wollenweber M.D. Medical Examiner.

Date signed Dec 28, 1939

64240

Agnes Adams

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23

F 64240
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1426 Parrish St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

5

3 (a) FULL NAME (Adams) Agnes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 13, 1938

8. AGE: Years	Months	Days	If less than one day
1	7	11	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name John Henry Adams
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Esther Hanly
15. Birthplace St. Mary's County, Maryland

16 (a) Informant Father
(b) Address Above

17 (a) (Burial, cremation, or removal) (b) Date thereof Dec. 27, 1939 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 DEC 27 1939 Registrar Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24 1939, at 5:05 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 12 1939, to Dec. 24 1939, and that I last saw her alive on Dec. 24 1939.

Immediate cause of death: Meningitis — Duration: 25 days

Due to: Cause Unknown

Due to:

Other Conditions: Tuberculosis of Mediastinal Lymph Nodes — Duration: Unknown
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jacob L. Tighe M. D.
Address Sydenham Hospital Date signed 12-25-39

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 2

64241 John Wesley Jackson F 64241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 23

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifelong

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2142 Division Street
(If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jackson, John Wesley

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 31, 1899

8. AGE: Years	Months	Days	If less than one day
40	6	24	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name George Jackson
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Lizzie ?
15. Birthplace Baltimore, Md.

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 29 39 (month) (day) (year)
(c) Cemetery or crematory National Cemetery
Location Balto. Md.

18 (a) Funeral director Thos. E. Kelson
(b) Address 1303 Pennsylvania Ave. Huntington Williams, Md.

19 (a) Dec 29 1939 (Date received by Registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25, 1939, at 7:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 4, 1939, to Dec. 25, 1939, and that I last saw h alive on 19.

Immediate cause of death Pneumonic and miliary tuberculosis of lungs — Duration Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Pneumonic and miliary tuberculosis of lungs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. B. H. Anderson. M. D.
Address U. S. Marine Hospital, Baltimore, Md. Date signed 12-26-39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

64242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-a

F 64242 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3007 Woodhome Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3007 Woodhome Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

27 5

3 (a) FULL NAME Charles A. Schroeder

3 (b) If veteran, name war ----

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Elizabeth Schroeder
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 21/1857

8. AGE: Years	Months	Days	If less than one day
82	3	4	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business New York Paper Co.

FATHER
12. Name Henry Schroeder
13. Birthplace Germany

MOTHER
14. Maiden Name Johanna Schagermann
15. Birthplace Germany

16 (a) Informant Mrs. Emma Shockley
(b) Address 3007 Woodhome Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 28/39 (month) (day) (year)
(c) Cemetery or crematory Lorriane
Location Baltimore

18 (a) Funeral director Philip Henry Sloat
(b) Address 2016 Orleans St.

DEC 27 1939 (b) Huntington Williams M.D. Registrar
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 25 1939, at 1.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 10, 1939 to Dec. 25 1939 and that I last saw him alive on Dec. 24 1939.

Immediate cause of death Carcinoma of Oesophagus — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? No (Specify type of place) While at work?
(e) Means of injury

23. Signature Andrew L. Schroeder
Address 1579 Eastern Av. Date signed 12/26/39 M. D.

correct age is especially important. Physicians: please write the cause or death clearly and legibly.

64243

F 64243

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4439 Pall Mall Rd.
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) (?) 27

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4439 Pall Mall Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? (?) 27 years

3 (a) FULL NAME Morris Elliott

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Sophie

6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) 5/1

8. AGE: Years 46 | Months | Days | If less than one day: hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Junk Business

11. Industry or business

FATHER
12. Name Sidney Elliot
13. Birthplace Poland

MOTHER
14. Maiden Name Marian Elliot
15. Birthplace Poland

16 (a) Informant Wife
(b) Address

17 Burial (Burial, cremation, or removal) (b) Date thereof 12-27-39 (month) (day) (year)
(c) Cemetery or crematory Baltimore Circle
Location Mt. Carmel

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St

19 (a) (Signature of registrar) Huntington Williams (Registrar)

DEC 27 1939

VS-2

MEDICAL CERTIFICATION

20. DATE OF DEATH December 26, 1939, at 3:40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/14/1939, to 12/26/1939, and that I last saw him alive on 12/26/1939.

Immediate cause of death: Coronary Occlusion — Duration

Due to

Due to

Other Conditions: Pulmonary Edema + multiple infections

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. R. Shear M.D.
Address W. 23 D. H. Date signed 1/2/35

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

64244

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 128

Registration No. 64244

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Provident Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1852 Pennsylvania Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wilbert John Robinson Jr.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Sarah Robinson
6 (c) If alive, give age 7 years

7. Birth date of deceased (mo., day, yr.) February 11, 1899

8. AGE: Years	Months	Days	If less than one day
40	10	14	hr. min.

9. Birthplace Lancaster, Virginia
(Town, county, and State)

10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John Robinson
13. Birthplace Lancaster, Virginia

MOTHER
14. Maiden Name Alberta Reed
15. Birthplace Lancaster, Virginia

16 (a) Informant Alberta Robinson (Sister)
(b) Address 1318 Pennsylvania Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/39 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Westport

18 (a) Funeral director W. A. Brooks
(b) Address 1463 Carey St

19 (a) DEC 27 1939 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/26/39 at 3:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/13 1939 to 12/26 1939 and that I last saw him alive on 12/26 1939

Immediate cause of death: Acute Pancreatitis — Duration: 14 da.
Due to: Unknown
Due to:
Other Conditions Adhesions; Perforation of Duodenum
(Include pregnancy within 3 months of death)

Major findings:
Of operations Hard Mass Surrounding Stomach
Of autopsy Acid Mass at Pancreas

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Franklin Baltzan M. D.
Address 1514 Linden Ave Date signed 12/26/39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 64245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

F 64245 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Sign all

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1004 E. Eager St.
(c) Hospital or institution: At Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street and No. 1004 E. Eager St (If rural give location)
(e) If foreign born, how long in U. S. A.? 6 7 years

3 (a) FULL NAME John W. Schnuefer

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 220-07-8007

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Barbara Schnuefer

6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) May 25 1870

8. AGE: Years 69 | Months 7 | Days 0 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Stock Clerk Handgrd

11. Industry or business Greif Co. York Rd.

FATHER 12. Name John Schnuefer
13. Birthplace Germany

MOTHER 14. Maiden Name Kathrine Schnuefer
15. Birthplace Germany

16 (a) Informant Mrs Barbara Schnuefer
(b) Address 1004 E. Eager St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29 1939 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cemetery
Location Belair Road Morgan Ave

18 (a) Funeral director Elmer V. Coppline
(b) Address 924 E Eager St.

19 (a) Filed DEC 27 1939 (b) Registrar Hamilton Station Baltimore, Md.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1939, at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-21 1939 to 12-25 1939; and that I last saw him alive on 12-24 1939.

Immediate cause of death: Uraemia acute
Due to: Hypertension
Due to:
Other Conditions:

Duration: 4 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 710 Cathedral St Date signed 12-27-39

F 64246

HEALTH DEPARTMENT—CITY OF BALTIMORE

64246

CERTIFICATE OF DEATH

131

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 Pitcher St. 14-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Grear Johnson

If U.S. Veteran specify WAR

(a) Residence: No. 603 Pitcher St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Addie E. Johnson

6. DATE OF BIRTH (month, day, year) Feb 12 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	10 9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chiropodist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Walter Johnson

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Kathryn Deaver

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT (Mrs) addie E Johnson

(Address) 603 Pitcher St.

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Mem Park Date 12-27 19 39

19. UNDERTAKER Wm. Geo. H. Holland

(Address) 1631 Druid Hill Ave

20. FILED 19

DEC 27 1939

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1939 to Dec 23 1939

I last saw him alive on Dec 23 1939. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	Nov 1939
Renal-Cardiac Disease	
Other contributory causes of importance: Syphilitic	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jas. S. Juliano M. D.

(Address) 434 E 23 St.

F 64247 51243 - RB

BALTIMORE CITY HEALTH DEPARTMENT 44-D Registered E-64247

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1337 Myrtle Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Epps

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife Garfield
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? ?

8. AGE: Years	Months	Days	If less than one day
55 ?	?	?	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business Mrs. Rawls, Cannonberry Rd.

FATHER
12. Name Danbridge Wiggins (dead)
13. Birthplace Virginia

MOTHER
14. Maiden Name Sarah Brumley (dead)
15. Birthplace Virginia

16 (a) Informant Records
(b) Address Balto. City Hosp.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-39 (months) (day) (year)
(c) Cemetery or crematory Mt. Lebanon Cem. Co.
Location Northumberland Co. Va.

18 (a) Funeral director Mrs. Lee H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 27 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-25- 1939, at 8:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-23-1939 to 12-25-1939 and that I last saw h-r alive on 12-25-1939

Immediate cause of death Pulmonia — Duration 8 Days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy small miliary abscesses

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Milton Rubenstein M. D.
Address Balto City Hosp. Date signed 12-26-39

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

64248 HEALTH DEPARTMENT—CITY OF BALTIMORE F 64248

CERTIFICATE OF DEATH

1. PLACE OF DEATH Plymouth Hall Apt - 2A 94-B

CITY OF BALTIMORE: (No. 1701 Madison Ave St., 14th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nannie B. Hicks

If U. S. Veteran specify WAR

(a) Residence: No. 1701 Madison Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Separated

5a. If married, widowed, or divorced (or) WIFE of Campbell Hicks

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bowling Green Va

FATHER

13. NAME Henry Bailey

14. BIRTHPLACE (city or town) (State or country) Bowling Green Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Bowling Green, Va.

17. INFORMANT Leadys Spriggs

(Address) 1701 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Arbutus Mem. Park 12-28 1939

19. UNDERTAKER Mrs Geo. H. Holland

(Address) 1691 Druid Hill Ave

20. FILED , 19

DEC 27 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-25-1939

22. I HEREBY CERTIFY, That I attended deceased from 11-2 1939 to 12-25 1939

I last saw her alive on 12-25 1939 Death is said to have occurred on the date stated above, at 6.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary sclerosis	
Pulmonary Edema	

Other contributory causes of importance: Arteriosclerosis

Hypertension, Nephritis

Secondary Anemia

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) Geo. H. Pendleton M. D.

(Address) 1691 Druid Hill Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

64249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64249

Registered No. 1754

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 201 S Bentalou St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ? years

3 (a) FULL NAME MRS. ANNA FUNKE

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-1809

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife William A Funk

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10 - 1903 June 10 - 1903

8. AGE: Years	Months	Days	If less than one day
36	1	16 15	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER — 12. Name George Koering
13. Birthplace Germany

MOTHER — 14. Maiden Name Johanna Koenig
15. Birthplace Germany

16 (a) Informant Mr. William A Funk
(b) Address 201 S. Bentalou St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 28-1939 (month) (day) (year)
(c) Cemetery or crematory Oaklawn
Location Maryland

18 (a) Funeral director George E. Ephraim
(b) Address 2101 Frederick Ave.

19 (a) Date received DEC 27 1939 (b) Clinton Williams Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH December 25th 1939, at 10.00 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said autopsy find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death Bronchopneumonia with focal abscesses, bilateral
Due to Endometritis, acute
Due to
Other Conditions Sepsis, general

(Include pregnancy within 3 months of death)
findings:
perations
Of autopsy as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Wallenmeyer M.D.
(Medical Examiner.)
Date signed Dec 26th, 1939

PLEASE WRITE PLAINLY. Fill in all blanks with typewriter or pen and ink. Be sure to give correct age in each case, especially important. Physicians: please write the causes of death clearly and legibly.

F 64250

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131

Registered No. E 64250

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1351 Hull
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1951 Hull St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rose W. Haly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: John J. Haly
6 (c) If alive, give age: 62 years
7. Birth date of deceased (mo., day, yr.): May 6. 1880
8. AGE: Years: 59 Months: 7 Days: 20 If less than one day: hr. min.
9. Birthplace: Balto, md (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business:

FATHER
12. Name: James Brown
13. Birthplace: Balto. md

MOTHER
14. Maiden Name: Mary Phyllis
15. Birthplace: Balto. Md.

16 (a) Informant: Mrs John J Haly
(b) Address: 1951 Hull St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 29/39 (month) (day) (year)
(c) Cemetery or crematory: Cathedral Bom
Location: Fremont Rd.

18 (a) Funeral director: Margaret G. Hynes
(b) Address: 1422 Light St.

DEC 27 1939 (Date rec'd by registrar) (b) Clinton Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26 1939, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1936 to Dec 26 1939. and that I last saw her alive on Dec 26 1939.

Immediate cause of death: Cardio-Vascular Renal Disease — Duration: 3 yrs
Due to:
Due to: Cardiac Failure
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: W. Messina M.D. M. D.
Address: 1403 S. Charles St Date signed: 12/28/39

VS 3

64251

OK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 137

F 64251

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 417 S. Caroline St.
(If rural give location)

3

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Jones

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Lattie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 5, 1881

8. AGE: Years	Months	Days	If less than one day
58	4,	18	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Andrew Jones

13. Birthplace Va.

MOTHER 14. Maiden Name Mary Vaughn

15. Birthplace Va.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-39 (month) (day) (year)

(c) Cemetery or crematory Mt Calvery

Location Brooklawn

18 (a) Funeral director E D Wilson

(b) Address 1000 Brantley Huntington Williams, M.D.

19 (a) (Date received by Registrar) (b) Registrar

DEC 27 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-23 1939, at 3A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-7 1939, to 12-23 1939, and that I last saw h/ alive on 12-22 1939.

Immediate cause of death	Duration
Cardiac decompensation	few months
Due to Myocardial insufficiency	?
Due to Benign prostatic hypertrophy with Urinary retention	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Benign prostatic hypertrophy

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. Kirkwood Jr. M. D.

Address Baltimore City Hosp. Date signed 12-23-39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AACo. 5-11 2000

F 64252 HEALTH DEPARTMENT—CITY OF BALTIMORE F 64252

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH 950 N. Chapel St.

CITY OF BALTIMORE: (No. 950 N. Chapel St., 7- Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lorenzo Mc Trogdon

(a) Residence: No. 950 N Chapel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	A A	Baby

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Baby

6. DATE OF BIRTH (month, day, year) Sept 9, 1839

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baby

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) 950 N. Chapel St Baltimore Md

FATHER

13. NAME Arranza Trogdon

14. BIRTHPLACE (city or town) (State or country) Leaksville N.C.

MOTHER

15. MAIDEN NAME Mavis Gosking

16. BIRTHPLACE (city or town) (State or country) Stafford Co Va.

17. INFORMANT Arranza Trogdon (Address) 950 N. Chapel St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date Dec 27 1939

19. UNDERTAKER Raynes Saunders (Address) 1302 E. Preston St

DEC 27 1939

20. FILED ..... 19 ..... Livingston Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1939 to Dec 24, 1939

I last saw h.. alive on Dec 21, 1939, death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	Dec 24
Constipation	Dec 22
Toxemia	

Other contributory causes of importance: .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. J. Phifer M. Dr.

(Address) 1422 E. Chase St

Information should be carefully supplied. AUTHORITY TO BURY cannot be issued EXACTLY. PHRASING must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 64253

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 ✓ F 64253 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 730 Grantley St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 11 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 730 Grantley St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma M. Veasel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Late George W. Veasel 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7, 1858.

8. AGE: Years 81 | Months 7 | Days 17 | If less than one day hr. min.

9. Birthplace Illinois (Town, county, and state)

10. Usual Occupation H.W. 037

11. Industry or business Own Home

FATHER
12. Name John Stahl
13. Birthplace Unknown

MOTHER
14. Maiden Name Emma Mallory
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Edward G. Long (Daughter)
(b) Address 730 Grantley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/39. (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Road

18 (a) Funeral director Harry H. Lutzke
(b) Address 4101 Edmondson Ave.

19 (a) (Space reserved for registrar) (b) Registrar

DEC 27 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24th 1939 at 7.40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 16th 1939 to Dec 24 1939 and that I last saw h alive on Dec 24 1939.

Immediate cause of death	Duration
Acute Cardiac Failure	1 day
Due to Arteriosclerosis	3 years
Due to Chronic Nephritis	4 years
Other Conditions Senility	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. E. Poulton M. D.
Address 3909 Gauron Blvd Date signed 12/26/39

I certify that to the best of my knowledge and belief the above is a true and correct statement. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

F 64254

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. F 64254

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N J (b) County
(c) City or town E. ORANGE (If outside city or town limits, write RURAL and give town)
(d) Street No. 48 N Walnut (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Helen O'Neill

3 (b) If veteran, name war

3 (c) Social Security Account No. 135-07-5723

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-17-08

8. AGE: Years 31 | Months | Days 9 | If less than one day: hr. min.

9. Birthplace Fla. (Town, county, and state)

10. Usual Occupation Secretary

11. Industry or business

FATHER
12. Name John J. O'Neill
13. Birthplace Maine

MOTHER
14. Maiden Name Agnes Jennings
15. Birthplace Mass

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29-39 (month) (day) (year)
(c) Cemetery or crematory Palmetto
Location Palmetto Florida

18 (a) Funeral director Frank V. Pikestone
(b) Address 281 E Balto St

19 DEC 27 1939 (Date rec'd by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 1939, at 402 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 24 1939, to Dec 26 1939, and that I last saw her alive on Dec 26 1939.

Immediate cause of death: Lobar pneumonia — Duration: 3 days

Due to

Due to

Other Conditions: mitral stenosis & heart failure — Duration: ? years
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy: Confirmed above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney Mayer, M. D.
Address Baltimore Md. Date signed 12/26/39

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Be sure that the correct age is especially important.

64255

Benner

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93c F 64255

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 132 E. Clement St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town P.O. Pasadena
(If outside city or town limits, write RURAL and give town)
Street No. 2463 Rock View Beach
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thaddeus S. Bennett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Lena Bennett

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 16 1868

8. AGE: Years	Months	Days	If less than one day
71		9	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Elevator Employee
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Johns Dictionar
(b) Address 132 E. Clement

17 (a) Burial (b) Date thereof 12/28/39
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Road

18 (a) Funeral director H. M. Cauley
(b) Address 130 E. Fort Ave.

19 (a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1939 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1939 to Dec. 25 1939 and that I last saw him alive on Dec. 24 1939.

Immediate cause of death Chronic myocarditis

Duration: indefinite

Due to

Due to

Other Conditions Hypostatic pneumonia

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. A. Brent, M.D.
Address Pasadena Date signed 12-27-39

VS 3

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Cause, age is especially important.

F 64256

Elmer Todd Wiles

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B F 64256 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenway & Fritz Dell, Independence
(c) Hospital or institution: Belvedere Hospital Belvedere & Belvedere aves.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5611 Winner Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elmer Todd Wiles

3 (b) If veteran, name war: Spanish American
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace Howard Co. (Town, county, and state)
10. Usual Occupation Watchman Crossing B&O
11. Industry or business B & O R.R.

FATHER
12. Name Levi Wiles
13. Birthplace Frederick Co.

MOTHER
14. Maiden Name Emma King
15. Birthplace Frederick Co.

16 (a) Informant Mrs. Dore Howard
(b) Address 5611 Winner Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Lazarus Bros.
(b) Address 5005 Belvedere Ave.

19 (a) (Date received by local registrar) DEC 27 1939 Returning to Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-25- 1939, at 10.35 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Artery Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Andersen M.D. Medical Examiner
Date signed 12-26-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Any false statement, omission or concealment of facts called for in this certificate is punishable by law. Physicians: please write the causes of death clearly and legibly. Be sure to give the correct age in every case. Information as to cause of death is especially important.

F 64257

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48

F 64257

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4110 Oakford Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4110 Oakford Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Florence A. Hoffmeyer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fem.

5. Color or race White

6 (a) Single, married, widowed, or divorced Married.

6 (b) Name of husband or wife Harry H. Hoffmeyer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25 1889

8. AGE: Years 50 Months 6 Days 1 If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Christopher Schubert

13. Birthplace Fredk Md.

MOTHER 14. Maiden Name Isabelle Troyer

15. Birthplace Balto. Md.

16 (a) Informant Mr. Harry H. Hoffmeyer

(b) Address 4110 Oakford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29-39 (month) (day) (year)

(c) Cemetery or crematory Londontark

Location Baltimore Md

18 (a) Funeral director Wm. Wetzel & Son

(b) Address North & Pa

(c) Address Huntington Williams Md.

DEC 27 1939

(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26 1939 at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1938 to Dec 26 1939. and that I last saw h alive on Dec 26 1939.

Immediate cause of death	Duration
Exhaustion	
& Toxaemia	
Due to Carcinoma of	
Uterus with	
metastases	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Suprapubic Carcinoma

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)

(e) Means of injury —

23. Signature Clara Schenck M. D.

Address 4706 Harford Rd Date signed 12-27-39

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64258

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 64258 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 619 Parkwyrth Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 619 Parkwyrth (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillian M. Weihrauch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or ~~wife~~ William C. Weihrauch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 27, 1886

8. AGE: Years	Months	Days	If less than one day
53	10	29	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Philip Vogelsang
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Martha E. Griffith
15. Birthplace

16 (a) Informant Mr. William C. Weihrauch
(b) Address 619 Parkwyrth Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/39 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Baltimore County, Md.

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Penna. Aves.

19 (a) (Date rec'd by registrar) DEC 27 1939 (b) Hunting for Millard Bell M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 26, 1939, at 5:30A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 29 1939, to Dec 26 1939, and that I last saw h~~er~~ alive on Dec 26 1939.

Immediate cause of death: Cardiac Asthenia. — Duration: 2da

Due to Cancerous of Breast Bilateral -

Due to Metastasis to Lungs & Scalp-muscle - Cerebral

Other Conditions Metastasis.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. M. Woodward M. D.
Address 806 W Fulton Av Date signed Dec 27/39

64259

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131 ✓ Registered No. F 64259

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1601 Sefton St
(c) Hospital or institution: Mercy Park

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1601 Sefton St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary Mason

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	married

6 (b) Name of husband or wife Thomas B
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov 13 1856

8. AGE: Years	Months	Days	If less than one day
83		25	hr. ..... min.

9. Birthplace Carroll county (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER — 12. Name	George Stone
FATHER — 13. Birthplace	Carroll county
MOTHER — 14. Maiden Name	Minerva Stone
MOTHER — 15. Birthplace	Carroll county

16 (a) Informant Elzbth Yaste
(b) Address 1601 Sefton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29 1939 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location 2930 Frederick Ave
18 (a) Funeral director Edward Poulson
(b) Address 2359 Washington Blvd

DEC 27 1939 (Date filed by Registrar) (Signature of Registrar) Wm. Tyler Phillips, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 1939, at 11:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1938 to Dec 26 1939 and that I last saw ... alive on Dec 23 1939.

Immediate cause of death	Duration
Cardiovascular renal disease	2 yrs
Due to Uremia	14 hr
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lee McKeefer, M. D.
Address 1710 Mass Ave Dec 26 1939

64260

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 64260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 720 South Hanover St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME JOHN STEWART

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/23/1938

8. AGE: Years	Months	Days	If less than one day
1	1	2	hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Stewart
13. Birthplace Balto.

MOTHER
14. Maiden Name Beatrice Bready
15. Birthplace Virginia

16 (a) Informant Joseph Stewart
(b) Address 722 S. Hanover St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 12/28/39 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Balto.

18 (a) Funeral director Walter B. Spriggs
(b) Address 139 W. Hamburg St.

19 (a) (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

DEC 27 1939
VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH December 25 1939, at 11:40 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Pneumonia, lobar bilateral

Due to: Pleurisy, chronic

Due to: suppurative, bilateral

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H. Wallenmeyer M.D. Medical Examiner.

Date signed Dec 27th 1939

F 64261

51158 - RB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64261 Registered No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 417 N. Carey St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katie Jenkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Widowed

6 (b) Name of husband or wife Alfred (dead)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? ?

8. AGE: Years	Months	Days	If less than one day
52 ?	?	?	hr. min.

9. Birthplace N. C. (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Jack Robins (dead)
13. Birthplace N. C.

MOTHER
14. Maiden Name ? ?
15. Birthplace N. C.

16 (a) Informant Records
(b) Address Balto. City Hosp.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 28-39 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Balto Md

18 (a) Funeral director Robert Whelan
(b) Address 1515 McElderry St

19 (a) Date received 1939 (b) Registrar Huntington Williams M.D.

FC 24

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-24-1939, at 11:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-20-1939 to 12-24-1939 and that I last saw h.. alive on 12-24-1939.

Immediate cause of death	Duration
Uraemia	?
Due to Arteriolar nephrosclerosis	?
Hypertensive CVD	?
Due to Gen arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 12-24-39

64262 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 64262

CERTIFICATE OF DEATH

93 F 216-10-3281

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1215 S Decker ave Ward) 1-1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 59 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME John F. Makowski

(a) Residence: No. 1215 S Decker ave Ward.
(Usual place of abode) Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Makowski

6. DATE OF BIRTH (month, day, year) 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor

10. Date deceased last worked at this occupation (month and year) 40

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Michael Makowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Duszynska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Rose Makowski
(Address) 1215 S Decker ave

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date 12/28 1939

19. UNDERTAKER John J Duda
(Address) 2826 Hudson St

20. FILED DEC 27 1939 Registrar. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1939 to Dec 25, 1939

I last saw him alive on Dec 25, 1939. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular Disease	
Chr. Myocarditis	1921
Myocardial Infarction	12-21-39

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Natural Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E A Schimunek, M. D.

(Address) 812 S Eaton Ave

Information should be carefully supplied. Age should be given in years, months, days, hours, or minutes. If unknown, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 64263

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-B Registered No. F 64263

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 945 Hollins St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 945 Hollins St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John T. Cummings

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Sallie E. Cummings
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) July 18, 1865

8. AGE: Years	Months	Days	If less than one day: hr.	min.
74	5	7		

9. Birthplace Baltimore, Md. (Town, county and state)
10. Usual Occupation Barber, master
11. Industry or business Brick.

FATHER
12. Name Matthew Cummings
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Kinsler
15. Birthplace Ireland.

16 (a) Informant Mrs Sallie E. Cummings
(b) Address 945 Hollins Street.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/1939 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.

18 (a) Funeral director John Corcoran & Son
(b) Address 901 Hollins Street.

19 (a) DEC 28 1939 (Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25th 1939, at 12 Noon M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1937 to Dec 25 1939.
and that I last saw him alive on Dec 25 1939.

Immediate cause of death Coronary Thrombosis — Duration 24 hrs
Due to Arteriosclerosis.
Due to
Other Conditions Senile dementia — 5 yrs
(Include pregnancy within 3 months of death)

Major findings of operations None
Of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Damian P. Alagia M. D.
Address 3326 Fairmount Ave Date signed 12/29/39

VS 3

F 64264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186 aF 64264 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Welkens Ave & Gator Ave.
(c) Hospital or institution: St agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Rosemont. (If outside city or town limits, write RURAL and give town)
(d) Street No. Tennessee & Baltimore Pk (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME PATRICK J. FOLEY

3 (b) If veteran, name war	3 (c) Social Security Account No. 213-03-7464

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married.

6 (b) Name of husband or wife Catherine M. Foley
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Unknown 1882

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace Ireland (City or town, county, and state)
Later London
10. Usual Occupation Boiler maker
11. Industry or business Balt Drydock Co.

FATHER
12. Name Thomas J. Foley
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace Ireland

16 (a) Informant Mrs Catherine M. Foley
(b) Address Tennessee Ave Rosemont. Md.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 12/29/1939 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk Cem
Location 3800 Frederick Ave
18 (a) Funeral director John J Cowan & Son
(b) Address 901 W Fillmore St.

DEC 27 1939 (Date rec'd by registrar) (b) Hunting H. Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 26 1939, at 6 30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death	Duration
Contusions scalp & cerebral shock, traumatic	
Due to Bronchopneumonia, terminal	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec 24th, 1939
(c) Where did injury occur? Annapolis Rd - 1000 ft from county line (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public Place (Specify type of place) While at work? No
(e) Means of injury Fell on ice

23. Signature H L Wallenweber M.D. Medical Examiner.
Date signed Dec 27, 1939

VS 6

64265 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 64265

CERTIFICATE OF DEATH 93-C

1. PLACE OF DEATH — Registered No. _____

CITY OF BALTIMORE: (No. 100 East 23d St. 12-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Mrs. Mary T Lynch — If U. S. Veteran specify WAR _____

(a) Residence: No. 2448 Maryland Avenue St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Daniel E. Lynch

6. DATE OF BIRTH (month, day, year) ---------- 67

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
About 70	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady 067

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hutzler Bros.

10. Date deceased last worked at this occupation (month and year) _____ | 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Harford County Maryland

FATHER

13. NAME John C. Shanhan

14. BIRTHPLACE (city or town) (State or country) ------- Ireland

MOTHER

15. MAIDEN NAME Mary Burke

16. BIRTHPLACE (city or town) (State or country) -------- Ireland

17. INFORMANT Miss Joanna A. Shanahan
(Address) 2448 Maryland Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 12/28 39

19. UNDERTAKER H W Meyers & Son
(Address) 805 N Calvert St

20. FILED _____ 19__ _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-26- 1939

22. I HEREBY CERTIFY, That I attended deceased from October 10, 1939 to December 26, 1939.

I last saw h__ alive on December 26, 1939. Death is said to have occurred on the date stated above, at 1:10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12th/39
Other contributory causes of importance: Chronic Myocarditis	unknown

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) George M. Suter M. D.
(Address) 1000 E 23d St. Balto, Md.

DEC 27 1939

No. 25 [illegible] information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

64266 F

CERTIFICATE OF DEATH.

46-B F 64266

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 234 S. Oldham St. 26-7 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Fox (Fuksz)

(a) RESIDENCE NO. 234 S. Oldham ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Theresa Fox

6 DATE OF BIRTH (month, day, and year) Feb 2, 1864

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	10	7 23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria Hungary

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs. Kocz (Address) 234 S. Oldham St

15 Filed DEC 27 1939, 19 Humbird for Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/25/39

17

I HEREBY CERTIFY, That I attended deceased from Sept. 19 39, to Dec. 25th 19 39

that I last saw him alive on Dec. 24th 19 39

and that death occurred, on the date stated above, at 8:50 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

Metastatic carcinoma lungs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) severe anemia.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray.

(Signed) H. E. Welsh M. D.

19 (Address) 1314 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — DATE OF BURIAL 12/28 1939

20 UNDERTAKER D. D. Swingler — ADDRESS 21 W 23 St N.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

64267

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160 — Registered No. F 64267

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or days~~) 1
(e) Length of stay in Baltimore (~~yrs., mos., or days~~) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 31 Birckhead St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph W. Johnson JR.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 26, 1939

8. AGE: Years	Months	Days	If less than one day
		5	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation Infant.

11. Industry or business

FATHER — 12. Name Joseph W. Johnson SR.
13. Birthplace Maryland

MOTHER — 14. Maiden Name Margaret Stephanie
15. Birthplace Balto Md.

16 (a) Informant Joseph W Johnson SR
(b) Address 31 E. Birckhead St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29/1939 (month) (day) (year)

(c) Cemetery or crematory Bedgood
Location Q.A. Co Md

18 (a) Funeral director C. Edward Evans
(b) Address 1400-2 N Eutaw St

19 DEC 27 1939 (b) Huntington Williams M.D. (Registered by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26 1939 at 10:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/26 1939 to 12/26 1939 and that I last saw him alive on 12/26 1939.

Immediate cause of death: Intracranial hemorrhage — Duration: 5 days

Due to: Spontaneous

Due to: convulsions with coma

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations Spinal puncture Xanthochromic & bloody
Of autopsy spinal fluid

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard M. Cooper M. D.
Address Mercy Hospital Date signed Dec. 26, 1939

VS 1

F 64268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107-W

Registered No. F 64268

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1420 Hanover St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) ~~Street~~ 1420 Hanover.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Frederick W. Duckeck Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug 27, 1939

8. AGE: Years	Months	Days	If less than one day
	3	29	..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Frederick W. Duckeck Sr.
13. Birthplace 1420 Hanover St

MOTHER 14. Maiden Name Emma K. Crispens
15. Birthplace Balto. Md

16 (a) Informant Frederick W. Duckeck
(b) Address 1420 Hanover St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29/1939 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. G. 62

18 (a) Funeral director A. Howard Evans
(b) Address 1400-02 Pennsylvania Ave

19 DEC 27 1939 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 1939 at 6 1/2 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 22 1939 to Dec 26 1939 and that I last saw her alive on Dec 26 1939.

Immediate cause of death	Duration
Bronchial Pneumonia	4 Day
Due to	
Due to	
Other Conditions Convulsions	1 Hr.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. E. Campbell M. D.
Address 1644 Hanover Date signed 12/27/39

VS 8

64269

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-64269 Registered No. 64269

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 310 W. Lanvale Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ----
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1617 Bolton Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma J. Rhodes

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1866

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Robert Rhodes
13. Birthplace Md.

MOTHER
14. Maiden Name Mary C. Rhodes
15. Birthplace Md.

16 (a) Informant Thomas H. Carrick
(b) Address 511 Rose Hill Terrace, Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 28, 1939 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Eastern and North Avenue

18 (a) Funeral director Gilbert D. Mitchell Undertaking Co.
(b) Address 1900 Eutaw Place, Baltimore

19 (a) DEC 27 1939 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-26 1939, at 6.00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1930 -39, to 12-26 1939, and that I last saw her alive on 12-23 1939.

Immediate cause of death	Duration
CEREBRAL HEMORRHAGE	A few Hours
Due to CEREBRAL ARTERIOSCLEROSIS	5+ Yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John L. Dorsey M. D.
Address 1129 St. Paul St. Date signed 12-27-39

VS 2

64270

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64270 Registered No. 95-D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2310 W. Lanvale Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ----
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2310 W. Lanvale Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lewis A. Godfrey

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife Mary A Whaley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4, 1865

8. AGE: Years 74 | Months 9 | Days 23 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER
12. Name Johnson Godfrey
13. Birthplace Ireland

MOTHER
14. Maiden Name Fannie Gibbs
15. Birthplace Ireland

16 (a) Informant Fannie I. Shelley
(b) Address 2310 W. Lanvale Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/39 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director John O. Mitchell & Sons Inc.
(b) Address 1900 Eutaw Place, Balto. Md.

19 (a) DEC 27 1939 (Date rec'd by registrar) (b) Huntington Nottingham Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1939, at 9 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 18 1939, to Dec 27 1939, and that I last saw him alive on Dec 27 1939.

	Duration
Immediate cause of death: Intermediate Heart Disease	?
Due to Generalized Arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert J. Shubert M. D.
M. D.
Address 2302 Edmondson Ave. Date signed

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

64271

CERTIFICATE OF DEATH

134 F 64271

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womans Hospital St. [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Eliza Hitt Hart

If U. S. Veteran specify WAR

(a) Residence: No. 10 East Mount Royal Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William C Hart

6. DATE OF BIRTH (month, day, year) Aug 14 - 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65 yrs	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Lewis Le. Yates Jr

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lucretia Jones

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT William C. Hart

(Address) St Paul & Eager to H.

18. [redacted], CREMATION, [redacted]

Place Loudon Park Date Dec 28 1939

19. UNDERTAKER John O Mitchell Sons

(Address) 1900 Eutaw Place

20. FILED DEC 27 1939 Hunting for Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/26/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/19/39, 19 to 12/26/39, 19

I last saw h[illegible] alive on 12/26, 19 39. Death is said to have occurred on the date stated above, at 5:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute pyelonephritis, left renal calculus, left	12/19/39

Other contributory causes of importance:

acute cerebral embolism

Was an operation performed? [redacted] Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

M.D. (Signed) Richard W Worthington

(Address) Womans Hospital

V9 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 64272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94B Registered No. F 64272

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3408 Windsor Avenue
(c) Hospital or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED: ---
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3408 Windsor Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME MINNIE LAAKE REITER

3 (b) If veteran, name war ***
3 (c) Social Security Account No. ***

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife Adam N. Reiter
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Mar. 11, 1876
8. AGE: Years 63 Months 9 Days 15 If less than one day hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Herman B. Laake
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Barbara Steindle
15. Birthplace Germany

16 (a) Informant Miss Hilda Reiter
(b) Address 3408 Windsor Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec.29/39 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. E. Sauerhammer
(b) Address 118 W. Pratt Street

19 DEC 27 1939 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 4 1939 to Dec 26 1939 and that I last saw her alive on Dec 23 1939.

Immediate cause of death: Coronary Sclerosis — Duration 2 y

Due to:

Due to:

Other Conditions: Bronchopneumonia — 7 d.

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm L. Lee, Jr. M. D.
Address 2211 Eutaw Pl Date signed Dec. 27, 1939

VS 3

372/32
64273

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

11-2 Registered No. F 64273

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland D.C
(b) Street address ~~[illegible]~~
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W.D.C (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 516 Rudgate Court (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Melvin Cross

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Margaret Cross
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 6-22-09
8. AGE: Years 30 | Months 6 | Days 4 | If less than one day hr. min.
9. Birthplace W.D.C (Town, county and state)
10. Usual Occupation Truck Driver 0023
11. Industry or business

FATHER
12. Name Henry Cross
13. Birthplace W.D.C

MOTHER
14. Maiden Name Maddie Gorham
15. Birthplace W.D.C

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 30-1939 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem
Location Washington D C
18 (a) Funeral director Robert E. Williams
(b) Address 1515 McElderry St
19 (a) (b)

DEC 27 1939 Huntington William Reg. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 1939, at 5:20 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 11-28 1939, to 12-26 1939, and that I last saw him alive on Dec 26 1939

Immediate cause of death: PULMONARY EMBOLISM — Duration 30 min

Antecedent causes: AFTER 2nd STAGE OF BILATERAL PULMONARY RESECTION

Due to: BRONCHIAL ASTHMA

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy PULMONARY EMBOLISM

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas H. Ravdin M.D.
Address J.H.H. Date signed 12-27-39

F 64274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

Registered No. F 64274

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3403 Lake Montebello Drive
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 3403 Lake Montebello Drive (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fannie Davis.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife John W. Davis.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 2. 1871

8. AGE: Years 68 | Months 2 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state or foreign country)

10. Usual Occupation Home Duties 037
11. Industry or business

FATHER 12. Name Unknown.
13. Birthplace Gettysburg Pa

MOTHER 14. Maiden Name Unknown
15. Birthplace Virginia

16 (a) Informant Miss Gertrude Davis
(b) Address 3403 Lake Montebello Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 28/39 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Baltimore Maryland

18 (a) Funeral director Manuel Cook & Byer
(b) Address 1660 W. Baltimore Street

19 (a) DEC 27 1939 (Date rec'd by registrar) (b) Hunter Stockton Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25 1939, at 2:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 21 1939, to Dec 25 1939, and that I last saw h[illegible] alive on Dec 25 1939.

Immediate cause of death: Cerebral Hemorrhage — Duration 1 hr
Due to: —
Due to: Cerebral Nephritis — Duration 1 yr
Other Conditions: —
(Include pregnancy within 3 months of death)
Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward Mendenhall

Address Date signed 12/27/39

64275

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. 64275

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 912 N. Patterson Pk Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-3
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State ____ (b) County ____
(c) City or town ____ (If outside city or town limits, write RURAL and give township)
(d) Street No. 912 N. Pat Pk. Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Martha W. Bittorf

3 (b) If veteran, name war ____

3 (c) Social Security Account No. ____

4. Sex F | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband ex-wife Otto Bittorf

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 29 1870

8. AGE: Years 69 | Months 6 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace Freeland Balto County (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business 0037

FATHER
12. Name Franklin Measley
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Not Known
15. Birthplace " "

16 (a) Informant Wm. Bittorf
(b) Address 912 N. Patterson Pk Ave.

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof 12/29/39 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Edmondson Ave.

18 (a) Funeral director Geo. H. Leimbach
(b) Address 425 N. Eutaw St.

19 (Date received) DEC 27 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 26 1939, at 10:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 16 1939, to Dec 26 1939, and that I last saw her alive on Dec 26 1939.

Immediate cause of death
Hypostatic Pneumonia
Chronic Myocarditis
Due to Arteriosclerosis
Hypertension
Due to ____
Other Conditions ____
(Include pregnancy within 3 months of death)

Duration 3 days

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury ____

23. Signature Michael J. Dausch M. D.
Address 2530 E. Baltimore St. Date signed 12-28-39

VS 2

F 64276

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 173

F 64276 Registered No.

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital (dead on arrival) by Dr. Talbott or hospital staff.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 406 North Fremont Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wellington Briggs

3 (b) If veteran, name war

3 (c) Social Security Account No. 218032498

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	colored	Married

6 (b) Name of husband or wife Harriet

6 (c) If alive, give age 26 years

7. Birth date of deceased (mo., day, yr.) 9-20-09

8. AGE: Years	Months	Days	If less than one day
30	3	5	hr. min.

9. Birthplace Florence, S.C. (Town, county, and state)

10. Usual Occupation Dietian 0086

11. Industry or business

FATHER
12. Name Joseph Briggs
13. Birthplace Florence, South Carolinia

MOTHER
14. Maiden Name Rachel Brockner
15. Birthplace Florence, S.C.

16 (a) Informant Harriet Briggs (Wife)
(b) Address 514 Brune St. Balto. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-39 (month) (day) (year)
(c) Cemetery or crematory Florence S. C.
Location S. C.

18 (a) Funeral director Chas H. Grove Sons
(b) Address 514 N. Calhoun St.

19 (a) Date received DEC 28 1939 (b) Filed (c) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 25, 1939 at 4:10 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Gun shot of heart and lungs.	
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 12-25-39
(c) Where did injury occur? 514 Fremont City (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Outdoor Premises While at work? No (Specify type of place)
(e) Means of injury Gun shot - accidental

23. Signature Howard J. Madison M.D.
City Medical Examiner.
Date signed 12-26-39

VS 6

F 64277

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1248

Registered No. F 64277

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 761 W. Lexington St
(c) Hospital or Institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-26
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 761 W Lexington
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ignatius Lethauskas

3 (b) If veteran, name war —
3 (c) Social Security Account No. 215-03-5632

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace Lith. (Town, county, and state) 008 0
10. Usual Occupation Tailor
11. Industry or business Tailor Shop

FATHER
12. Name Ignatius Lethauskas
13. Birthplace Lith

MOTHER
14. Maiden Name Rose Pausitis
15. Birthplace Lith

16 (a) Informant Martha Zitkus
(b) Address 761 W Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 30-39 (month) (day) (year)
(c) Cemetery or crematory ~~St Stanislaus~~ London Park
Location

18 (a) Funeral director Joseph Kasmskas Inc
(b) Address 602 Wash. Blvd

19 (a) (b) Registrar

DEC 28 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/27 1939, at 10 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/1 1939 to 12/27 1939.
and that I last saw h~~im~~ alive on 12/26 1939.

Immediate cause of death: Cirrhosis of Liver — Duration: 1 yr.
Due to (over)
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David J. Krumholz M. D.
Address 1 W Mt Vernon Pl Date signed 12/27/39

THIS CERTIFICATE, WITH ENDING INK. Every item must be answered; if none or unknown, so state. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64278

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95B

5031 F 64278 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-4
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 214 S. Vincent St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Matilda Spillner

3 (b) If veteran, name war — no

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife William F.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 18, 1864

8. AGE: Years	Months	Days	If less than one day
75	10	7	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John D. Belt
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Ann Belt
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 28 1939 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Lot

18 (a) Funeral director Mr. Mrs. John H. Tenfelden
(b) Address 801 W. Fayette St

19 DEC 28 1939 (Date rec'd by registrar) (b) Huntington Williams, Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-25-1939 at 11 55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-20-1939 to 12-25-1939 and that I last saw h-e alive on 12-25-1939

Immediate cause of death
Cardiac failure — Duration 7
Due to G.S. Hem. Dis. — 7
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. McVaughlin Goldstein M. D.
Address Balto City Hosp. Date signed 12-26-39

IMPORTANT: WRITE DISTINCTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64279 F 64279

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 416 E. Federal St. 12-5 Ward) Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elton Gist
If U. S. Veteran specify WAR

(a) Residence: No. 416 E. Federal St., Ward,
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Married
6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Margaret Gist
6. DATE OF BIRTH (month, day, year): March 27 1875
7. AGE: Years 64 | Months 8 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shoemaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Shoe Mfg
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER
13. NAME: Charles Gist
14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs. Margaret Gist
(Address) 416 E. Federal St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Auburn Mem. Park Date: Dec. 29 1939

19. UNDERTAKER: Mrs. Graves A. Hemsley
(Address) 518 W. Biddle St

20. FILED: Dec 28 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-26 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19 1939 to Dec. 26 1939
I last saw him alive on Dec. 25 1939 Death is said to have occurred on the date stated above, at 1.6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan. 19
Other contributory causes of importance	

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clin. Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) C. Gerald Ashcraft M. D.
(Address) 1534 Druid Hill Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

64280

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94B

F 64280
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rear of 4074 E. Broadway
(c) Hospital or institution: D. O. A. Johns Hopkins Hosp. Dr. Hall
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Tenpin alley rear Dallas 25
(If rural, give location)
4069 Wolfe
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Edward Hollis
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	Col	unknown

6 (b) Name of husband or wife unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Janitor 0070
11. Industry or business Store

FATHER
12. Name Edward Hollis
13. Birthplace Md

MOTHER
14. Maiden Name Mary Bonnett
15. Birthplace Md

16 (a) Informant Alberta Hollis
(b) Address 4069 N Wolfe st

17 (a) Burial (b) Date thereof 12-28-39
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Westport Md

18 (a) Funeral director William A. Jackson
(b) Address 926 Penna ave

19 (a) DEC 28 1939 (b) Courtney Williams, M.D.
(Date received by Registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24, 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 12-25-39

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23 ✓ F 64281 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1814 Forman St
(c) Hospital or institution:

15 ✓

(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1814 Forman St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME EDITH WESTON ✓ X

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col.	single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2 25 1926

8. AGE: Years	Months	Days	If less than one day
13	10	1	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation School
11. Industry or business

FATHER 12. Name John Weston
13. Birthplace Md

MOTHER 14. Maiden Name Margret Jordan
15. Birthplace Md

16 (a) Informant Margret Weston
(b) Address 1814 Forman st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. County

18 (a) Funeral director William A. Jackson
(b) Address 916 Pennsylvania

19 (a) (Date received by registrar) (b) Huntington Ave Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 26 1939, at 9 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.

Immediate cause of death Tuberculosis, pulmonary acute bronchopneumonia — Duration several days Dec. 1939.

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed Dec 26, 1939

DEC 28 1939

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

64282 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 50 F 64282

1. PLACE OF DEATH Union Hospital

CITY OF BALTIMORE: (No. ..... St., 8-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Olivia Burman

If U. S. Veteran specify WAR .....

(a) Residence: No. 1704 E. Lanvale St., ... Ward. S. S. No. 217-05-4864

(Usual place of abode.) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Wm. August Burman

6. DATE OF BIRTH (month, day, year): Oct 2nd 72

7. AGE: Years 67; Months 2; Days 24; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): Dec 30 1929

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Wm. G. Griggs

14. BIRTHPLACE (city or town) (State or country): Not known

MOTHER

15. MAIDEN NAME: Emily Billmeyer

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Wm. Ernest Burman

(Address) Towson Md R 6

18. BURIAL, CREMATION, OR REMOVAL

Place: Greenmount Date: Nov 29 1939

19. UNDERTAKER: Sanitary Funeral Co.

(Address) 1203 N. Broadway

20. FILED DEC 28 1939 Harry Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 26 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1939 to Death 19....

I last saw h.. alive on Dec 26 19.... Death is said to have occurred on the date stated above, at 4:45 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Uremia Medica	
(2) Pneumococcus Meningitis	
(3) Diabetes Mellitus	
Other contributory causes of importance: (4) Ca. Left Breast.	

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO

If so, state .....

(Signed) Thomas A. Whitfield M. D.

(Address) Union Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 64283

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

140-186 F 64283 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton + Wilkens ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1215 S Ellwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME mrs. stella Kryzylka (also Mrs. Stella Krilko) X

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Raymond Krzyzka

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) 3/21/10

8. AGE: Years 29 | Months 7 | Days 3 | If less than one day hr. min.

9. Birthplace Penna. - Manoosaw - (Town, county, and state)

10. Usual Occupation House wife 0037

11. Industry or business

FATHER
12. Name John Zanyka
13. Birthplace Poland

MOTHER
14. Maiden Name Estell Kanucka
15. Birthplace Penna. U S A

16 (a) Informant Raymond Krzyzka
(b) Address 1213 S Ellwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-39 (month) (day) (year)
(c) Cemetery or crematory Russian Orthodox
Location Anne Arundel Co Md.

18 (a) Funeral director Lanny J Bynum Inc
(b) Address 210 Ellwood Ave.

19 (a) 12-28-1939 (b) Registrar [illegible] M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 1939, at 8:33 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 1939 to 12/26 1939 and that I last saw h[illegible] alive on 12/26 1939

Immediate cause of death
Asphyxiation
Incomplete Abortion
Fibromyomata Uteri
Due to Multiples
Due to Pelvic Abscess

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12/19/39
(c) Where did injury occur? Home Balto Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Fell down cellar steps

23. Signature Sadove, M.D. M. D.
Address St Agnes Date signed

H. L. Wollenweber, Asst Medical Examiner

F 64284

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23 F 64284 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1503 N. Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1503 N. Fulton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME Annie E. Carback

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elisha

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4 1871

8. AGE: Years 68 | Months 5 | Days 22 | If less than one day: hr. min.

9. Birthplace Ireland. (Town, county, and state)

10. Usual Occupation Housework 0037

11. Industry or business

FATHER 12. Name John Connelly

13. Birthplace Ireland

MOTHER 14. Maiden Name Bridget Moore

15. Birthplace Ireland

16 (a) Informant John Carback

(b) Address 4230 Sheldon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/39 (month) (day) (year)

(c) Cemetery or crematory Evergreen Cem.

Location Balto Md

18 (a) Funeral director J. H. Morgan

(b) Address 3016 E. Baltimore St

DEC 28 19 39

19 (a) (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/26/1939 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1938, to Dec. 26 1939 and that I last saw h-er alive on Dec. 26 1939

Immediate cause of death	Duration
Pulmonary Tuberculosis	2 yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph W. Blumberg M. D.

Address 2000 Hollins St Date signed 12/27/39

VS 3

Please write plainly with indelible pencil. Every item of information must be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

64285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

205-C

F 64285

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1025 W Lanvale St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME WILBUR FORRESTER

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-0324

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col.	Married

6 (b) Name of husband or wife Idmonia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-99

8. AGE: Years	Months	Days	If less than one day
40			hr. min.

9. Birthplace Anne Arundel Co. Md.
(Town, county, and state)

10. Usual Occupation Laborer 1040
11. Industry or business Poultry Business

FATHER
12. Name David Forrester
13. Birthplace Md.

MOTHER
14. Maiden Name Carrie Hill
15. Birthplace Md.

16 (a) Informant Idmonia E. Forrester
(b) Address 1025 W. Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/39 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore, Md.

18 (a) Funeral director Mrs. Geo. G. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) Date received (month) (day) (year) (b) Registrar William M.D.

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH December 26 1939, at 11 25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Fracture, 5th, 6th, 7th cervical vertebrae with dislocation	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec 26, 1939
(c) Where did injury occur? Between Poultry & Feed Co Building & Lanvale St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial While at work? Yes
(Specify type of place)
(e) Means of injury Treated by machine belt

23. Signature H. L. Wallenmeier M.D.
Medical Examiner.
Date signed Dec 26, 1939

DEC 28 1939

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M. H. R. 1705-9

F 64286 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 64286

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 Madison Ave St. 14th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cecelia Curtis

(a) Residence: No. 1701 Madison Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of L. C. Curtis

6. DATE OF BIRTH (month, day, year) April 21, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 0027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) Dec 23-39

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Monrovia (State or country) Liberia

FATHER

13. NAME — Stokes

14. BIRTHPLACE (city or town) Monrovia Liberia (State or country)

MOTHER

15. MAIDEN NAME ? ? ? ?

16. BIRTHPLACE (city or town) Monrovia Liberia (State or country)

17. INFORMANT Ruth Dennis

(Address) 1701 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 12-29 1939

19. UNDERTAKER Mrs. Cozy A. Holland

(Address) 1631 Druid Hill Ave

DEC 28 1939

20. FILED Hattie Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1939 to Dec. 25, 1939

I last saw h.. alive on Dec. 24, 1939 Death is said to have occurred on the date stated above, at 9.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Feb 15, 39

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Physical Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John E. J. Campbell M. D.

(Address) 639 N. Carey St. Balto, Md

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 64287

Thweatt

F 64287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

953 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert St.
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days.
(e) Length of stay in Baltimore (yrs., mos., or days) — 12-4

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2209 St. Paul St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Bertha Von Mitzel Thweatt

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W | 6 (a) ~~Single~~ married, ~~widowed, or divorced~~ Married

6 (b) Name of husband or wife Jos. F. Thweatt

6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) Jan. 16th 1868

8. AGE: Years 71 | Months 11 | Days 12 | If less than one day — hr. — min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation housewife 0037

11. Industry or business home.

FATHER 12. Name Alexander Von Mitzel

13. Birthplace Germany

MOTHER 14. Maiden Name Wilhemina Frey

15. Birthplace Pa

16 (a) Informant Hospital history

(b) Address Un. Mem. Hosp.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-39 (month) (day) (year)

(c) Cemetery or crematory Greenmount Cem. Location Baltimore - Md.

18 (a) Funeral director Wm. McKenzie Sons

(b) Address North & Paca

19 (a) Date received by registrar DEC 30 1939 (b) Registrar's signature by [illegible] Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-28-39 19__, at 12:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-27-39 to 12-28 1939. and that I last saw h[illegible] alive on 12-28 1939.

	Duration
Immediate cause of death: Pulmonary edema	6 hours.
Due to Arteriosclerotic & hypertensive heart disease	unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ferdinand C. Chatard M. D.

Address Union Memorial Hosp. Date signed 12-28-39

F 64288

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 64288 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Found at vacant house
(b) Street address — 158 N Guy St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 160 N Guy St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Andrew Edward Dunnigan

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M

5. Color or race W

6 (a) ~~Single~~, married, widowed, or divorced. Married

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867 ~~1868~~

8. AGE: Years 65 | Months 7 | Days | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state) 001

10. Usual Occupation Brick ~~layer~~ Mason

11. Industry or business

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Mr Lahowski
(b) Address Gay & Fredrick Sts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29th 1937 (month) (day) (year)
(c) ~~Cemetery~~ or crematory Balto. Cem
Location E. North Ave Extended

18 (a) Funeral director Leo G. Lasch
(b) Address 1701-03 N. Patt. Park Ave

19 (a) DEC 28 1937 (Date received by registrar) (b) Hunting Town Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH December 27 1937, at 8 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Cardiac Disease, myocardial insufficiency — Duration
Due to — Arteriosclerosis general
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature H. W. Allen M.D. Medical Examiner.
Date signed Dec 27, 1937

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93c Registered No. F 64289

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4043 Reisterstown Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4043 Reisterstown
(If rural give location)
(e) If foreign born, how long in U. S. A.? 32 years

3 (a) **FULL NAME** Joseph D'Antoni

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Vincenza Cerniglia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 13 1854

8. AGE: Years	Months	Days	If less than one day
85	4	13	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Cook
11. Industry or business —

FATHER
12. Name Vincenzo D'Antoni
13. Birthplace Italy

MOTHER
14. Maiden Name
15. Birthplace Italy

16 (a) Informant John J. D'Antoni
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29 39 (month) (day) (year)
(c) Cemetery or crematory Our Cathedral
Location Frederick Ave

18 (a) Funeral director Frank P. Pelpton
(b) Address 281 E. Balto

19 (a) DEC 28 1939 (Date filed by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/26/1939, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/14/1939, to 12/26/1939, and that I last saw him alive on 12/24/1939.

Immediate cause of death Arteriosclerotic myocarditis with Hemorrhagic failure — Duration ?
Due to
Due to
Other Conditions Generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. J. Battaglia M. D.
Address 537 Waltham Blvd Date signed 12/27/39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

64290

CERTIFICATE OF DEATH

V 59 F 64290

1. PLACE OF DEATH — CITY OF BALTIMORE: (No. St. Joseph Hospital Ward)

Registered No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth 33 yrs. mos. ds.

2. FULL NAME Josephine Walinski (Josephine Walinski)

If U. S. Veteran specify WAR _____

(a) Residence: No. 215 S. Bouldin St., 26-10 Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Walinski

6. DATE OF BIRTH (month, day, year) March 19, 1880

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
59	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0039

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME John Wilchinski

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Magadelena Stankiechova

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Mrs. Frances McFaul (Daughter)

(Address) 3106 Pinewood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Cem. Date Dec. 29, 1939

19. UNDERTAKER HENRY SANDER & SONS, INC. Geo. F. Sander.

(Address) Baltimore & Broadway.

20. FILED DEC 28 1939 19 H. E. Lee Will Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1939 to Dec. 26, 1939

I last saw her alive on Dec. 26, 1939 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Chronic nephritis	
and insufficiency	
Other contributory causes or complications: Diabetes mellitus	

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) M. P. Cunningham M. D.

(Address) St Joseph Hosp

OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 64291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1072

Registered No. F 64291

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklyn Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1208 W. Mulberry (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME LLOYD BERRIES (Berry)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/9/29

8. AGE: Years	Months	Days	If less than one day
	1	17	hr. min

9. Birthplace Md, Baltimore (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name Charles Berry
13. Birthplace Md.

MOTHER 14. Maiden Name Sydney Dutton
15. Birthplace Md.

16 (a) Informant William Dutton Sr.
(b) Address 1208 W. Mulberry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 28, 1939 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location Balto Co Md

18 (a) Funeral director Mrs. R. A. Elliott & Daughter
(b) Address 1847 Caroline Street

19 (a) DEC 28 1939 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 26 1939, at 4:50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquest) thereon and from the evidence obtained by said autopsy (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death Pneumonia, lobular — Duration

Due to bilateral

Due to

Other Conditions malnutrition

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Williams M.D. Medical Examiner.
Date signed Dec 27, 1939

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

15652--FS

F 64292

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 59

Registered No. F 64292

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8yr. 2mo. 18-1
(e) Length of stay in Baltimore (yrs., mos., or days) 50 ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 315 N. Schroeder St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Carter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	married-separated

6 (b) Name of husband or wife Jeanette

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1885

8. AGE: Years	Months	Days	If less than one day
? 54			hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation laborer 0040

11. Industry or business

FATHER
12. Name Victor or Dick Carter
13. Birthplace Va.

MOTHER
14. Maiden Name Harriott
15. Birthplace Va.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location UNIVERSITY MEDICAL SCHOOL DEC 23 1939

18 (a) Funeral director Commissioner of Health
(b) Address per M. A. Moore

19 (a) DEC 28 1939 (Date rec'd by registrar) Huntington Williams, M.D. Registrar (b) Address

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19 1939, at 2 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 5 1931, to Dec 19 1939, and that I last saw him alive on Dec 19 1939.

Immediate cause of death diabetes mellitus with coma — Duration unknown

Due to

Due to

Other Conditions generalized arteriosclerosis — unknown.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 12-27-39

VS 3

F 64293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

136a

50225 SD

Registered No. F 64293

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-5

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1802 Maryland Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Washington

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-4050

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Married

6 (b) Name of husband or wife Elsie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/4/1904

8. AGE: Years	Months	Days	If less than one day
35	9	16	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Chauffeur 0029

11. Industry or business Chesapeake Coal Co.

FATHER

12. Name Dennis

13. Birthplace Texas

MOTHER

14. Maiden Name Mary

15. Birthplace Maryland

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL DEC 2 1939

18 (a) Funeral director Commissioner of Health

(b) Address

19 DEC 28 1939 (b) Huntington Williams, M.D. Registrar

(Date rec'd by registrar)

3279

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-20 1939 at 10:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-28 1939 to 12-20 1939, and that I last saw him alive on 12-20 1939.

Immediate cause of death	Duration
Urinary Extravasation	over 3 weeks
Due to Urethral Stricture of undetermined etiology	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L. K. Woodward, Jr. M. D.

Address Balto. City Hosp. Date signed 12-20-39

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64294

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 108

Registered No. F 64294

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel Baltimore
(c) City or town Baltimore Brooklyn
(If outside city or town limits, write RURAL and give town)
(d) Street No. Belgrave Rd, Brooklyn
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME BERTHA HOUSTON

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
	5.		hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL DEC 28 1939

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 DEC 28 1939 Huntingtown Williams, Md. 528
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 23 1939, at 10 45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Pneumonia, lobar both lower lobes	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.

Date signed Dec 24, 1939

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

64295 LS 30892

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1074 Registered No. 64295

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals 15-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1606 Vincent St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Bulter

3 (b) If veteran, name war

3 (c) Social Security Account No.,

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	unknown

6 (b) Name of husband or wife ---

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years	Months	Days	If less than one day
65??	?	?	hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL DEC 2 1939

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore Williams, M.D. Hunting

19 (a) DEC 28 1939 (b)
(Date received by registrar) Registrar 5280

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-16- 1939, at 11 45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-10- 1939 to 12-16- 1939 and that I last saw him alive on 12-16- 1939.

Immediate cause of death
Bronchopneumonia
Gen. Arteriosclerosis
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
3 days

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosp. Date signed 12-22-39 M. D.

VS 8

F 64296

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93C

Registered No. F 64296

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 36 N. Decker Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 36 N. Decker Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Martha H. Jacob

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Jno Jacob

6 (c) If dive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Nov. 2 1877

8. AGE: Years	Months	Days	If less than one day
62	1	25	hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Housewife 0037

11. Industry or business "

FATHER
12. Name Carl Schiebel
13. Birthplace Germany

MOTHER
14. Maiden Name Dont Know
15. Birthplace "

16 (a) Informant Jno Jacob
(b) Address 36 N. Decker Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30-39 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Edmondson Ave.

18 (a) Funeral director John A. McNair
(b) Address 3000 E. Baltimore St.

19 DEC 28 1939 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 27 1939, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from October 1937 to Dec 27 1939, and that I last saw h[illegible] alive on Dec 26 1939.

Immediate cause of death: Chronic myocarditis

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John J Gould M. D.
Address 14 N East ave Date signed 12-27-39

VS 3

F 64297

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 64297

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3039 Oakley ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 - 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3039 Oakley Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Annie L. Jeffries

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife William S. Jeffries
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) JAN. 4, 1860

8. AGE: Years	Months	Days	If less than one day
79	11	22	..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at Home

MOTHER / FATHER
12. Name Edward B. Coleman
13. Birthplace Baltimore
14. Maiden Name Annie Horan
15. Birthplace Ireland.

16 (a) Informant Teresa Jeffries.
(b) Address 3039 Oakley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/39 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Balto. City.

18 (a) Funeral director La Vernon Lemmon
(b) Address 4600 Park Heights

19 (a) DEC 28 1939 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1939, at 2:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 30 1937, to Dec 27 1939, and that I last saw h[er] alive on Dec 26 1939.

Immediate cause of death	Duration
Endocarditis: Mitral Insufficiency	
Due to	
Due to	
Other Conditions Hypostatic Congestion	1 day

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. A. Darby M. D.
Address 817 Medical Arts Bldg Date signed

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64298

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 64298 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2511 Liberty Hts Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Harrisburg
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1507 N. 3rd St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Abe Gerber

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex M | 5. Color or race Wh | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Bessie Gerber

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 3-21-1888

8. AGE: Years 51 | Months 9 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace Russia 0045
(Town, county, and state)

10. Usual Occupation Furniture Dealer

11. Industry or business

FATHER
12. Name Nachman M. Gerber
13. Birthplace Russia

MOTHER
14. Maiden Name Foby
15. Birthplace Russia

16 (a) Informant Samuel S. Greenberg
(b) Address 2511 Lib Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-39 (month) (day, year)
(c) Cemetery or crematory Harrisburg Pa
Location

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto St

19 (a) DEC 28 1939 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 28 1939, at 1 am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said ..... find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Vandersluis M.D.
Medical Examiner.
Date signed 12/28/39

VS 6

Correct age is supremely important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64299 — CERTIFICATE OF DEATH — 23 — F 64299

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 Lexington St. 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bertha Weaver

If U. S. Veteran specify WAR

(a) Residence: No. 1012 Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Col	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7/29/1918

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
21	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework #070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wilson N. C.
(State or country)

FATHER

13. NAME Gray Wesley

14. BIRTHPLACE (city or town) Farmville N. C.
(State or country)

MOTHER

15. MAIDEN NAME Ervie Hill

16. BIRTHPLACE (city or town) Wilson N C
(State or country)

17. INFORMANT Annie Gary
(Address) 1012 Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place Wilton N. C. Date 12/29 1939

19. UNDERTAKER Isaiah L Brown & Son
(Address) 108 W Montgomery St

20. FILED DEC 28 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/27 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21 1939 to Dec 27 1939

I last saw her alive on Dec 26 1939. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	? 1
Other contributory causes of importance:	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) D H Carroll M. D.

(Address) 911 Warner St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

E64300

CERTIFICATE OF DEATH

Registered No. 96

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL, 20-W Ward)

If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 57 yrs. ... mos. ... ds.

2. FULL NAME OSCAR S. MAGNESS

If U. S. Veteran specify WAR

(a) Residence: No. 2440 FREDERICK AVE, Ward 33-W. 216-01-39/21

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Alice A. Magness

6. DATE OF BIRTH (month, day, year) Nov. 4. 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60.	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector 1986

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coast Fire Underwriters

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Elijah Magness

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

MOTHER

15. MAIDEN NAME Alice Stanifach

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Mrs. Magness

(Address) 2440 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 12-30-39

19. UNDERTAKER F. B. Wehrheit & Sons

(Address) 1820 Eutaw Place

20. FILED 12 30 1939 H. E. Lee Williams Registrar

Clerk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/27, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12/26, 1939 to 12/27, 1939

I last saw h[illegible] alive on 12/27, 1939 Death is said to have occurred on the date stated above, at 11:10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
DISSECTING ANEURYSM	
OF ABDOMINAL AORTA	
RUPTURE INTO RETRO-	
PERITONEAL SPACE	12/26
Other contributory causes of importance: HYPERTENSIVE C.V.D.	over

Was an operation performed? NO Date of

For what disease or injury?

Name of operation ABDOMINAL EXPLORATION

What test confirmed diagnosis? [illegible] autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Samuel Novey M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

VS 2

64301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 23

E-64801

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hugh Jelley (51059)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8, 1889

8. AGE: Years	Months	Days	If less than one day
50	8	18	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Samuel
13. Birthplace Md.

MOTHER
14. Maiden Name Rose ?
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/39 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Lyons Lane

18 (a) Funeral director F. B. Wippert & Son
(b) Address 400 Eutaw Place

DEC 29 1939

(Filed by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 26, 1939, at 3:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 16, 1939, to Dec. 26, 1939, and that I last saw him alive on Dec. 26, 1939.

Immediate cause of death: Tuberculosis of the lungs — Duration: July 1938

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 4940 Eastern Ave Date signed 12/29/39

64302

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131

F 64302
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2704 Woodsdale Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) [illegible]
(e) Length of stay in Baltimore (yrs., mos., or days) 6o

2. USUAL RESIDENCE OF DECEASED:
(a) State ~~Maryland~~ County
(c) City or town 2704 Woodsdale ave (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore Maryland (If rural give location)
(e) If foreign born, how long in U. S. A.? 6o years

3 (a) FULL NAME Louis Volkert (Louis Volkert)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Hattie Volkert
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 10 1858

8. AGE: Years 81 | Months 11 | Days 14 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Butcher 0013

11. Industry or business

FATHER
12. Name ? Volkert
13. Birthplace Germany

MOTHER
14. Maiden Name unknown
15. Birthplace Germany

16 (a) Informant Rev. William Volkert
(b) Address 2704 Woodsdale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Maryland

18 (a) Funeral director F. B. Wisheart & Sons
(b) Address 1300 Eutaw Place

19 (a) 12-28-39 (Date filed by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Occurred 12/24/1939, at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-18 1939, to 12-23 1939 and that I last saw h[illegible] alive on 12-23 1939.

Immediate cause of death Bronchopneumonia — Duration

Due to Chronic Syphilis

Due to Arteriosclerosis

Other Conditions Senility

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter A Anderson M. D.
Address 300 Shawan Drive Date signed 12/26/39

F 64303

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-3 40167 F 64303 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 12
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis Mohlhenrich

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-29-1857

8. AGE: Years	Months	Days	If less than one day
82	8	27	hr. min.

9. Birthplace — Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Gotlieb
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/39 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location North Ave. & Gay St.

18 (a) Funeral director Harry H. Wiltse
(b) Address 4101 Edmondson Ave

19 (a) (Date rec'd by registrar) (b) [illegible] Wiltse

DEC 29 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-26 1939 at 1.5 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-21 1939 to 12-26 1939, and that I last saw him alive on 12-25 1939.

Immediate cause of death: Benign prostatic hypertrophy — Duration: ?

Due to

Due to

Other Conditions arteriosclerotic cardio vascular disease — ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. K. Wadsworth M. D.
Address Balto city Hosp. Date signed 12-26-39

Please write plainly. Physicians: please write the cause of death clearly and legibly. Accuracy especially important.

F 64304

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

E 64304

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 803 ArlingtonAve.,Govans
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 803 Arlington Ave.,Govans (If rural give location)
(e) If foreign born, how long in U. S. A.? 58 years

3 (a) FULL NAME Martha M. Mielke

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Louis A.Mielke
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 21,1863.

8. AGE: Years	Months	Days	If less than one day
76	3	5	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business Own Home

FATHER
12. Name Schroeder
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Christian Lang.
(b) Address 803 Arlington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/39. (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemetery
Location Hampstead, Carroll Co., Md.

18 (a) Funeral director Harry H. Mitzke
(b) Address 4101 Edmondson Ave.

19 (a) (Date received by registrar) (b) Registrar

DEC 29 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26, 1939 at 2:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 24, 1939. to Dec. 26 1939. and that I last saw h[illegible] alive on Dec. 26 1939.

Immediate cause of death: Acute Cardiac Dilatation — Duration: Dec. 25, '39

Due to: Chronic Myocarditis — 7

Due to:

Other Conditions: Diabetis Mellitus — Several years.

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lloyd E. Saylor M. D.
Address 3902 Greenmount Ave. Date signed Dec 28, '39

F 64305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93c

Registered No. F 64305

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1007 Low st

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 36 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

5 V Street No. 1007 Low st (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph M. Mund X

3 (b) If veteran, name war

3 (c) Social Security Account No. own Business.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years	Months	Days	If less than one day hr.	min.
40				

9. Birthplace New York N. Y. 0047 (Town, county, and state)

10. Usual Occupation General Merchandise

11. Industry or business

FATHER 12. Name Abraham Mund

13. Birthplace Russia

MOTHER 14. Maiden Name Rose Lebelsky

15. Birthplace Russia

16 (a) Informant Henry W. Mund

(b) Address 2919 Rockrose Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 29 / 39 (month) (day) (year)

(c) Cemetery or crematory Hebrew Rd Carmel Rd Location Mt Carmel Road

18 (a) Funeral director Sol Levinson Bros

(b) Address 124-26 W. North ave

19 (a) Registrar's signature Hunter of Williams M.D.

(b) Date received DEC 29 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 28 1939, at 5 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1937 to Dec. 1939, and that I last saw him alive on Dec. 27 1939.

Immediate cause of death	Duration
Myocarditis	
Due to Hypotensive cardio vascular syndrome	
Due to Chr. Endocarditis.	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Morris A. Dine M. D.

Address 118 Aisquith St Date signed Dec. 29 1939.

64306 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 64306

CERTIFICATE OF DEATH X 131

1. PLACE OF DEATH St. Joseph's Hosp.

CITY OF BALTIMORE: (No. Caroline & Oliver St. 9-9 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. mos. 17 ds. How long in U. S. If of foreign birth? 77 yrs. ___ mos. ___ ds.

2. FULL NAME Benjamin De Bry

If U. S. Veteran specify WAR

(a) Residence: No. Crownsville State Hosp. St., ___ Ward Crownsville A.A. Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) [illegible] 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst. Supervisor of Attendants

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State Hospital

10. Date deceased last worked at this occupation (month and year) Dec 1939

11. Total time (years) spent in this occupation 10 yrs.

12. BIRTHPLACE (city or town) (State or country) Holland

FATHER

13. NAME Mr. DeBry

14. BIRTHPLACE (city or town) (State or country) Holland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records St. Joseph's Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Loudons Cem. Date Dec. 30, 1939

19. UNDERTAKER [illegible]
(Address) 100 S. W. Baltimore St.

20. FILED DEC 29 1939, 19___ [illegible], Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 16-39, 1939 to Dec 28, 1939

I last saw him alive on Dec 28, 1939. Death is said to have occurred on the date stated above, at 11 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerotic Cardio-Vascular Renal Disease.	
Auricular Fibrillation	12-16-39
Cardiac Failure	12-16-39
Other [illegible] of importance Terminal Pneumonia	12-16-39
Supernumerary Ureters (5) Rt. Kidney	

Was an operation performed? ___ Date of ___

For what disease or injury? ___

Name of operation ___

What test confirmed diagnosis? X-Ray, M.P.V. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) Harry Kelmenson, M. D.

(Address) St. Joseph's Hosp.

F 64307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 23

Registered No. F 64307

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1220-N. Decker Ave.
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1220-N. Decker Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? -- years

3 (a) FULL NAME Elizabeth C. Teves

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife George Edward Teves
6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) 4/8/1913

8. AGE: Years	Months	Days	If less than one day
26	8	19	xxxxxxxxx min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business --

FATHER
12. Name Phillip Foote
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Myrtle (Clements.)
15. Birthplace Baltimore, Md.

16 (a) Informant George Edward Teves
(b) Address 1220-N. Decker Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/1939 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North Ave.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735-Harford Ave.

(c) 12-28 1939 Registered by [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/27/1939, at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/27/1939 to — 19 , and that I last saw h[illegible] alive on 12/27 1939.

Immediate cause of death: Rheumatic Cardio-Vascular Disease — Duration 7

Due to: — over

Due to: —

Other Conditions: Chronic Nephritis — 7

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph L. Blum M. D.

Address 206 E. Preston St Date signed 12/28/39

F 64308

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131

F 64308
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4711 Harford Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County B
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4711 Harford Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? 38 years

3 (a) FULL NAME Rebecca Berman

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: F.
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed.
6 (b) Name of husband or wife: Samuel Berman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years 68 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Samuel Meister
13. Birthplace R.

MOTHER
14. Maiden Name Vena —
15. Birthplace R.

16 (a) Informant Samuel Jacobson
(b) Address 4711 Harford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-39 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Phil. Rd & Bowley's Lane

18 (a) Funeral director Jack Lewis Inc.
(b) Address 1439 E. Balto St

19 (a) Dec 29 1939 (Date received by registrar) (b) Thos. Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29th 1939, at 6 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15th 1939, to Dec 29 1939, and that I last saw h-er alive on Dec. 28 1939.

Immediate cause of death: Myocarditis c decompensation — Duration: 1 yr.
Due to:
Due to:
Other Conditions: Chr. nephritis
Uterine fibroma
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Francis L. Dayton M. D.
Address 6077 Harf. Rd Date signed

VS 3

64309 Colin ✓ F 64309

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-2

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Sinai Hospt
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days):
(e) Length of stay in Baltimore (yrs., mos., or days): 42 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2103 E. Fairmount (If rural give location)
(e) If foreign born, how long in U. S. A.? 42 yrs years

3 (a) FULL NAME Samuel Solin

3 (b) If veteran, name war: ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Annie
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.): 1887

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace: Russia (Town, county, and state)
10. Usual Occupation: Tailor for 40
11. Industry or business: Own Business

FATHER
12. Name: Not known
13. Birthplace: Russia

MOTHER
14. Maiden Name: Not known
15. Birthplace: Russia

16 (a) Informant: Hospt Records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-39 (month) (day) (year)
(c) Cemetery or crematory: Herring Run
Location: Phil. Rd & Rowlep Lane

18 (a) Funeral director: Jack Levis Inc.
(b) Address: 1439 E. Balto St.

19 (a) (Date received by Registrar) (b) Registrar

DEC 29 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/29/39 19 at 4:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1925 to 12/29 1939, and that I last saw h[illegible] alive on 12/25 1939.

Immediate cause of death: Carcinomatosis — Duration: About 1 yr

Due to: Ca of lung (oat cell)

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Anaplastic Ca of lung (oat cell)
Of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Sidney Sclarlis M. D.
Address: Sinai Hospital Date signed 12/31/39

Lvb 2 [illegible] M.D.

4310

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93C Registered No. F 64310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2307 Longwood St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2307 Longwood St (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Emma Vetter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Ernest H.

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Dec. 6, 1862

8. AGE: Years 77 | Months — | Days 21 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation — 0027

11. Industry or business —

FATHER
12. Name Jacob Stark
13. Birthplace Germany

MOTHER
14. Maiden Name Annie Klinge
15. Birthplace Germany

16 (a) Informant Herbert Vetter
(b) Address 4104 Oakford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 30 1939 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn Md.

18 (a) Funeral director Vernon Kuhn
(b) Address 2301 Edmondson Ave
Dec 29 1939 (Huntington Williams, M.D.)
19 (a) ... (Date rec'd by registrar) ... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27 1939, at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 23 1939 to Dec 27 1939 and that I last saw h[illegible] alive on Dec 27 1939

Immediate cause of death Bronchopneumonia — Duration Under 3 days

Due to Bronchopneumonia

Due to ...

Other Conditions Myocarditis — ?

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) (While at work)
(e) Means of injury —

23. Signature Louis Stulb M. D.
Address 2229 Harlem Blvd Date signed Jan 28/39

VS 3

F 64311

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107a

F 64311 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3313 Burleith Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louise Rheinhardt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 22-1850

8. AGE: Years 89 | Months 0 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Fredrick Conrad
13. Birthplace Germany

MOTHER
14. Maiden Name Fredericka Detrich
15. Birthplace Germany

16 (a) Informant Mrs Clara L. Rheinhardt
(b) Address 3313 Burleith Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 1-1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Chas. E. Franch
(b) Address 802 Madison Ave

19 (a) Date received DEC 29 1939 (b) Registrar Huntington Williams

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/28 1939, at 04 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/23 1939 to 12/28 1939 and that I last saw her alive on 12/28 1939.

Immediate cause of death	Duration
Circulatory failure	
Due to Bronchopneumonia	4 days
Due to Bronchitis & Asthma	6 days
Other Conditions Enteritis Salmonella	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. D. Snyder
Address Mercy Hospital Date signed 12/28/39 M.D.

M. D. B. 1268-8

64312

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64312

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4204 Fernhill Ave St. 28-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. 10 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jessie Virginia Graham

(a) Residence: No. 4204 Fernhill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Melvin Graham

6. DATE OF BIRTH (month, day, year) Feb 27, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	10	— 1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife Home 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Nov 1938

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Samuel D. Copper

14. BIRTHPLACE (city or town) (State or country) Kent County Md.

MOTHER

15. MAIDEN NAME Harriet Jane Howard

16. BIRTHPLACE (city or town) (State or country) Worcester County Md

17. INFORMANT James Graham (Son)
(Address) 4204 Fernhill Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date Jany 1 1940

19. UNDERTAKER Harry A. Thumbrook
(Address) 4204 Ridgewood Ave

20. FILED DEC 29 1939 19 H. Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from December, 1938 to Dec. 28, 1939

I last saw her alive on Dec. 28 1939 Death is said to have occurred on the date stated above, at 8:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Carcinoma of Cervix (Uterus)	Dec. 1938
Metastatic Carcinoma of Liver	1939
Metastatic Carcinoma of Brain	1939

Other contributory causes of importance: —

Name of operation Biopsy Cervix Date of Dec 1938

What test confirmed diagnosis Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Philip F. Lerner M. D.

(Address) 2481 W. North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

64313 23a

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

F 64313
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1626 Ashland ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? year

3 (a) FULL NAME Milton Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-3479

4. Sex: Male
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Sep.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 5-4-06
8. AGE: Years 33 | Months 7 | Days 21 | If less than one day hr. min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation Laborer, Seed Co.
11. Industry or business

FATHER
12. Name Frank Johnson
13. Birthplace Va

MOTHER
14. Maiden Name Virginia Johnson
15. Birthplace Md

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 30-39 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Robert J. Miller
(b) Address 1515 McElderry St

Dec 29 1939 (Registrar) (b) Huntington Wilson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1939, at 6.50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 24 1939, to Dec 25 1939, and that I last saw him alive on 4 am Dec 25 1939.

Immediate cause of death	Duration
Pneumococcic Meningitis (Type XIV)	5 days
Due to Pneumonia, Lobar, R.L.L.	11 days
Due to Pneumococcic Bacterial Endocarditis	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James St. Howland, M. D.
Address Johns Hopkins Hospital Date signed Dec 26-39

VS 3

64314

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1974 F 64314 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 626 N. Edon St
(c) Hospital or institution:
Pas. D. 6. H. Johns Hopkins Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 626 N. Edon St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Hood

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-2204

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1908

8. AGE: Years	Months	Days	If less than one day
31			hr. min.

9. Birthplace Lancaster S.C. (Town, county, and state)

10. Usual Occupation presser impants
11. Industry or business

FATHER
12. Name Banks Hood
13. Birthplace S.C.

MOTHER
14. Maiden Name Settle ?
15. Birthplace S C

16 (a) Informant Andrew Hood (Owner)
(b) Address 936 Rutland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29 1939 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location A G Co Md

18 (a) Funeral director Robert E. Williams
(b) Address 1515 McElderry St

19 (a) Dec 29 1939 (Date received by registrar) Hunter Town Hall Registrar

EC 29 1939

VS 6

MEDICAL CERTIFICATION Cont A. M

20. DATE OF DEATH December 24 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

Immediate cause of death	Duration
Stab wound of heart	
Due to Alcoholic intoxication	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 12/24/39
(c) Where did injury occur? 626 N. Edon St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Sharp instrument

23. Signature Wm H Garbe Hoff M.D.
Medical Examiner.
Date signed 12/27/39

64315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 64315

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1823 Eutaw Place, 14-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grace E. Bigham.

If U. S. Veteran specify WAR .....

(a) Residence: No. 1823 Eutaw Place St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Bigham.

6. DATE OF BIRTH (month, day, year) Feb 26, 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework. 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME George A. Spence

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Florence E. Freeland

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Edward M. Spence

(Address) 1905 Bloomingdale Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Dec 30, 1939

19. UNDERTAKER Chenoweth & Donovan.

(Address) 3615-17 Chestnut Ave.

20. FILED Dec 29 1939 Hattie Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute congestive heart failure	12-28-39
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lew N. Barnaby, M. D.

(Address) 531 E North Ave

H. J. Malden, M.D.
Chief Medical Examiner
per E.R. Brentzpin

OCCUPATION is very important. See instructions on back of certificate.

F 64316

39112-office-H

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92- Registered No. F 64316

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 36 E. Barney St-

(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) — 2 3 3

(e) Length of stay in Baltimore (yrs., mos., or days) Life -

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore - (If outside city or town limits, write RURAL and give town)

(d) Street No. 36 E. Barney St (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Dorothea C. Bitzer

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Jacob Bitzer

6 (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) Nov. 20-1870

8. AGE: Years 69 | Months 1 | Days 8 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation At Home -

11. Industry or business

FATHER 12. Name Jesse Poteet

13. Birthplace Baltimore, Md -

MOTHER 14. Maiden Name Mary Franz -

15. Birthplace Baltimore, Md.

16 (a) Informant Jacob Bitzer

(b) Address 36 E. Barney St -

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12, 30, 39 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Baltimore, Md -

18 (a) Funeral director G. Howard Evans

(b) Address 1400-02 L. & Charles St -

DEC 29 1939 (Date received by Registrar)

(b) Hunting Park Ave, Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 1939, at 7A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 14 1939, to Dec 28 1939, and that I last saw her alive on Dec 28 1939

Immediate cause of death: Acute dilatation of heart — Duration: 2 Da.

Due to —

Due to —

Other Conditions Mitral Regurgitation — Indef.

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —

(e) Means of injury —

23. Signature H. E. Campbell M. D.

Address 6446 Hanover St Date signed 12-28-39

VS 3

64317

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64317

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Joseph's Hosp. 8-1 ✓ 160-B Registered No.

CITY OF BALTIMORE: (No. Caroline & Oliver St., 8 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME James Pennington If U. S. Veteran specify WAR

(a) Residence: No. 3124 Ravenwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 26, 1939

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Francis Pennington

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sadie A Stricker

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Francis Pennington
(Address) 3124 Ravenwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem Date 12/23/39, 19

19. UNDERTAKER Leonard J. Hook.
(Address) 5505 Harford Road

20. FILED ... 19 ... Registrar

DEC 29 1939 Hattie Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/28/39, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 '39, 19 39 to Dec 28, 19 39
I last saw h.i.m. alive on Dec 26 '39, 19 39 Death is said to have occurred on the date stated above, at 7:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harry Silverman M. D.

(Address) St. Joseph's Hosp.

OCCUPATION is very important. See INSTRUCTIONS on back of certificate.

64318

Jennie Hellman

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64318

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Hebrew Aged Home
(b) Street address Greenspring & Belvedere
(c) Hospital or institution:
Levindale
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 38

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. Greenspring & Belvedere
(If rural give location)
(e) If foreign born, how long in U. S. A.? 38 years

3 (a) FULL NAME Jennie Hellman

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Abe

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 1846

8. AGE: Years 53 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Home Work

11. Industry or business

FATHER 12. Name Isaac Hellman

13. Birthplace Russia

MOTHER 14. Maiden Name Esta Kellman

15. Birthplace Russia

16 (a) Informant Hebrew Home. For Aged & Infirm

(b) Address - Mr Fembach. Supt.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-39 (month) (day) (year)

(c) Cemetery or crematory Mt Carmel

Location Pearpler Keeping

18 (a) Funeral director Jos Levine Inc

(b) Address 1439 E. Balto St

19 DEC 29 1939 (Date rec'd by registrar) Hunter Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 28 1939, at 11:55 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-13 1939, to 12-28 1939, and that I last saw h[er] alive on 12-26 1939.

Immediate cause of death	Duration
Hypertension	
Thrombosis axillary artery	Feb. 1939
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Edmund Levin M. D.

Address Levindale Date signed

64319

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

114 P

F 64319

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 16

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Woodlawn
(If outside city or town limits, write RURAL and give town)
(d) Street No. Johnny Cake Rd & Inwood Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME E. FRANK RITTER. (Eber Frank Ritter)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Jeanette Ritter
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) September 3, 1875

8. AGE: Years	Months	Days	If less than one day
66	3	24	hr. ... min.

9. Birthplace Baltimore County, Md.
(Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Thomas Henry Ritter
13. Birthplace Baltimore County, Md.

MOTHER
14. Maiden Name Marcella Grimes
15. Birthplace Maryland

16 (a) Informant Mr. J. Thomas Ritter
(b) Address Johnny Cake Rd & Inwood Ave.

17 (a) Burial (b) Date thereof Dec. 30, 1939
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Olive Cemetery
Location Roslyn, Md.

18 (a) Funeral director M. Donovan
(b) Address 1005 W. Baltimore St.

19 (a) ..... (b) .....
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-27-1939 at 6:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-25-1939 to 12-27-1939 and that I last saw him alive on 12-27-1939.

Immediate cause of death: Lung abscess - with pneumonia on both sides
Due to Pneumonia.
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)

Duration: 6 wks.

Major findings:
Of operations None.
Of autopsy None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature M. P. Shean
Address W. Baltimore St. Date signed 12 | 27 | 39
M. D.

F 64320

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 64320

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Allegany
(c) City or town Cumberland (If outside city or town limits, write RURAL and give town)
(d) Street No. 801 Washington St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Milne

3 (b) If veteran, name war: no
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Hester Milne
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5 - 3 - 80

8. AGE: Years 59 | Months 7 | Days 26 | If less than one day: hr. min.

9. Birthplace Scotland (Town, county, and state)

10. Usual Occupation Textile
11. Industry or business

FATHER
12. Name William Milne
13. Birthplace Scotland

MOTHER
14. Maiden Name Jane Donald
15. Birthplace Scotland

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Patterson N. J.
Location

18 (a) Funeral director John T. Mitchell & Sons
(b) Address 1902 Eutaw Place

19 (a) DEC 29 1939 Huntington Williams, M.D. Registrar
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29 1939 at 8 1/2 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1939 to Dec 29 1939. and that I last saw h in alive on Dec 29 1939.

Immediate cause of death: Uremia — Duration: 10 wks

Due to

Due to

Other Conditions: Hypertensive cardio-vascular disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edgar H. Miller M. D.
Address Johns Hopkins Hospital Date signed 12/29/39

VS 3

64321

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-A

Registered No. F 64321

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2617 N. Calvert St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2617 N. Calvert St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth F. Ward

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace Balto. Co.
(City, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Geo. Ward
13. Birthplace Cecil Co. Md.

MOTHER
14. Maiden Name Susan Richards
15. Birthplace Md.

16 (a) Informant Reginald W. Ward
(b) Address 2617 N. Calvert St.

17 (a) Burial (b) Date thereof Dec. 30, 1939
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemy.
Location Pikesville, Md.

18 (a) Funeral director John O. Mitchell Funeral Inc.
(b) Address 1900 Eutaw Place

19 (a) (Filed by Registrar) (b) Huntington Williams, M.D. Registrar

DEC 30 1939

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28, 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/18 1939, to 12/28 1939, and that I last saw her alive on 12/28 1939.

Immediate cause of death Cerebral Hemmorhage — Duration 10 days

Due to Arteriosclerosis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ----
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo. D. Margerum M.D.
Address 401 E. 25th. St. Date signed 12/29/39

F 64322 273022

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 64322

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1405 Mc Culloh
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Josephine Allen

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-12-3455

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	BLACK	WIDOW

6 (b) Name of husband or wife Chas. Allen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-28-91

8. AGE: Years	Months	Days	If less than one day
48	4	0	hr. min.

9. Birthplace MD (Town, county, and state)
10. Usual Occupation HOUSEWORK
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A-A County Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania Ave Huntington Williams, Md.

19 Date received DEC 30 1939 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 1939, at 1230 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 18 1939, to Dec 28 1939, and that I last saw her alive on Dec 28 1939.

Immediate cause of death	Duration
Hypertensive Arteriosclerotic C-V Disease	
Cardiac enlargement + incompetency	
Due to?	
Arteriolar Nephrosclerosis	
Due to	
Other Conditions Coronary Arteriosclerosis + terminal ventricular fibrillation	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature O. M. Welt M. D.
Address Johns Hopkins Hosp. Date signed 12-28-39

Shields

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64323

CERTIFICATE OF DEATH

112 F 64323

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1238 N. Gay St., 8-7 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Elizabeth Shields

If U. S. Veteran specify WAR _____

(a) Residence: No. 1238 N. Gay St., Ward. _____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	S

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single

6. DATE OF BIRTH (month, day, year) 2-7-1921

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	18	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Domestic

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Shields

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Catherine Curtis

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Catherine Shields (Address) 1238 N. Gay St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date 1-1- 40

19. UNDERTAKER Mrs. K. A. Fallin Funeral Home (Address) 1125 N. Eutaw St

DEC 29 1939

Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-27, 1939 to 12-28, 1939

I last saw her alive on 12-28, 1939 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Acute	12-25-39
Other contributory causes of importance: Acute Dilatation of Heart	12-27-39

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) D. W. L. Legg M. D.

(Address) 1420 E. Chase

OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 64324

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 CF 64324 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 513 E. 21 st. Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City ~~XXXXX~~ Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 513 E. 21 st. Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

9-6

3 (a) FULL NAME Robert L. Thornton

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Marion Thornton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 24, 1863

8. AGE: Years	Months	Days	If less than one day
76	10	4	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Beniah Thornton
13. Birthplace England

MOTHER
14. Maiden Name Unknown
15. Birthplace England

16 (a) Informant Mrs Webster Turner (Daughter)
(b) Address 513 E. 21 st. Street.

17 (a) ~~Interment~~ Burial (Burial, cremation, or removal) (b) Date thereof Dec. 30, 1939 (month) (day) (year)
(c) Cemetery or crematory ~~XXXXX~~ Lorraine
Location Balto. County, Maryland.

18 (a) Funeral director C. Richard Fleming
(b) Address 1426 Light St.

19 (a) (Date received by registrar) Huntingtown Md.

Dec 29, 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH December 28, 1939, at 5-10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 27 1939 to Dec 28 1939. and that I last saw h~~er~~ alive on Dec 28 1939.

Immediate cause of death	Duration
Coronary thrombosis	1 day
Due to	
Due to Arteri-sclerosis & myocarditis	2 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Frederick Lantz M. D.
Address Temple Garden Apts Date signed Dec 29 39

F 64325 51200/TS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95-B

Registered No. F 64325

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 714 Fairmount Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William A. Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Fanny
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-19-1866

8. AGE: Years	Months	Days	If less than one day
73	8	2	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Drayman
11. Industry or business

FATHER
12. Name "illiam Jackson
13. Birthplace Balto.

MOTHER
14. Maiden Name Henrietta
15. Birthplace Balto.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof Dec 29, 1939 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) Dec 29 1939 (Date received by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-21- 1939 at 6.35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-21- 1939 to 12-21-1939 and that I last saw h[illegible] alive on 12-21-1939

Immediate cause of death
Cardiac failure — Duration ? —
Pulm. edema — ? —
Due to Arteriosclerotic Heart Disease — ? —
G.S. Nt. Dis
Due to Gen. G.S. — ? —
Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature T Murphy Epstein M.D.
Address Balto City Hospitals signed 12-26-39

VS 2

64326

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 64326

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Fairfield (If outside city or town limits, write RURAL and give town)
(d) Street No. 3215 Linn St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dorothea Benelda Bazemore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June - 1938

8. AGE: Years	Months	Days	If less than one day
1	18		hr. min.

9. Birthplace Md. - Balto (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Kelly Bazemore
13. Birthplace N.C.

MOTHER 14. Maiden Name Elizabeth Bazemore
15. Birthplace Md.

16 (a) Informant Kelly Bazemore
(b) Address 3215 Linn Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof Dec 29 1939 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Ratie R Williams
(b) Address 32x Schroeder St

19 (a) (Date rec'd by registrar) Mrs Ratie R Williams M.D.

DEC 28 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-28-39 19 at 9.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-14-1939 to 12-28-1939 and that I last saw h[illegible] alive on 12-28-1939.

Immediate cause of death	Duration
Tuberculous Meningitis	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. F. Maloney M. D.
Address Provident Hospital Date signed 12/29/39

F 64327

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

F 64327 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 127 N. Allendale St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 127 N. Allendale St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Hendricks

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Patrick Hendricks
6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) Unknown 1862

8. AGE: Years 77 | Months | Days | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation house wife
11. Industry or business —

MOTHER / FATHER
12. Name John Ryan
13. Birthplace Ireland
14. Maiden Name Julia Whalen
15. Birthplace Ireland

16 (a) Informant Mr. Patrick Hendricks
(b) Address 127 N. Allendale St
17 (a) burial (Burial, cremation, or removal) (b) Date thereof 12/30/1939 (month) (day) (year)
(c) Cemetery or crematory St Peters Cem
Location 300 Mosegard Ave
18 (a) Funeral director John F Conway Son
(b) Address 801 N Gilmor St

DEC 29 1939 Hunting to Williamsport Md
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27th 1939, at 9 P. M.
21. I certify that death occurred on the date above stated; that I attended deceased from 1931 to Dec 27 1939, and that I last saw h[illegible] alive on Dec 27 1939.

	Duration
Immediate cause of death Uraemia	
Due to Chronic Nephritis Arteriosclerosis	7 y.
Due to Decubitus	2 mos.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury
23. Signature Geo. L. Wiring M. D.
Address 4000 Edmondson Ave Date signed 12-28-39

VS 8

64328

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-D Registered No. F 64328

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. & Rutland Ave.
(c) Hospital or institution:
Saini Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 1/1/8.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 403 N. Rose St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ELIZABETH MARY RIVERA

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 20, 1938

8. AGE: Years	Months	Days	If less than one day
1	1	8	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Fernando L. Rivera
13. Birthplace Puerto Rico

MOTHER
14. Maiden Name Dorothy Fortenbaugh
15. Birthplace Baltimore, Md.

16 (a) Informant Fernando L. Rivera
(b) Address 403 N. Rose St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 30, 1939 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. & Moravia Ave.

18 (a) Funeral director John Ulbrich
(b) Address 2[illegible] Orleans St.

19 (a) DEC 29 1939 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/28 1939, at 8:05 P.M
21. I certify that death occurred on the date above stated; that I attended deceased from 12/26 1939 to 12/28 1939. and that I last saw h[illegible] alive on 12/28 1939.

Immediate cause of death	Duration
Pneumonia	
Due to	
Due to	
Other Conditions Congenital deformed spine. (Include pregnancy within 3 months of death)	over

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M D Stein M. D.
Address Saini Hosp Date signed 12/28

F 64329

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No. F 64329

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 40 S. East av
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 40 S. East av (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John W. Ebbenhouse

3 (b) If veteran, name war No

3 (c) Social Security Account No. 213-07-0217

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Madaline Ebbenhouse

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Aug 11, 1893

8. AGE: Years 46 | Months 4 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Ship Yard Laborer

11. Industry or business Beth. Steel

FATHER
12. Name Henry Ebbenhouse
13. Birthplace Baltimore

MOTHER
14. Maiden Name Margaret Debelious
15. Birthplace Baltimore

16 (a) Informant Margaret Schoenfelder
(b) Address 109 S. East av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31, 1939 (month) (day) (year)
(c) Cemetery or crematory Oakdawn
Location Eastern ave Road

18 (a) Funeral director S. Walter Mayo
(b) Address 619 N. Bouldin St.

19 DEC 29 1939 Huntington Williams M.D.
(Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28, 1939 at 5 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Decemb 1937 to Dec 28 1939 and that I last saw him alive on Decemb 1939

Immediate cause of death: Coronary Thrombosis — Duration 3 weeks

Due to arteriosclerotic heart disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John J. Gould M. D.
Address 141 N. East ave Date signed 1-29-39

VS 3

64330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64330

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Lansdowne
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. David N. Wiley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	widowed

6 (b) Name of ~~husband or~~ wife Agnes Wiley
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 6th 1862

8. AGE: Years	Months	Days	If less than one day
77	9	22	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Patentary Engineer

FATHER
12. Name Joseph B. Wiley
13. Birthplace Pa

MOTHER
14. Maiden Name Ellen A. Whitaley
15. Birthplace Balto Md.

16 (a) Informant Joseph R. Wiley
(b) Address 635 N. Washington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/39 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director Williams Sons
(b) Address 125 E. Lanvale St

19 (a) (b)

DEC 29 1939

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-28-1939 at 12:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-23 1939 to 12-28 1939, and that I last saw him alive on 12-28 1939.

Immediate cause of death: Shock due to or as a consequence of Fracture of Neck Femoris — Duration
Due to
Due to Bronchio-pneumonia
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the causes to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12/23/39 Lansdowne, Md.
(c) Where did injury occur? while walking on highway near
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street While at work?
(Specify type of place)
(e) Means of injury automobile

23. Signature Charles L. Lewis M. D.
Address Date signed

Howard J. Madden, M.D. Chief Medical Examiner

64331 49626 - RB

F 64331

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 59

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos., 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Mt. Washington, Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1438 Forge Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

27 15

3 (a) FULL NAME Mary Doyle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband ~~Husband~~ James (dead)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17, 1864

8. AGE: Years	Months	Days	If less than one day
75	5	11	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation None 0000
11. Industry or business

FATHER
12. Name Lawrence Dignon (dead)
13. Birthplace Baltimore

MOTHER
14. Maiden Name Rebecca Parrish (dead)
15. Birthplace Baltimore

16 (a) Informant Records
(b) Address Baltimore City Hosp.

17 (a) Burial (b) Date thereof 12/30/39
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Holy Family
Location Harrisonville, Balto. Co. Md

18 (a) Funeral director William Cook
(b) Address 127 St Paul St

19 (a) Date rec'd by registrar 12/30/39 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-28 1939, at 7:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-27 1939, to 12-28 1939, and that I last saw her alive on 12-28 1939.

Immediate cause of death: Diabetic gangrene left foot — Duration: over 2 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. K. Woodward Jr. M. D.
Address Balto City Hosp Date signed 12-28-39

HEALTH DEPARTMENT—CITY OF BALTIMORE

64332

CERTIFICATE OF DEATH

✓1063F 64332

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 200 S. Quinton St. 26-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOHN WILLIAM KIRCKHOFF

If U. S. Veteran specify WAR

(a) Residence: No. 200 S. Quinton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Minnie C. Kirckhoff

6. DATE OF BIRTH (month, day, year) Dec. 28, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	11	29 30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman-ChemicalCo

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year) June 1935

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Kirckhoff

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME ? Briesier

16. BIRTHPLACE (city or town) (State or country) Cumberland, Md.

17. INFORMANT Mrs. Minnie C. Kirckhoff

(Address) 200 S. Quinton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Dec. 30. 1939

19. UNDERTAKER HENRY SANDER & SON INC by J. Hunter

(Address) Baltimore & Broadway

20. FILED DEC 29 1939 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 23 1933 to Dec 27 1939

I last saw him alive on Dec 27 1939. Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchiectasis	Gradual
Other contributory causes of importance: Acute Nephritis	12/1/39

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinically Was there an autopsy?

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Acid manufacture

(Signed) S. K. Litchman M. D.

(Address) 395 S. Highland Ave.

VS 8

F 64333

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1602 Ruttland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 61 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1602 Ruttland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura E. Langley.

3 (b) If veteran, name war: no

3 (c) Social Security Account No. no.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Clarence N. Langley

6 (c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): June 24. 1878

8. AGE: Years 61 | Months 6 | Days 4. | If less than one day: hr. min.

9. Birthplace: Balto. Md (Town, county and state)

10. Usual Occupation: House Wife yrs 37

11. Industry or business

FATHER
12. Name: William H. Brown
13. Birthplace: Va

MOTHER
14. Maiden Name: Annie Poteet
15. Birthplace: Md.

16 (a) Informant: Clarence N. Langley
(b) Address: 1602 Ruttland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 30 1939 (month) (day) (year)
(c) Cemetery or crematory: Mt. Carmel
Location: City

18 (a) Funeral director: Mr. Mrs. John W. Teufel & Son
(b) Address: 801 W. Fayette St.

19 (a) Dec 29 1939 (b) Registered: Hunting Mrs. Williams Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 28 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/23 1932 to 10/16 1939. and that I last saw h[er] alive on 10/16 1939.

Immediate cause of death	Duration
Chronic Myocarditis	Chronic
Due to Hypertension	Chronic
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury

23. Signature: M. H. Cumin
Address: 2310 Eutaw Pl. Date signed: 12/29/39

64334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1+8 / 108

Registered No. F 64334

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 201 Newberg Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? yrs.

3 (a) FULL NAME Mr. William Hamilton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mrs Estelle Hamilton
6 (c) If alive, give age yrs.

7. Birth date of deceased (mo., day, yr.) Feb 24, 1872

8. AGE: Years	Months	Days	If less than one day
67	10	4	hr. min.

9. Birthplace Parkeville Md. (Town, county, and state)
10. Usual Occupation Superintendent
11. Industry or business U.S. Post Office

FATHER
12. Name Orman Hamilton
13. Birthplace Balto. County, Md

MOTHER
14. Maiden Name Mc Dermid
15. Birthplace New York

16 (a) Informant Mrs Estelle Hamilton
(b) Address 201 Newberg Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-39 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md

18 (a) Funeral director George A Tracey
(b) Address Catonsville, Md

19 DEC 29 1939 (b) Huntington Williamson, Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 1939 at 6:35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 23 1939 to Dec 28 1939, and that I last saw him alive on Dec 28 1939.

Immediate cause of death	Duration
Lobar Pneumonia	12 days
Cardiac Decompensation	
Due to Arteriosclerotic C-V-Disease	10 yrs?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frederick J. Tallmer M. D.
Address Mercy Hosp. Date signed 12-28-39

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

64335 CERTIFICATE OF DEATH X 34-E F 64335

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St. 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 21 dys. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME Eldred Blevins

If U. S. Veteran specify WAR

(a) Residence: No. Granite Md. St., Ward. Balto. Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 22, 1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Morresburg Tennessee

FATHER

13. NAME Daniel Blevins

14. BIRTHPLACE (city or town) (State or country) Morresburg Tennessee

MOTHER

15. MAIDEN NAME Josephine Gray

16. BIRTHPLACE (city or town) (State or country) Morresburg Tennessee

17. INFORMANT Katie Hodge

(Address) Granite Maryland

18. BURIAL, CREMATION, OR REMOVAL Woodward County

Place H. Glenwood Cem. Date Dec. 30, 1939

19. UNDERTAKER Mrs. R. A. Elliott & Daughter

(Address) 1400 Caroline St.

20. FILED DEC 29 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-26, 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-2-, 1939 to 12-26, 1939

I last saw h/~~her~~ alive on 12-26-, 1939. Death is said to have occurred on the date stated above, at 12 1/2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Luetic Pachymeningitis	
C.N.S. ~~Lues~~ Syphilis	
Atrophic Calcified Left Kidney	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Wass Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. P. Thompson, M. D.

(Address) St. Joseph Hosp

F 64336

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48

Registered No. F 64336

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3918 Garrison Avenue
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 41-3-2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ✓
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3918 Garrison Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Margaret Delores Tivvis

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband ~~or wife~~ John F. Tivvis

6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) Sept 26-1898

8. AGE: Years	Months	Days	If less than one day
41	3	2	hr. min.

9. Birthplace Baltimore. Md (Town, county, and state)

10. Usual Occupation Housewife 0037

11. Industry or business Home

FATHER
12. Name Joseph Ettamaithen
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret King
15. Birthplace Unknown

16 (a) Informant Mrs John F. Tivvis
(b) Address 3918 Garrison Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 30-1939 (month) (day) (year)

(c) Cemetery or crematory Lorraine
Location Baltimore Co. Md

18 (a) Funeral director Wm J Eichenlaub
(b) Address 1900 E Pratt Ave

19 DEC 29 1939 (Date rec'd by Registrar) (b) Huntingtown Williams MD (Signature of Registrar)

MEDICAL CERTIFICATION A

20. DATE OF DEATH December 28 1939, at 11:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 29 1939, to Dec 28 1939, and that I last saw her alive on Dec 28 1939.

Immediate cause of death METASTASIS FROM CARCINOMA (ADENO) CERVIX

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
Not Known
ATLEAST 1 YEAR

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas Hoffman M. D.
Address 8 East Read St Date signed 12/29/39

VS 8

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

64337 — CERTIFICATE OF DEATH — 120 — F 64337

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3026 Woodland ave St. 27-17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Ellen Shower

(a) Residence: No. 3026 Woodland ave St. Ward. 27

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Moses Shower

6. DATE OF BIRTH (month, day, year) Nov 17, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Russell Green

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary E. Holsclaw

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Ella S. Marshall

(Address) 3026 Woodland Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Mt. Jackson, Va. Date Dec 31st 1939

19. UNDERTAKER Wm. J. Zeltner & Sons

(Address) North & Pa Aves Huntington Williams, W.Va.

20. FILED DEC 29 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 15/37, 19 39 to Dec 29, 19 39

I last saw h. alive on Dec 28, 19 39 Death is said to have occurred on the date stated above, at 1:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Unknown

Other contributory causes of importance:

Diarrhoea Senility	Dec 15 1939

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) C. E. Hoge M. D.

(Address) 4936 Park Heights Ave

(OCCUPATION is very important. See instructions on back of certificate.)

CoRUM

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64338

CERTIFICATE OF DEATH

71-W F 64338

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 31 W. Bond St. 6-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Jennie Corum

(a) Residence: No. 31 W. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Wd

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Corum

6. DATE OF BIRTH (month, day, year) May 5, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Loudey Co. (State or country) Va.

FATHER

13. NAME James Scott

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Jennie Thomas

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Henry Corum (Address) 31 W. Bond.

18. BURIAL, CREMATION, OR REMOVAL Place Annie Mont. Cem. Date Dec 31 1939

19. UNDERTAKER Robert E. Williams (Address) 1615 McElderry St.

20. FILED DEC 29 1939 Huntington Williams M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19 1939 to Dec. 27 1939

I last saw Mount alive on Dec. 27, 1939. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anaemia	12-1-39
Asthenia	12-19-39

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Drew L. Berry M. D.

(Address) 1420 E. Chase

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64339

CERTIFICATE OF DEATH

48 F 64339

Registered No. _____

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR _____

2. FULL NAME Louise Higgins

(a) Residence: No. 1028 Poplar Grove St. St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. R. Higgins

6. DATE OF BIRTH (month, day, year) Sept. 17-1864

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
75	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Alex J. White

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Waltrade Altie

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Patient. E. W. White
(Address) 1028 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL
Place New Bath, Date 12/30, 39

19. UNDERTAKER John A. Hogan
(Address) 3010 E. Baltimore St

20. DEC 29 1939 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 23, 1939 to December 27, 1939

I last saw her alive on December 27, 1939. Death is said to have occurred on the date stated above, at 6:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix	?
Metastasis to lungs	?
Other contributory causes of importance:	

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) L. H. Pierce, M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 64340

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 Registered No. F 64340

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 530 N. Highland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 530 N. Highland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 65 years

3 (a) FULL NAME Henrietta Engler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Gottlieb Engler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5 1850

8. AGE: Years	Months	Days	If less than one day
89	7	22	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Mr Johnke
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs Caroline Engler
(b) Address 530 N Highland Ave

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 12/30/39 (month) (day) (year)
(c) Cemetery or crematory Dunity Cem.
Location O'Donnell St

18 (a) Funeral director John C Miller Inc
(b) Address 2435 E Oliver St

19 (a) DEC 29 1939 (Date rec'd by Registrar) Registrar Washington Mitchell MD

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1939, at 2.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 12 1939, to Dec 27 1939, and that I last saw h[er] alive on Dec 27 1939

Immediate cause of death Arteriosclerosis

Duration 5 Years.

Due to Hypertension.
Chronic Nephritis.

Duration 5 Years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Agnes F Kavanagh M.D.
Address 3328 W Eldery St Date signed 12/29/39

VS 8

F 64341

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

205-M Registered No. F 64341

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D C. (b) County Washington
(c) City or town Washington
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1207 B St. S E
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLES QUERY

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1910

8. AGE: Years	Months	Days	If less than one day
29			hr. min.

9. Birthplace ? (Town, county, and state)
10. Usual Occupation 1087
11. Industry or business

FATHER
12. Name Jas R
13. Birthplace N C

MOTHER
14. Maiden Name Anna C Walton
15. Birthplace N C.

16 (a) Informant
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1 (month) 1 (day) 40 (year)
(c) Cemetery or crematory CEDAR HILL
Location WASHINGTON DC.

18 (a) Funeral director Wm J. Ecclesine & Sons
(b) Address North Capitol & Rhode Island Ave.

19 DEC 30 1939 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 29 1939, at 2:10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture right ilium	—
Wound, penetrating, abdomen	
Due to	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec 29, 1939
(c) Where did injury occur? Conductor 15+2 plant Rantoul Ind. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial While at work? yes
(Specify type of place)
(e) Means of injury struck by piece of pulley wheel
23. Signature H. W. Williams M.D. Medical Examiner.
Date signed Dec 29, 1939

VS 6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a

Registered No. F 64342

64342

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1112 E. Lanvale st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 57 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
Street No. 1112 E. Lanvale St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William G. Goodling

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) ~~Single, married~~, widowed, or divorced: Widowed

6 (b) Name of ~~husband or~~ wife Mary M. Goodling
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 11th 1864

8. AGE: Years 75 | Months 9 | Days 17 | If less than one day hr. min.

9. Birthplace (State or Country) York Co (Pa) | Occupation Carpenter
(Town, County, and State) yrs

10. Usual Occupation Merchants Mercers Transportation

11. Industry or business

FATHER
12. Name Noah Goodling
13. Birthplace Pa

MOTHER
14. Maiden Name Mary (Unknown)
15. Birthplace Pa

16 (a) Informant George W. Goodling
(b) Address 1112 E. Lanvale st

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 12/30/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Lorraine
Location Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) DEC 30 1939 Registered, Registrar (b) Entered by Williams, M.E. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28th 1939, at 8:57 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased ~~from~~ July 10 1937 to Dec 28 1939, and that I last saw h~~im~~ alive on Dec 28 1939.

Immediate cause of death
Uremia Nephritis — Duration 7

Due to Cerebral Hemorrhage — 10 hours

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Thomas M. D.
Address 3136 Hanford Rd Date signed 12/31/39

VS 3

F 64343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No. F 64343

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2500 Maryland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 40yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2500 Maryland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Stanley Peters

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Ann Turner Peters

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 26 1878

8. AGE: Years	Months	Days	If less than one day
61	0	3	hr. min.

9. Birthplace Centreville Md. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Balto. City Tax Bureau

FATHER
12. Name William P. Peters
13. Birthplace Centreville Md

MOTHER
14. Maiden Name Catherine Wooley
15. Birthplace Centreville Md.

16 (a) Informant Ann Turner Peters
(b) Address 2500 Maryland Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/1/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1918 St Paul St

19 (a) DEC 30 1939 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29th 1939, at 2:45 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Dec 27 1939 to Dec 29 1939 and that I last saw h alive on Dec 29 1939.

Immediate cause of death
Due to Cerebral Hemorrhage
Due to Chronic Nephritis
Other Conditions

Duration
1 day
1 day

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury

23. Signature H. A. Richardson M.D.
Address 1124 N. Calvert St Date signed Dec. 30 1939

VS 2

F 64344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

34-F-947 Registered No. F 64344

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2210 Mura St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
Street No. 2210 Mura St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William S. Russell

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-09-0247

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of ~~husband or wife~~ wife Annie M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10-1875

8. AGE: Years 64 Months 7 Days 19 If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Retired car man

11. Industry or business R.R.

FATHER 12. Name Geo. A. Russell

13. Birthplace Balto.

MOTHER 14. Maiden Name Nellie Chaek

15. Birthplace Harford Co Md

16 (a) Informant Annie M. Russell

(b) Address 2210 E. Mura St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-40 (month) (day) (year)

(c) Cemetery or crematory Balto

Location Balto Md

18 (a) Funeral director Wm Cook

(b) Address 1217 St Paul St

19 DEC 30 1939 (Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1937, to Dec 29 1939, and that I last saw ~~him~~ alive on Dec. 26 1939.

Immediate cause of death Coronary Thrombosis

Due to Senile Cardiovascular Disease

Duration 10 years.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Earl Linaman M. D.

Address 212 N Patterson Park Ave Date signed 12/29/39

VS 3

F 64345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 ✓ Registered No. F 64345

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 320 S. Wolfe St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 320 S. Wolfe St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carrie Louise Benny

3 (b) If veteran, name war -------
3 (c) Social Security Account No. 212-07-5722

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ----------
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 3rd. 1905

8. AGE: Years	Months	Days	If less than one day
34	4	24	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Operator
11. Industry or business Cohen-Goldman, Clothier

FATHER
12. Name Howard Benny
13. Birthplace -------

MOTHER
14. Maiden Name Carrie Brown
15. Birthplace -------

16 (a) Informant Mr. Nicholas Piacentino
(b) Address 123 Market Place Balto. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 30/39 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md.

18 (a) Funeral director Philip Hennig Sons
(b) Address 2016 Orleans St.

19 (a) DEC 30 1939 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 27 1939, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 22 1939 to Dec 25 1939 and that I last saw h[illegible] alive on Dec 25 1939

Immediate cause of death — Duration

Organic heart disease — 6 Days

Due to

Due to

Other Conditions Chr nephritis — 5 Yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hertz J Hennig M. D.
Address 2700 Harford Rd Date signed Dec 29. 1939

VS 8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64346 — 46-D — Registered No. F 64346

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 1mo6da
(e) Length of stay in Baltimore (yrs., mos., or days): 1 mo. 6 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Pennsylvania County:
(c) City or town: Marcus Hook (If outside city or town limits, write RURAL and give town)
(d) Street No.: S.W. Cor. 3rd and Linden Sts. (If rural give location)
(e) If foreign born, how long in U. S. A.? 22 years

3 (a) FULL NAME: Krish Kaspard

3 (b) If veteran, name war:

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Anna Tumel Kaspard
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 24, 1881

8. AGE: Years	Months	Days	If less than one day
57	1	10	hr. min.

9. Birthplace: Liebaw, Latvia (Town, county, and state)
10. Usual Occupation: Wiper-SS Malacca
11. Industry or business: Seafaring

FATHER
12. Name: Herman Kaspard
13. Birthplace: Latvia

MOTHER
14. Maiden Name: Marie Drimin
15. Birthplace: Latvia

16 (a) Informant: Records-U. S. Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) (Burial, cremation, or removal) (b) Date thereof: 12/30/39 (month) (day) (year)
(c) Cemetery or crematory: St Marys.
Location: Hampden

18 (a) Funeral director: Bladen & Adler
(b) Address: 4907 York Road

19 DEC 30 1939 (Date filed by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 23, 1939, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 13, 1939, to Dec. 23, 1939, and that I last saw him alive on Dec. 23, 1939.

Immediate cause of death: Carcinoma of stomach — Duration: Unknown
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Exploratory laparotomy
Of autopsy: Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: K L Bryant M. D.
Address: U. S. Marine Hospital, Baltimore, Maryland. Date signed: 12-30-39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64347

CERTIFICATE OF DEATH

131 F 64347

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2335 Ivy Green St. 27-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Carolina F. Howard

If U. S. Veteran specify WAR

(a) Residence: No. 2335 Ivy Green St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Deceased

6. DATE OF BIRTH (month, day, year) 3/17/1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME James Neal

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Arthur Jones

(Address) 2335 Ivy Green

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Cemetery Date 12/30 19 39

19. UNDERTAKER Archibald A. Hodder

(Address) 2140 N. Carrollton Ave.

20. FILED DEC 30 1969 19 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27 19 39

22. I HEREBY CERTIFY, That I attended deceased from 12-17 19 39 to 12-27 19 39

I last saw her alive on 12-27 19 39 Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Weakness Renal Lesion	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) 2023 Linden Ave

OCCUPATION is very important. See instructions on back of certificate.

VS 3

51268-FS

F 64348

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 ✓

Registered No. F 64348

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1303 Washington Blvd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Brady (George Washington Brady.)

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Nellie Kelly

6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) 3-3-1886

8. AGE: Years 53 | Months 9 | Days 25 | If less than one day: hr. min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name Frederick Brady
13. Birthplace Chicago, Ill.

MOTHER
14. Maiden Name Rose Hepman
15. Birthplace Chicago, Ill.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/39 (month) (day) (year)
(c) Cemetery or crematory Pachidge Memorial
Location Washington Blvd

18 (a) Funeral director Robert Brooks & Son
(b) Address Calhoun & Hollins sts

19 (a) DEC 30 (Registered by registrar) (b) Huntington Williams Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 28 1939, at 5 40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 24 1939, to Dec. 28 1939, and that I last saw h. alive on Dec. 28 1939.

Immediate cause of death: Lobar Pneumonia — Duration: 7 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. M. Waghelstein M. D.
Address Balto City Hosp. Date signed 12-29-39

VS 2

64349

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. F 64349

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balt. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City Balto
(c) City or town Balto Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1222 Carroll St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Ida W. Watson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Wm Watson

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Feb 22 1887

8. AGE: Years 52 | Months 10 | Days 7 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Housework 037

11. Industry or business At home

FATHER
12. Name Leonard Deer
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Mary Hemke
15. Birthplace Balto Md.

16 (a) Informant Miss Grace Watson
(b) Address 1222 Carroll St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location A.A. Co.

18 (a) Funeral director Bernard C. Harlr
(b) Address 121 E Mt St

19 (a) DEC 30 1939 (Date rec'd by registrar) (b) Huntington Williams, M.D. Address

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-29 1939 at 3 45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-21 1939 to 12-29 1939 and that I last saw h alive on 12-29 1939

Immediate cause of death: Cerebral Hemorrhage
Duration: 8 days
Due to Hypertension
Cardio Vascular Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John P. Urlock Jr. M. D.
Address Serv. to Balt Gen Hosp

12-29-39

VS 8

F 64350

Boehm

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 64350

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 732 W. Cross St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 732 W Cross St
(If rural give location)
(e) If foreign born, how long in U. S. A. Unknown years

3 (a) FULL NAME Barbara M. Boehm
3 (b) If veteran, name war
3 (c) Social Security Account No. 212-09-9534
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Unknown
8. AGE: Years 59 Months Days If less than one day hr. min.
9. Birthplace Germany (Town, county, and State)
10. Usual Occupation Sorting Labels 10 8 6
11. Industry or business U.S. Printing Co

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Katherine Deminger
(b) Address 732 W. Cross St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/ 1/ 1940 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore, Md
18 (a) Funeral director Wm. F. Porter
(b) Address 1728 W. Fulton Ave
19 (Date received by Registrar) DEC 30 1939 Huntington, Williamstown, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28, 1939 at 3 P.M
21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 18 1939 to Dec 28 1939 and that I last saw h alive on Dec 28 1939.

Immediate cause of death: Carcinoma of Uterus — Duration 7 yrs
Due to: Carcinoma Left Kidney — Duration 2 years
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Harry Hoate M. D.
Address 523 Scott St Date signed 12-29-39

VS 8

64351 F 64351

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2623 Washington Blvd. St., 7-5-2 Ward) Register's No. .....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Thomas Pugh — If U. S. Veteran specify WAR .....

(a) Residence: No. 2623 Washington Blvd St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie L. Pugh

6. DATE OF BIRTH (month, day, year) May 3, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	7	27	28

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mabel Swindell (Address) 2623 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL Place Richmond, Va. Date Dec. 31, 1939

19. UNDERTAKER Bernard A. Fink (Address) 1800 N. Broadway

20. FILED DEC 30 1939 Huntington Nebraque, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1937 to Dec 30, 1939

I last saw h.lhg. alive on Dec 30, 1939 Death is said to have occurred on the date stated above, at 3:35 A m.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Gangrene Right Foot	2 Wks
Other contributory causes of importance: Generalized Arterio Sclerosis	?
Mitral Insuff.	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Exam. Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury — 19..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C P Rostking M. D.

(Address) 2623 Washington Blvd.

64352

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43 C ✓ Registered No. F 64352

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 mos
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto Co.
(c) City or town Cockeysville, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME J. Walter Cole

3 (b) If veteran, name war — | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
65 yr			hr. min.

9. Birthplace Cockeysville, Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Jacob Cole
13. Birthplace Md

MOTHER
14. Maiden Name Mary J. Rhine
15. Birthplace Md

16 (a) Informant Mrs. Emory R. Cole
(b) Address 713 Brookhurst

17 (a) Cockeysville (Burial, cremation, or removal) (b) Date thereof 12-31-1939 (month) (day) (year)
(c) Cemetery or crematory Cockeysville, Md
Location Cockeysville, Md.

18 (a) Funeral director Hugh C. Gibson
(b) Address 1735 Druid Hill Ave

19 (Registrar's signature) Huntington Williams, M.D.
DEC 30 1939

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-27-39 19 at 12:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-27-39 to 12-27-39 and that I last saw h___ alive on 12-27-39

Immediate cause of death — Duration

Chr. Myocarditis — several yrs.

Due to Uremia Nephrosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Cat. McGuey M.D.
Address Provident Hospital Date signed 12/31/39

64353

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23 Registered No. F 64353

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 233 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 209 W. Hoffman St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Washington (44550)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14, 1922

8. AGE: Years	Months	Days	If less than one day
17	7	10 13	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Horatio
13. Birthplace Md.

MOTHER
14. Maiden Name Carrie Thompson
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 12-30-39 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Westport

18 (a) Funeral director Adolphus Hall
(b) Address 916 Druid Hill Ave.

19 Date of filing DEC 30 1939 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 27, 1939, at 2:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 8, 1939, to Dec. 27, 1939, and that I last saw him alive on Dec. 27, 1939

Immediate cause of death Tuberculosis of mediastinal lymph nodes — Duration Feb 1939

Due to Tuberculosis of the lungs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto. City Hospitals Date signed 12-27-39

VS 3

F 64354

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

Registered No. F 64354

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 260 W Biddle St - rear room
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 260 W. Biddle St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Theodore Kell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Widowed

6 (b) Name of husband or wife Celeste
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1856

8. AGE: Years	Months	Days	If less than one day
83			hr. min.

9. Birthplace Calvert Co. Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Basil Kell
13. Birthplace Calvert Co. Md.

MOTHER 14. Maiden Name Mary Jane
15. Birthplace Calvert Co. Md.

16 (a) Informant Miranda Mitchell
(b) Address 552 St Mary's St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 12-2-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 DEC 30 1930 Registered by Registrar

MEDICAL CERTIFICATION 445P

20. DATE OF DEATH December 27 1930 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cardio-vascular-renal disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.
Date signed 12/28/30

VS 6

64355

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94B Registered No. F 64355

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4304 Wentworth Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
26 N (b) Street No. 4304 Wentworth Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME HOWARD C BURCHFIELD

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03-0188

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Bessie E
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) June 28, 1882

8. AGE: Years	Months	Days	If less than one day
57	6	1	..... hr. ..... min.

9. Birthplace Ashland Pa (Town, county, and state) Pobb

10. Usual Occupation Coal Salesman
11. Industry or business Gen. Coal Bus

FATHER
12. Name Clevers Burchfield
13. Birthplace Pa

MOTHER
14. Maiden Name Ida Otte
15. Birthplace Germany

16 (a) Informant Bessie E Burchfield
(b) Address 4304 Wentworth Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2/40 (month) (day) (year)
(c) Cemetery or crematory Mountain Spring
Location Ashland Pa

18 (a) Funeral director William Leese
(b) Address 1217 St Paul St

19 DEC 30 1939 (Date received by Local Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29, 1939 1939, at 11 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to ..... —

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature H. W. Williams M.D.
Medical Examiner.
Date signed Dec 29, 1939

VS 6

64356

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108 ✓ F 64356 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3803 Norfolk ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3803 Norfolk ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

69

3 (a) FULL NAME Yetta Bertha Levi ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	W.

6 (b) Name of husband or wife Late Samuel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867.

8. AGE: Years	Months	Days	If less than one day
72	—	—	— hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Solomon H. Goldberg
13. Birthplace Russia

MOTHER
14. Maiden Name Miriam Greenhood
15. Birthplace Russia

16 (a) Informant Mrs Harry L. Falk.
(b) Address 3803 Norfolk ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31/39 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Rd.
Location

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1824-26 W. North ave

19 (a) DEC 30 1939 (Registrar's signature) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29, 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec-19-1939. to Dec-29-1939 and that I last saw her alive on Dec-29-1939.

Immediate cause of death	Duration
Lobar Pneumonia	9 days
Due to	
Due to	
Other Conditions Coronary Thrombosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Herman Seidel, M.D. Address 2404 Eutaw Place Date signed 12/30/39

VS 3

F 64357

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C Registered No. F 64357

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2235 Barclay Street
(c) Hospital or institution: ----
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) 70 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1604 John Street (If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME Jennie Akehurst

3 (b) If veteran, name war ---
3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ---
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Dec 31st 1862

8. AGE: Years	Months	Days	If less than one day
76	11	28	hr. ---- min.

9. Birthplace Baltimore County, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business ---

FATHER
12. Name Richard Akehurst
13. Birthplace Baltimore County, Md.

MOTHER
14. Maiden Name Julia Kidd
15. Birthplace Unknown

16 (a) Informant Mrs. David H. King
(b) Address 3626 T St., N.W. Wash, D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 30th 1939 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Aves.

19 (c) DEC 30 1939 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 29th 1939, at 12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1st 1939 to Dec 29 1939, and that I last saw h-- alive on Dec 29 1939.

Immediate cause of death: Chronic Myocarditis — Duration: 4 Months
Due to: Unknown with Acute Dilitation
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Conrad Bode M. D.
Address 1900 Maryland Ave Date signed Dec 30/39

VS 3

64358

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93c ✓ Registered No. 64358

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 800 N. GLOVER ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 800 N. GLOVER ST.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 58 years

3 (a) FULL NAME MATILDA KOENIGBAUER

3 (b) If veteran, name war: NONE
3 (c) Social Security Account No.: NONE

4. Sex: FEMALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: WIDOWED

6 (b) Name of husband or wife: JOHN H. KOENIGBAUER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAR. 23 1870

8. AGE: Years 69 | Months 9 | Days 11 | If less than one day hr. min.

9. Birthplace GERMANY (Town, county, and state)
10. Usual Occupation HOUSE WORK
11. Industry or business AT HOME

FATHER
12. Name JOHN KUEMMETH
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKOWN
15. Birthplace GERMANY

16 (a) Informant MRS. AUGUST TUREK DAUGHTER
(b) Address 800 N. GLOVER ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 2 1940 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART CEM.
Location GERMAN HILL RD.

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 403 S. WOLFE ST.

DEC 30 1939 (a) (Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC. 28 1939 at 8/20 M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1938 to Dec 28 1939. and that I last saw h[illegible] alive on Dec 28 1939.

Immediate cause of death: Hypertensive Cardiovascular Disease — Duration: Dec 1 1938
Due to: Chr. Myocarditis — Duration: Dec 26 1939
Due to: Cerebral Hemorrhage
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Ed Schemmeth M. D.
Address 842 S. Ea[illegible] Ave. Date signed 12-30-39

VS 8

F 64359

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

99 Registered No. F 64359

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County BALTO.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 521 North Point Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? LIFE years

3 (a) FULL NAME Catherine Wiegmann

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NONE

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Frank
6 (c) If alive, give age: 40 years

7. Birth date of deceased (mo., day, yr.) 12-5-02

8. AGE: Years 37 | Months 0 | Days 24 | If less than one day: 2 hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Christopher Ropka
13. Birthplace Md

MOTHER
14. Maiden Name Eva Goad
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 2 / 40 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART CEM
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly & Feiler INC.
(b) Address 403 S. WOLFE ST.

19 DEC 30 1939 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 1939 at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1939 to Dec 28 1939 and that I last saw her alive on Dec 28 1939

Immediate cause of death: Mesenteric Venous Thrombosis
Recurrent Mesenteric Venous Thrombosis
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration: 2 Months last acute 10 hrs Long

Major findings:
Of operations Recurrent mesenteric thrombosis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature George H. Strong M. D.
Address Johns Hopkins Hosp Date signed Dec 29, 1939

VS 2

64360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-N F 64360 Registered No.

1. PLACE OF DEATH: Provident Hosp
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1996 Penna ave (If rural give location)
1006
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Underwood

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife James Underwood | 6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years 59 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace N. C. (Town, county, and state) 1937

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Richard Romnegar

13. Birthplace N. C.

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Mrs. Maggie Evans

(b) Address 1996 Penn Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/39 (month) (day) (year)

(c) Cemetery or crematory Kenaan N. C

Location

18 (a) Funeral director Thos E. Kelson

(b) Address 1303 Presstman St

19 (a) DEC 29 1939 (b) Huntington Williams Dept Health

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/28 1939, at 6:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/7 1939 to 12/28 1939 and that I last saw h[illegible] alive on 12/22/1939.

Immediate cause of death: Suppurative Mediastenitis Secondary

Due to

Due to

Other Conditions Fracture both bones 24 days
1/3 left femur
(Include pregnancy within 3 months of death)

Major findings of operations None

Of autopsy Superior Mediastenitis Secondary

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Oct 7th, 1939
(c) Where did injury occur? 1006 Pennsylvania Ave, Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Fell down stairs

23. Signature H. C. Wellcome M.D.

Address Provident Hosp Date signed 12/30/39

H. Z. Wollenweber M.D. Attending

VS 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

64361

CERTIFICATE OF DEATH

131 F 64361

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St., 8-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Elizabeth Lumberson

If U. S. Veteran specify WAR

(a) Residence: No. 1231 N. Caroline St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ericson Lumberson

6. DATE OF BIRTH (month, day, year) Feb 18, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	8 10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Schilling Sr

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Cathrin Henning

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Milton Schilling

(Address) 1122 E. Monument St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 1 1940

19. UNDERTAKER J. Fox McCully

(Address) 1132 E Fort Ave

DEC 30 1939

Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-28, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-19, 1939 to 12-28, 1939

I last saw her alive on 12-28 1939 Death is said to have occurred on the date stated above, at 3:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. nephritis	
Chr. myocarditis & hypertension	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? H.P.N. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry Fellman M. D.

(Address) St. Joseph's Hosp

VS 2

F 64362

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107-a

Registered No. F 64362

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5 S Dallas
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and also town)
(d) Street No. 5 S. Dallas St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Josephine Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex F | 5 Color or race Col | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 17-1938

8. AGE: Years 1 | Months 1 | Days 12 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation child

11. Industry or business

FATHER 12. Name Alfred Johnson

13. Birthplace Va

MOTHER 14. Maiden Name Katherine Seamon

15. Birthplace Balto Md

16 (a) Informant Alfred Johnson

(b) Address 5 S Dallas St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 30 / 39 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Braintree

18 (a) Funeral director E O Weber

(b) Address 1000 Brantley

19 (a) DEC 30 1939 (Date received by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29 1939 at 8 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 29 1939 to Dec 29 1939 and that I last saw h alive on Dec 29 1939.

Immediate cause of death Cystic Bronchiectasis - Pneumonia (Primary)

Duration Dec 26 1939

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George S Allen M.D.

Address 5 S Dallas St Date signed 12-30-39

VS 8

F 64363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 64363

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1914 Linden Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 25yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1914 Linden Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daniel G. Smit

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married, widowed, or~~ divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Isabella H. Smit
6 (c) If alive, give age 56 years
7. Birth date of deceased (mo., day, yr.) Aug 10 [illegible]

8. AGE: Years	Months	Days	If less than one day
69.	4	19	hr. min.

9. Birthplace Unknown
(Town, county, and state)
10. Usual Occupation Retired Room Manager
11. Industry or business Wilkinson Lunch Room

FATHER
12. Name E. Smit
13. Birthplace Unknown

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Isabella H. Smit
(b) Address 1914 Linden Ave

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 12/30/39 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto Md

18 (a) Funeral director William Bork
(b) Address 1417 St. Paul St

19 DEC 31 1939 (Date rec'd by Registrar) (b) Practitioner [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29th 1939 at 7:20 P.M.

21. I certify that death occurred on the date above-stated; that I attended deceased from ——— 1930 to 12.29 1939.
and that I last saw h[illegible] alive on 12.28 1939

	Duration
Immediate cause of death Pulmonary Edema	1 Day
Due to Cardio-Vascular disease	2 yrs
Due to Arteriosclerosis	3 Mos
Other Conditions Tobacco Bowels	11 yrs

(Include pregnancy within 3 months of death)
Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. B. Culver Baer M.D.
Address 1901 Eutaw Date signed 12/30/39

VS 3

F 64364

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

H4-B

F 64364 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland ✓
(b) Street address 5511 Stonington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 59yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Me (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5511 Stonington Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Wilson Suter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Hettie Virginia Suter

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Sept 15-1879

8. AGE: Years 60 | Months 3 | Days 14 | If less than one day hr. min.

9. Birthplace Altoona Pennsylvania (Town, county, and state)

10. Usual Occupation Customs Inspector

11. Industry or business U. S. Govt.

FATHER 12. Name Samuel H. Suter

13. Birthplace Frostburg, Md.

MOTHER 14. Maiden Name Margaret Elizabeth McCollum

15. Birthplace Balto Md.

16 (a) Informant Mrs. Suter (Wife)

(b) Address 5511 Stonington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/1/40 (month) (day) (year)

(c) Cemetery ~~or crematory~~ London Park

Location Balto. Md.

18 (a) Funeral director William Cook

(b) Address 127 St. Paul St

19 DEC 31 1939 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-29 1939, at 7:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 8 1939 to 12-29 1939, and that I last saw him alive on 12-28 1939.

Immediate cause of death Bronchial Pneumonia + Coronary Thrombosis — Duration

Due to Carcinoma of Lung.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Biopsy-Medical Examiner

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jack E. Bayne M. D.

Address 5511 Edmondson Ave Date signed 12-29-39

F 64365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45-B

F 64365 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2734 St Paul St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs William C. Newland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Fe.

5. Color or race: Wh.

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Willm C. Newland

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5th 1863

8. AGE: Years 76 | Months 6 | Days 25 | If less than one day hr. min.

9. Birthplace Chatham Co. N. C. (Town, county, and state)

10. Usual Occupation House work

11. Industry or business At Home

FATHER
12. Name Robert Henley
13. Birthplace Edinburgh Scotland

MOTHER
14. Maiden Name Mary Anna Johnstone
15. Birthplace Salisbury N. C.

16 (a) Informant Rev John Henley Day
(b) Address 2734 St. Paul St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/31/39 (month) (day) (year)
(c) Cemetery or crematory Bellevue
Location Lenora N. C.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) DEC 31 1939 (Date rec'd by registrar) (b) Huntingtot Wilkinson M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/30 1939 at 3:04 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/25 1939 to 12/30 1939, and that I last saw h.er alive on 12/30 1939.

	Duration
Immediate cause of death: Circulatory failure	
Due to: Last stage Bronchopneumonia	30 yrs 6 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. J. Burdett M.D.
Address Union Memorial Date signed 12/31/39

VS 3

64366

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

210-M

F 64366 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home + Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 412 S Lehigh St (If rural give location)
(e) If foreign born, how long in U. S. A.? 26-7 Life years

3 (a) FULL NAME BERTHA FISHER SCHMIDTMAN

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25, 1898

8. AGE: Years	Months	Days	If less than one day
41		3 4	hr. min.

9. Birthplace Baltimore Co. Md (Town, county, and state)
10. Usual Occupation housekeeper
11. Industry or business own home

FATHER
12. Name Ernest Fisher
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia Beck
15. Birthplace Baltimore

16 (a) Informant Mrs Esther Bernhardt
(b) Address 412 S Lehigh St - daughter

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 31. 1939 (month) (day) (year)
(c) Cemetery or crematory Zion Cemetery
Location Stemmers Run Md.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 2723 E. Preston St.

19 (a) (Signature of informant) (b) [illegible]

DEC 31 1939

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH December 28 1939, at 11 35 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death	Duration
Fracture, 6th cervical vertebrae	4 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Ass Above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence December 28, 1939
(c) Where did injury occur? Near Philadelphia Rd near Middle River Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public place While at work? (Specify type of place)
(e) Means of injury Tire blew out and car overturned

23. Signature H. Lee Wallenmeyer M.D. Medical Examiner.
Date signed Dec 29, 1939

64367

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 23

F 64367
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 242 - S. Collins ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 242 S. Collins Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry E. Huster

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-1878

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife late Loretta M. Huster
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feby 7. 1886

8. AGE: Years 53. | Months 10 | Days 22 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Silver polisher

11. Industry or business S. H. Katz

FATHER
12. Name Joseph E. Huster
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Wilhelmina C. Weber
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs Leo Brown
(b) Address 242 S Collins Ave

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 1/2/1940 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem.
Location 3800 Frederick Ave

18 (a) Funeral director John J Cowan & Son
(b) Address 901 Hollins St

19 (a) (Date rec'd by registrar) (b) Hunting for Williams M.D. Registrar

EC 27 1939
VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29th 1939, at 5.30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1937, to Dec. 29 1939
and that I last saw h[illegible] alive on 12-27 1939.

Immediate cause of death	Duration
Cardiac	
Terminal Bronchial Pneumonia	
Due to	
Pulmonary Tuberculosis	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. H. Lemmon M. D.
Address 4209 Fund Ave Date signed 12-30-39

F 64368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/31

F 64368
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2427 Lauretta Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2427 Lauretta Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Birmingham

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	colored	Widow

6 (b) Name of husband or wife late Martin J. Birmingham
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) October 1868

8. AGE: Years	Months	Days	If less than one day
71.			hr. min.

9. Birthplace Ireland. (Town, county, and state)
10. Usual Occupation House work
11. Industry or business

FATHER
12. Name Michael Hamberry.
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Donohue
15. Birthplace Ireland

16 (a) Informant Mr John J. Hamberry
(b) Address 2427 Lauretta Ave

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Jan 1-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cemetery
Location 4300 Old Frederick Road

18 (a) Funeral director John F. Cooney & Son
(b) Address 901 E. Fallsway St.

19 (a) 1939 (Date rec'd by Registrar) (b) Number of Burial Permit 4 Filing No. Williams M.R.

EC 31

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28th 1939, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 4 1939 to Dec 28, 1939.
and that I last saw h alive on Dec 28, 1939.

Immediate cause of death	Duration
(a) Chronic Dil. Myocarditis.	6 Mo.
Due to —	
Due to —	
Other Conditions None.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None.
Of autopsy None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John S. Montgomery M. D.
Address 888 N. Eutaw St. Date 12/29/39.

64369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 P F 64369
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U.O.A. West Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2808 W Lanvale st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William J Miller

3 (b) If veteran, name war —

3 (c) Social Security Account No. 049-10-5208

4. Sex M | 5. Color or race W | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of ~~husband~~ or wife Helen C. Miller

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) 6 - 29 - 1900

8. AGE: Years 39 | Months 6 | Days 2 | If less than one day hr. min.

9. Birthplace Huntsville - Alabama (Town, county, and state)

10. Usual Occupation Auto mechanic

11. Industry or business

FATHER 12. Name James Miller
13. Birthplace Alabama

MOTHER 14. Maiden Name Augusta Freeman
15. Birthplace Alabama

16 (a) Informant Mrs. Helen C. Miller
(b) Address 2808 W. Lanvale st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-1-40 (month) (day) (year)
(c) Cemetery or crematory St. Mary's Cemetery
Location New London Conn.

18 (a) Funeral director Geo. W. Little
(b) Address 2700 Edmondson Ave.

DEC 31 1939 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

3 5a

20. DATE OF DEATH December 31 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H H Sandelfield M.D. Medical Examiner.
Date signed 12/31/39.

V8 6

F 64370

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64370

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 218 N. Front St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 47

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and also town)
(d) Street No. 218 N. Front St (If rural give location)
(e) If foreign born, how long in U. S. A.? 47 years

3 (a) FULL NAME Jacob Bierstman

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Rebecca
6 (c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 67 | Months | Days | If less than one day: hr. min.
9. Birthplace: Russia (Town, county, and State)
10. Usual Occupation: Re Real Estate
11. Industry or business:

FATHER
12. Name: Frank Bierstman
13. Birthplace: Russia

MOTHER
14. Maiden Name: Ella
15. Birthplace: Russia

16 (a) Informant: Eli Bierstman
(b) Address: Son

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-39 (month) (day) (year)
(c) Cemetery or crematory: Baltimore
Location: Rosedale

18 (a) Funeral director: Jack Levin Inc
(b) Address: 1439 E. Balto St

19 (a) Date received (Registrar) 12-31-1939 (b) Registrar: Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 1939, at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 21 1939 to Dec 29 1939, and that I last saw h— alive on Dec. 29 1939.

Immediate cause of death: Cerebral Hemorrhage
arteriosclerosis (C.V. Renal)
Duration: 8 days / 2 years

Due to:

Due to:

Other Conditions: Diabetes Mellitus
Duration: 2 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury: Married Levin

23. Signature
Address 4818 Reisterstown Rd M. D.
Date signed Dec 29, 1939

F 64371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No.

F 64371

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Franklin Sq. Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 33

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2418 Brehms ln
(If rural give location)
(e) If foreign born, how long in U. S. A.? 33 years

3 (a) FULL NAME Anna Gordon

3 (b) If veteran, name war: ✓
3 (c) Social Security Account No.: ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fe	white	Married

6 (b) Name of husband or wife: Samuel
6 (c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): 1891

8. AGE: Years	Months	Days	If less than one day: hr.	min.
48				

9. Birthplace: Ansard (Town, county, and state)
10. Usual Occupation: Home Wife
11. Industry or business: 37

FATHER
12. Name: Harry Silverman
13. Birthplace: Ansard

MOTHER
14. Maiden Name: Sybrid
15. Birthplace: Russia

16 (a) Informant: Samuel Gordon
(b) Address: Husband
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-1-1940 (month) (day) (year)
(c) Cemetery or crematory: Har Grace
Location: Rosedale
18 (a) Funeral director: Jack Eaves Jr
(b) Address: 1439 E. Baltimore St
19 (a) 1-1 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-31 1939, at 1:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 28 1939, to 12-31 1939, and that I last saw her alive on 12-31 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 days
Due to: Hypertensive Cardiovascular	
Due to: Disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: A B Dougharthy M. D.
Address: Franklin Sq Hosp Date signed 12-31-39

VS 3

F 64372 HEALTH DEPARTMENT—CITY OF BALTIMORE F 64372

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 High St. 3-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Cohen

If U.S. Veteran specify WAR .....

(a) Residence: No. 308 High St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or ~~WIFE~~ of) Esther Cohen

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 70 yrs			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. } none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. }

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Son - Ralph Cohen

(Address) 308 S. High St.

18. BURIAL, CREMATION, OR REMOVAL Mt. Carmel 12-31-39

Date

19. UNDERTAKER J. C. Levin & Sons

(Address) 1439 E. Monument St.

20. FILED DEC 31 1939 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1939 to Dec. 31, 1939

I last saw him alive on Dec. 28, 1939. Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Generalized Arteriosclerosis	
2. Hypostatic Cardio-Vascular renal disease	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Israel Rosen M. D.

(Address) 2413 E. Monument St.

F 64373

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B Registered No. E 64373

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 24 L
(b) Street address Belmont & Rutland
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 mos
(e) Length of stay in Baltimore (yrs., mos., or days) most of life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. 5
(If outside city or town limits, write RURAL and give town)
(d) Street No. Sinai Hospital
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Virginia (Jennie) Fuld
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug. 16, 1864
8. AGE: Years 75 | Months 4 | Days 14 | If less than one day hr. min.
9. Birthplace Washington, DC (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Samuel Fuld
13. Birthplace Unknown

MOTHER
14. Maiden Name Jennie —
15. Birthplace Unknown

16 (a) Informant Mrs. J. M. Hess
(b) Address Temple Gardens Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/1/40. (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director David Sonnheim & Son
(b) Address 1902 Eastern Ave.

19 JAN 1 1940 (b) (Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-30- 1939 at 11 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-28 1939, to 12-30 1939, and that I last saw h.e.y alive on 12-30 1939.

Immediate cause of death Cardiac failure — Duration 8 mos.

Due to Arteriosclerosis & atrophied Cerebral degeneration

Due to

Other Conditions Ca 6-I tract.

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ruby Asberlie M. D.
Address Date signed

64374

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

192-a

F 64374 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1020 N. Patterson Pk Ave

(c) Hospital or institution: At Home

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 1020 N. Patterson Pk Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? 53 years

3 (a) FULL NAME Amelia M. Caton

3 (b) If veteran, name war: —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John F. Caton

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 10, 1883

8. AGE: Years	Months	Days	If less than one day: hr.	min.
56	4	20		

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business At Home

FATHER — 12. Name Joseph Seegerer

13. Birthplace Germany

MOTHER — 14. Maiden Name Elizabeth Meier

15. Birthplace Germany

16 (a) Informant Anna E. Wellbrock

(b) Address 1020 N. Patterson Pk Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2, 1940 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Rd & Moravia Rd

18 (a) Funeral director Elmer W. Corbin

(b) Address 924 E. Eager St.

19 (a) DEC 31 1939 (Date filed by registrar) (b) Harry H. Willis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30 1939, at 10:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 21 1939 to Dec 30 1939, and that I last saw h[illegible] alive on 12/28 1939.

Immediate cause of death: Cerebral Embolus. — Duration 10 days

Due to: Rheumatic Endocarditis

Due to: —

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations No

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide No

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury —

23. Signature J. S. Hardesty M. D.

Address 4810 Belair Rd Date signed 1/20/39

VS 8

64375

HEALTH DEPARTMENT—CITY OF BALTIMORE

64375

CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1009 Brentwood Ave Ward) 10-1

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella Jane Alderson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1009 Brentwood Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): Jan 16, 1861

7. AGE: Years 78 | Months 11 | Days 16 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Hartford Co. Md

FATHER

13. NAME: Thomas Alderson

14. BIRTHPLACE (city or town) (State or country): Hartford Co. Md

MOTHER

15. MAIDEN NAME: Mary J. Baston

16. BIRTHPLACE (city or town) (State or country): Delaware

17. INFORMANT: Mrs. Tisdale

(Address) 1009 Brentwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Olivet Date: 1/1/40

19. UNDERTAKER: Leonard D. Carrington

(Address) 2121 W. 23rd St.

20. FILED: DEC 31 1939 Hunter for Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1939, to Dec 28, 1939

I last saw her alive on Dec 28, 1939. Death is said to have occurred on the date stated above, at 4:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Carcinoma of Breast	Dec 9 1936
Primary cancer of left elbow-Lung & Liver	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) N. G. Jones M. D.

(Address) 2818 St Paul St

64376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 64376

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp St. 9-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Tully (Tulley)

If U. S. Veteran specify WAR

(a) Residence: No. 700 E 30th St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H.

6. DATE OF BIRTH (month, day, year) Aug 14-1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward Guillen

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT William H Tully

(Address) 700 E. 30th St

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date Jan. 3 1940

19. UNDERTAKER William Cook

(Address) 1217 St Paul St

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-30-39. 19

22. I HEREBY CERTIFY, That I attended deceased from 12-25-39. 19 to 12-30-39. 19

I last saw h[illegible] alive on 12-30-39. 19 Death is said to have occurred on the date stated above, at 2:45 p.m. Pm

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Interstar Nephrosclerosis	5
Hypertensive Encephla.	
Hepath.	
Hypertension and	
Other contributory causes of importance	
arteriosclerotic cardio	
Vascular disease	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard J. Fabian M. D.

(Address) St Jos Hosp

VS 8

DEC 31 1939

F 64377

50955 SD F 64377

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1800 Edmondson Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Knight

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Widowed

6 (b) Name of husband or wife Nellie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1874

8. AGE: Years	Months	Days	If less than one day
65	2	28	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Weather Stripper
11. Industry or business Building

FATHER
12. Name Wm. Knight
13. Birthplace Maryland

MOTHER
14. Maiden Name Addie Morris
15. Birthplace Pennsylvania

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/2/40 (month) (day) (year)
(c) Cemetery Park Chapel
Location Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

FEB 1 1939 (Date rec'd by registrar) (b) Interred in Williams, Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-29 1939, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-12 1939, to 12-29 1939, and that I last saw h/m alive on 12-29 1939.

Immediate cause of death	Duration
Carcinoma Oesophagus with metastasis	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. K. Woodward Jr. M. D.
Address Balto. City Hosp. Date signed 12-30-39

F 64378

64378

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 23

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 861 Lemon St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 861 Lemon St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME FRANCES RIVERS

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	col	Married

6 (b) Name of husband or wife Thomas Monroe Rivers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-25-1901

8. AGE: Years	Months	Days	If less than one day
38	3	2	hr. min.

9. Birthplace Lyndville Tenn. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Hickman Griffin
13. Birthplace Huntsville Ala.

MOTHER
14. Maiden Name Cecelia Henry
15. Birthplace Pulaski Tenn.

16 (a) Informant Thomas Monroe Rivers (H)
(b) Address 861 Lemon St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-1938 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Baltimore Md.

18 (a) Funeral director Charles H. Cooper
(b) Address 574 N. Calhoun St.

19 (a) (Signature of local registrar) (b) Registrar

DEC 31 1938
VS

MEDICAL CERTIFICATION

20. DATE OF DEATH December 27 1938, at 10 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Tuberculosis, pulmonary	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. E. Wallenweber M.D.
Medical Examiner.
Date signed Dec 27, 1938

F 64379

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 64379 — 46-C — Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 522 N. Belnord ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 522 N. Belnord ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Christopher George Moore X

3 (b) If veteran, name war —

3 (c) Social Security Account No. No post

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Elizabeth

6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) July 10 1875

8. AGE: Years 64 | Months 5 | Days 19 | If less than one day: hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Ret. Printer

11. Industry or business

FATHER
12. Name Robert Moore
13. Birthplace New York

MOTHER
14. Maiden Name Hannah McCardell
15. Birthplace Ireland

16 (a) Informant Elizabeth Moore
(b) Address 522 N. Belnord ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 2 1939 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director Martin W. G. Dippel
(b) Address 37 S. Amm St.

19 (a) Dec 31 1939 (Date received by Registrar) (b) Registrar Harrington Hillcastle, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29 1939 at 6:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10 1939 to Dec 28 1939 and that I last saw him alive on Dec 28 1939.

Immediate cause of death: Terminal Bronchopneumonia — Duration: 2 days

Due to:

Due to:

Other Conditions: Endocarditis — 1 year
Diabetes Carcinoma kidney
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Hillcastle M.D.
Address 1760 E Baltimore Date signed 12/30/39

F 64380

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

44-D

51283 Registered No. F 64380

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 614 N. Calvert St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Kohler

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-9054

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 8, 1896

8. AGE: Years	Months	Days	If less than one day
43	3	22	hr. min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Martin Kohler
13. Birthplace Baltimore

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof Jan. 1 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave. Rd.

18 (a) Funeral director Martin N. C. Duffy
(b) Address Lombard & Ann Sts

19 (a) Date received by Registrar Dec 31 1939 (b) Huntington Millington Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 30 1939, at 9.25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 26 1939 to Dec. 30 1939, and that I last saw him alive on Dec 30 1939.

Immediate cause of death	Duration
Pneumonia with Bacteremia	2 weeks
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. K. Woodward M. D.
Address Balto City Hosp. Date signed 12-30-39

64381

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

210-M

F 64381 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1403 Bank St (If rural give location)
(e) If foreign born, how long in U. S. A.? — 18 years

3 (a) FULL NAME FRANK A. DE VITO

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name Bonbonthony Denito
13. Birthplace Italy

MOTHER 14. Maiden Name Angelina Delaurente
15. Birthplace Italy

16 (a) Informant Frank Denito
(b) Address 1406 Bank St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director Martin H. G. Dupper
(b) Address 37 S. Ann St.

19 (a) 1939 (Date received by registrar) Hunting to H. Hildebrand M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH December 30 1939, at 8 25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Strangulated hernia — Duration

Due to Carcinomatous ante mortem

(Due to, or as a consequence of) suppuration

Other Conditions Fracture right femur

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec 23, 1939
(c) Where did injury occur? Canton & Baltimore & (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? — (Specify type of place)
(e) Means of injury struck by auto while crossing street

23. Signature H. H. Wolkenstein M.D. Medical Examiner.
Date signed Dec 30, 1939

F 64382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-a

F 64382 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd + Calvert.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 31 days
(e) Length of stay in Baltimore (yrs., mos., or days) 31 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Florida (b) County
(c) City or town Ocala
(If outside city or town limits, write RURAL and give town)
(d) Street No. 12 West
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Harry L. Borland.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W	Married

6 (b) Name of husband or wife Mrs. H. L. Borland.
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Nov. 16 - 1877

8. AGE: Years	Months	Days	If less than one day
62	1	15,14	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation Orange grower.
11. Industry or business

FATHER
12. Name Scott Borland.
13. Birthplace Ohio

MOTHER
14. Maiden Name Louisa Edwards.
15. Birthplace Canada

16 (a) Informant Union Memorial Hosp
(b) Address Calvert + 33rd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2 - 1940 (month) (day) (year)
(c) Cemetery or crematory
Location Ocala, Florida

18 (a) Funeral director Henry W. Meaux Son
(b) Address 805 N. Calvert St

DEC 31 1939 (Date rec'd by Registrar) (b) Harry Lee Mc, Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30 1939, at 11:10 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 30 1939, to Dec. 30 1939, and that I last saw h alive on Dec. 30 1939.

Immediate cause of death	Duration
Circulatory collapse	
Due to	
Due to Repeated gastric hemorrhage.	
Other Conditions Pneumonia; Postoperative gastric resection	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Resecting ulcer pylorus stomach.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Reginald Custard
Address Union Memorial Hosp. Date signed 12/30/39 M. D.

64383

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No. E 64383

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3709 Egerton Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 11

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3709 Egerton Road (If rural give location)
(e) If foreign born, how long in U. S. A.? 11 years

3 (a) FULL NAME Barbara Balton

3 (b) If veteran, name war No | 3 (c) Social Security Account No. No

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Anton Balton

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 16-1875

8. AGE: Years 64 | Months 1 | Days 14 | If less than one day hr. min.

9. Birthplace Hungary (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant James Balton
(b) Address 3709 Egerton Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-2-40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. J. Graul & Son Inc.
(b) Address 118 W. North Keystone

19 (a) Dec 1940 (Date received by registrar) (b) Hunting Ave & Pitcher St. Balto. Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 30-1939 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 23 1939, to Dec. 30 1939, and that I last saw h.e.r alive on Dec. 23 1939.

Immediate cause of death	Duration
(a) Carcinoma Adenocarcinoma Uterus	
Heart Disease with	?
Due to acute Jaundice.	
Due to	
Other Conditions - Uremia Bronchitis	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations None.
Of autopsy No.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury None

23. Signature Earl L. Thornburn M. D.
Address 4105 Hunting Ave Balto. Md. Date signed 12/30/39

VS 3

Harron

F 64384 HEALTH DEPARTMENT—CITY OF BALTIMORE F 64384

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3578 Greenmount Ave St. 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine O'Neal Harron

If U. S. Veteran specify WAR

(a) Residence: No. 3578 Greenmount Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter J. Harron

6. DATE OF BIRTH (month, day, year) Apr. 16 - 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Michael O'Neal

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anne Welsh

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Peter J. Harron

(Address) 3578 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 1/3 '40

19. UNDERTAKER Chas. J. Rowe & Son Inc

(Address) 118 N. Pratt & Royal ave

20. FILED JAN 1 1940 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 - 30 - 1939

22. I HEREBY CERTIFY, That I attended deceased from 10 - 30 - 1938 to 12 - 30 - 1939

I last saw her alive on 12 - 30 - 1939 Death is said to have occurred on the date stated above, at 7 50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis & hypertension	Unknown
Other contributory causes of importance:	
Cerebral hemorrhage	12/29/39

Was an operation performed? no. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bro. B. Sylvest M. D.

(Address) 2807 Harford Ave

OCCUPATION is very important. See instructions on back of certificate.

F 64385

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121 Registered No. F 64385

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2411 Edmondson Ave
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 61-6-19

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ✓
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2411 Edmondson Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Ottilie Kuierim

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 212-07-0569

4. Sex female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single ✓

6 (b) Name of husband or wife

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) June 10-1878

8. AGE: Years 61 | Months 6 | Days 19 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Laundry Dept. Work

FATHER
12. Name Nicholas Kuierim
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Schick
15. Birthplace Germany

16 (a) Informant Mrs. Anna Smith
(b) Address 2411 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 1st 1940 (month) (day) (year)

(c) Cemetery or crematory Westerns
Location Baltimore, Md

18 (a) Funeral director The Funeral Home of Thos. Ryan
(b) Address

19 JAN 1 - 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 29 1939 at 7:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 24 1939, to Dec 29 1939, and that I last saw h[illegible] alive on Dec 28 1939.

Immediate cause of death: General arterio-sclerosis + chronic Nephritis

Duration: Several yrs.

Due to

Due to

Other Conditions Cerebral apoplexy — 5 wks.

(Include pregnancy within 3 months of death)

Major findings:
Of operations — —
Of autopsy — —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — — —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature W. B. Brennan M. D.
Address 2200 Garrison Blvd Date signed 12/30/39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

64386

CERTIFICATE OF DEATH

51 F 64386

Registered No.

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. ____ St. 13-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. 10 mos. 5 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Miss Ella Heald Kinsley

If U. S. Veteran specify WAR ____

(a) Residence: No. Home for Incurables Wilkens Ave St., ____ Ward. Baltimore

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced (or) WIFE of: Denson Kinsley

6. DATE OF BIRTH (month, day, year): Feb. 25 1856

7. AGE: Years 83 | Months 10 | Days 5 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John Heald

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Ella V Easter

16. BIRTHPLACE (city or town) (State or country): Georgetown D.C.

17. INFORMANT: Home for Incurables (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Greenmount Cem. Date: Dec 1 19 39

19. UNDERTAKER: Wm. J. Pickenbrock (Address) North & Pa Ave

20. JAN 1 — 1940 19 ____ Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1937 to December 30, 1939

I last saw h.s.v. alive on December 29, 1939. Death is said to have occurred on the date stated above, at 9.22 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Generalized	1936
Hypertension	1936
Other contributory causes of importance: Atrophic Arthritis	1935

Was an operation performed? No Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) W Hunter Harperger M. D.

(Address) 214 National Cit. Building

V8 8

64387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C Registered No. F 64387

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2205 Mt. Holly St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2205 Mt. Holly St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1549

3 (a) FULL NAME Fulham Walter Sheppard

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
None.	None	Male	White	Married

6 (b) Name of husband or wife Mary Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6, 1885

8. AGE: Years	Months	Days	If less than one day
54	8	23	— hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Die Maker
11. Industry or business

FATHER
12. Name Benjamin Brooke Sheppard
13. Birthplace Baltimore

MOTHER
14. Maiden Name Grace Burton
15. Birthplace Baltimore

16 (a) Informant Mrs Mary Sheppard
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-1-40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md.

18 (a) Funeral director Wm. L. Lickwar, Sons
(b) Address North & Pa Aves

19 JAN 1 - 1940 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 1939 at 12 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 1939, to Dec 29 1939, and that I last saw her alive on Dec 29 1939.

Immediate cause of death Cerebral hemorrhage and paralysis — Duration 10 days
Due to
Due to
Other Conditions Myocarditis
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Walter Stabler M. D.
Address 220 Garrison Blvd Date signed Dec 30/39

VS 2

347459
64388

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95-D

Registered No. E 64388

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 7
(e) Length of stay in Baltimore (yrs., mos., or days) 4mo 7da

2. USUAL RESIDENCE OF DECEASED
(a) State PA (b) County Westmoreland
(c) City or town Greensburg
(If outside city or town limits, write RURAL and give town)
(d) Street No. 326 Concord
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Welty M. Dom

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-9-79

8. AGE: Years	Months	Days	If less than one day
60	8	22	hr. min.

9. Birthplace PA (Town, county, and state)
10. Usual Occupation INSURANCE
11. Industry or business Own office.

FATHER
12. Name William T. Dom
13. Birthplace PA

MOTHER
14. Maiden Name Liza J. McCullough
15. Birthplace PA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 31 39 (month) (day) (year)
(c) Cemetery or crematory St. Clair.
Location Greensburg Penna

18 (a) Funeral director Thom. J. Fickes & Sons
(b) Address North & Pa Aves.

19 (a) Date Rec'd JAN 1 1940 (year) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec-31 1939 at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug-24 1939 to Dec 31 1939 and that I last saw him alive on Dec 31 1939.

Immediate cause of death	Duration
Cardiac Failure	?
Due to Arteriosclerotic heart disease	
Due to	
Other Conditions Generalized Anasarca - Prostatic Obstruction	

(Include pregnancy within 3 months)

Major findings:
Of operations No operation
Of autopsy Arteriosclerosis - Peritoneal Exfoliation

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external cause, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bruno Barclare, Jr.
Address Johns Hopkins Hosp. Date signed 1/3/39

64389

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. F 64389

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5221 Reisterstown Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5221 Reisterstown Road (If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME Albert Lee Whitestone

3 (b) If veteran, name war ---

3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ellen E. Whitestone
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) May 14th 1867

8. AGE: Years	Months	Days	If less than one day
72	7	15	..... hr. ..... min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Wholesale Grocery

FATHER
12. Name Isaac Whitestone
13. Birthplace Germany

MOTHER
14. Maiden Name Johanna Pinkus
15. Birthplace Germany

16 (a) Informant Mrs. Ellen E. Whitestone
(b) Address 5221 Reisterstown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 1st 1940 (month) (day) (year)
(c) Cemetery or crematory Fairview
Location Culpepper, Va.,

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Aves.

19 (a) JAN 1 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 29th 19 39. at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1, 1937 to Dec 29 1939. and that I last saw him alive on Dec. 27 19 39.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Arteri-Sclerotic C. V. D.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel J. Stanton, M.D.
Address 2331 Eutaw Pl. Date signed 12/30/39

VS 2

64390

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C

Registered No. F 64390

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1506 Smallwood Street

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 25 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 1506 Smallwood (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1553

3 (a) FULL NAME Gordon L/ Barnhill

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Nellie T.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7 1879

8. AGE: Years 60 | Months 8 | Days 22 | If less than one day: hr. min.

9. Birthplace Hamilton N.C. (Town, county, and state)

10. Usual Occupation Salesman- Catholic Review

11. Industry or business Newspaper

FATHER

12. Name James Laffayett Barnhill

13. Birthplace Hamilton, N.C.

MOTHER

14. Maiden Name Lillian Watts

15. Birthplace Hamilton N.C.

16 (a) Informant Mrs. Nellie Barnhill

(b) Address 1506 Smallwood St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 1 1940 (month) (day) (year)

(c) Cemetery or crematory Riverview

Location Richmond Va.

18 (a) Funeral director William J. Tickner & Sons

(b) Address North & Pennsylvania Aves

19 (a) JAN 1 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 1939, at 8:45PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1936 to Dec 29 1939, and that I last saw h[illegible] alive on Dec 29 1939.

Immediate cause of death	Duration
Myocarditis	Gradual
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W H Moody M. D.

Address 1403 Park Ave Date signed 12/30/39

64391 3175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 64391

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va. (b) County
(c) City or town Morgantown
(If outside city or town limits, write RURAL and give town)
(d) Street No. 213 Jones Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lewis E. Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Celia Price

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Jan. 31, '73

8. AGE: Years	Months	Days	If less than one day
66	11		hr. min.

9. Birthplace W. Virginia (Town, county, and state)

10. Usual Occupation Teacher - ✓ 64

11. Industry or business

FATHER
12. Name Elbert Smith
13. Birthplace W. Virginia

MOTHER
14. Maiden Name Isabella Moore
15. Birthplace Pennsylvania

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 31-39 (month) (day) (year)
(c) Cemetery or crematory Morgantown W. Va.
Location Morgantown W. Va.

18 (a) Funeral director John S. Mitchell & Son
(b) Address 1200 Eastern Ave Huntington West Virginia

19 (a) Filed by registrar JAN 1 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 31, 1939 at 6 48 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 21, 1939 to Dec 31, 1939 and that I last saw him alive on Dec 31 1939.

Immediate cause of death	Duration
Cardiac failure - ventricular fibrillation.	
Due to Prolonged tachycardia	
Due to Infection and post-operative shock	
Other Conditions Uraemia, Urinary tract infection (Include pregnancy within 3 months of death)	

Major findings:
Of operations Urinary calculi, vesical diverticulae
Of autopsy Infection -

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Russell B. Reed M. D.
Address Johns Hopkins Hospital Date signed 12/31/39

VS 3

F 64392

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 122-13 X F 64392

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive & 31 St.
(c) Hospital or institution: Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): 6 days
(e) Length of stay in Baltimore (yrs., mos., or days): 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Virginia (b) County: Lancaster
(c) City or town: Rehoboth Church (Rural) (If outside city or town limits, write RURAL and give town)
(d) Street No.: None (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME: Lloyd Palmer

3 (b) If veteran, name war: Not a veteran
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Nancy Green Palmer
6 (c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): June 1, 1907

8. AGE: Years: 31 Months: 6 Days: 31 If less than one day: ____ hr. ____ min.

9. Birthplace: ?, Northumberland Co. Virginia (Town, county, and state)
10. Usual Occupation: Fisherman
11. Industry or business: Fishing

FATHER
12. Name: Charles Palmer
13. Birthplace: Northumberland Co., Virginia

MOTHER
14. Maiden Name: Lida Taylor
15. Birthplace: Northumberland Co., Virginia

16 (a) Informant: Records U.S. Marine Hospital
(b) Address: Wyman Park Drive & 31 St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 1 1940 (month) (day) (year)
(c) Cemetery or crematory: Hilgreen ark. Va
Location:

18 (a) Funeral director: Thos. E. Kelson.
(b) Address: 1303 Riesterstown St

19 (a) JAN 1 - 1940 Huntington Williams M.D. Registrar
(Local registration district)

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 31 1939 at 6:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 26, 1939 to Dec. 31 1939, and that I last saw h im alive on Dec 31 1939.

Immediate cause of death	Duration
Gangrene of Ileum	8 days
Due to Intestinal Obstruction (acute)	8 days
Due to Adhesions, Intraperitoneal	Unknown
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Acute intestinal obst., gangrenous Ileum, adhesions
Of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: E. Ross Adams M. D.
Address: Marine Hospital Date signed: 12-31-39

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

64393

CERTIFICATE OF DEATH

46-F F 64393

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3403 N. Hilton Rd. St. 15-11 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 8 mos. 17 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Emmett P. McCusker

If U. S. Veteran specify WAR .....

(a) Residence: No. 3403 N. Hilton Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Myra Mitchell

6. DATE OF BIRTH (month, day, year) April 14, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John E. McCusker

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Esther Hugh Carlisle

16. BIRTHPLACE (city or town) (State or country) Richmond, Va

17. INFORMANT Mrs. Myra M. McCusker
(Address) 3403 N. Hilton Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date 1/2/40 19..

19. UNDERTAKER H. W. Mears & Son
(Address) 805 N Calvert St

20. JAN 1 — 1940 19.. Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/31, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1- 1939 to Dec. 31 1939

I last saw him alive on 12/30 1939. Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Head of Pancreas	6 Mos

Other contributory causes of importance: Exhaustion + Pulmonary Atelectasis

Was an operation performed? Yes Date of Nov 15/39

For what disease or injury? Neoplasm

Name of operation Exploratory

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fred V. Adams M. D.

(Address) 804 Calvert St.

V8 2

64394

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

Registered No. F 64394

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st
(c) Hospital or institution:
United States Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 11 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Delaware (b) County Unknown
(c) City or Town Seaford (Rural)
(If outside city or town limits, write RURAL and give town)
(d) Street No. Route 3, Box 144
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME James Franklin Darneille

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Spanish-American	None	Male	White	Widower

6 (b) Name of husband or wife (deceases) Nancy Mathilda Killner 6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec. 23, 1865

8. AGE: Years	Months	Days	If less than one day
74	0	9	..... hr. ..... min.

9. Birthplace Loami, Ill., county ? (Town, county, and state)
10. Usual Occupation Retired--Previous occupation?
11. Industry or business Retired

FATHER
12. Name James M. Darneille
13. Birthplace Loami, Ill.

MOTHER
14. Maiden Name Margaret Rhodes
15. Birthplace Unknown

16 (a) Informant Records U.S. Marine Hospital
(b) Address Wyman Pk. Dr. & 31st.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 3 1940 (month) (day) (year)
(c) Cemetery or crematory Galestown
Location Dorchester Co Md.
18 (a) Funeral director Grayeneor Bros.
(b) Address Shaftsbury, Md.
19 Date received by Local Registrar JAN 1 1940 Huntingtor Williams U.S.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31, 1939, at 3:40PM
21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 21, 1939, to Dec 31, 1939, and that I last saw him alive on Dec. 31 1939.

Immediate cause of death	Duration
Gangrene ceacum and ileum	41 days
Due to Peritonitis, Localized	41 days
Due to Acute appendicitis with rupture	41 days
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Appendiceal abscess
Of autopsy Causes of death as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E Ross Allen M.D.
Address U.S. Marine Hospital Date signed 12/31/39

VS 3

64395

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. F 64395

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2825 W. Lafayette Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2825 W. Lafayette Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillian B. Collins.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife George M. Collins.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6, 1868

8. AGE: Years	Months	Days	If less than one day
71	8	24	hr. min.

9. Birthplace Baltimore City.
(Town, county, and state)

10. Usual Occupation 0039

11. Industry or business

FATHER
12. Name Charles Rogers.
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary E. Reister.
15. Birthplace Baltimore Md.

16 (a) Informant Mrs Lillian B. Fowler.
(b) Address 2647 Harlem Ave.

17 (a) Burial (b) Date thereof 1-2-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Geo. H. Little
(b) Address 2700 Edmondson Ave.

19 (a) JAN 4 1940 (b) Huntington Williams, M.D.
Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH December 30-39 at 3.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 1939 to Dec 30 1939.
and that I last saw h[illegible] alive on Dec. 29 1939.

Immediate cause of death Hemiplegia - cerebral hemorrhage — Duration 11 days

Due to generalized arteriosclerosis with hypertension — Duration several years

Due to

Other Conditions arteriosclerotic heart disease - chronic bronchitis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. Michel M. D.
Address 290[illegible] Edmondson Ave. Date signed Dec 31 1939

HEALTH DEPARTMENT—CITY OF BALTIMORE

64396 — CERTIFICATE OF DEATH — 92-2 — F 64396

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1202 N. Franklintown Rd. Ward) 18-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Erma Cager

If U. S. Veteran specify WAR

(a) Residence: No. 1202 N. Franklintown St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Jan 24 1914

7. AGE: Years 25 | Months 11 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: N

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Morris Eldridge

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Bessie Cager

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs Erma Cager

(Address) 9 Penn St.

18. BURIAL, CREMATION, OR REMOVAL

Place: St Mark's Date: 1-1 19 40

19. UNDERTAKER: Francis A Henry

(Address) 578 N Eddle St

20. DATE RECEIVED: JAN 1 - 1940 Fun for Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/29/39

22. I HEREBY CERTIFY, That I attended deceased from 12/28/39 to 12/29/39

I last saw h[illegible] alive on 12/29/39. Death is said to have occurred on the date stated above at 2A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/25/39 2 days
Other contributory causes of importance: Mitral Insufficiency	Unk
Asthma 1 month	

Was an operation performed? no Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.

(Address) 1519 N Carrol

Maria Farace

HEALTH DEPARTMENT—CITY OF BALTIMORE

64397

CERTIFICATE OF DEATH

66-B F 64397

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maria Rosa Farace

If U. S. Veteran specify WAR

(a) Residence: No. 116 N. Lee St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, (Widowed) or Divorced (write this word)
Female	White	Married

6a. If married, widowed, ~~divorced~~ ~~XXXXXX~~ late John Farace

(or) ~~WIFE~~ of ~~Louis Bianco~~

6. DATE OF BIRTH (month, day, year) Jul. 18 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45 ~~46~~	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Sam Gerori Piraro

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Filomena Marino

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Louis Bianco

(Address) 116 N. Lee St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Jan. 2 1940

19. UNDERTAKER Frank Della Rose

(Address) 62 N. Morley St.

20. FILED JAN 1 - 1940 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-16, 1939 to 12-27, 1939

I last saw her alive on 12-27, 1939 Death is said to have occurred on the date stated above, at 9 16 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thyrotoxicosis	

Other contributory causes of importance:

Cardiac Complications and Post-Operative Shock

Was an operation performed? Yes Date of 12-22-39

For what disease or injury? Thyrotoxicosis

Name of operation Thyroidectomy

What test confirmed diagnosis? B.M.R. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) E. T. Lisansky M. D.

(Address) University Hospital

VS 8

F 64398

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131

Registered B4398

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 110 W. Hoffman
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto. City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Md 110 W. Hoffman
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Mary N. Moore

3 (b) If veteran, name war | (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Valerius B. Moore
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 20, 1869

8. AGE: Years	Months	Days	If less than one day
70	3	7/10	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Thomas E Manly
13. Birthplace Md

MOTHER
14. Maiden Name Mary A. Bradley
15. Birthplace Md

16 (a) Informant George M Moore
(b) Address 705 Denison St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Balto Md

18 (a) Funeral director A. Rowland Evans
(b) Address 1400-02 S Charles St

19 (c) JAN 1 - 1940 Huntington Williams Md
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30, 1939 at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/16/1935 to 12/30/1939, and that I last saw her alive on 12/29/1939.

Immediate cause of death	Duration
Hypertensive cardio vascular renal disease	About 4 years
Due to	
Due to	
Other Conditions Uraemia	10 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations - - - -
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Deibel M.D.
Address 1226 Hanover St Date signed 12/31/1939

VS 8

64399

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

39174 chime 106 Registered No. F 64399

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fulkens + Eaton Ave.
(c) Hospital or institution: St. Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1222 William St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Edmund A. Kramme

3 (b) If veteran, name war

3 (c) Social Security Account No. No. 214-01-9841

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 21, 1901

8. AGE: Years 38 39 | Months 3 | Days 10 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Hatter

11. Industry or business Fur Felter Hat Place

FATHER
12. Name William F. Kramme
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary F. Dalty
15. Birthplace Virginia

16 (a) Informant Mrs. Mary E. Kramme (Mother)
(b) Address 1222 William St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 3, 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Anne Arundel Co., Md.

18 (a) Funeral director A. Edward Evans
(b) Address 1400-02 S. Charles St.

19 (a) JAN 1 1940 Huntington Hill

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 31, 1939, at 3:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 26 1939 to Dec 31 1939, and that I last saw him alive on Dec. 30 1939.

Immediate cause of death	Duration
Staphylococcus septicemia	3 days
Due to Lobar pneumonia	5 days
Due to Sore throat, septic	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles V. Sewell M. D.
Address St. Agnes Hosp. Date signed 12-31-39

VS 3

64400

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131

Registered No. 64400

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5208 Tramore Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5208 Tramore Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

77

3 (a) FULL NAME Barbara Snyder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband ~~or wife~~: Wm. F. Snyder

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Feb 12th 1863

8. AGE: Years 76 | Months 10 | Days 18 | If less than one day: hr. min.

9. Birthplace: Balto Md
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business: At Home

FATHER
12. Name: Leonard Harn
13. Birthplace: Balto. Md.

MOTHER
14. Maiden Name: Helena Behrling
15. Birthplace: Germany

16 (a) Informant: Leonard F. Snyder
(b) Address: 5208 Tramore Rd

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof: 1/2/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~: Woodlawn
Location: Balto. Co. Md

18 (a) Funeral director: Wm. Cook
(b) Address: 1217 St. Paul St. Baltimore, Md.

19 (a) JAN 1 - 1940
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30th 1939, at 9:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 7 1939 to DEC. 30 1939, and that I last saw ~~he/she~~ alive on DEC. 30 1939.

	Duration
Immediate cause of death Acute Pneumonia	12/26/39
Due to Chr. Interstitial nephritis	1935
Due to	
Other Conditions Ch. Myocarditis	1935

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dave Braun

Address 1663 W. North Ave. Date signed 1/2/40

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64401

CERTIFICATE OF DEATH

159

F 64401

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1156 W. Hamburg St. 21-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles L Creamer

If U. S. Veteran specify WAR

(a) Residence: No. 1156 W. Hamburg St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 18 1939

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George L. Creamer

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Helen Sheppard

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT George L. Creamer
(Address) 1156 W. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 1-1-40 19

19. UNDERTAKER Ambrose, Inc.
(Address) 1012 W. Pratt St.

20. FILED JAN 1 — 1940 19 Hunting for Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1939 to Dec 31, 1939

I last saw him alive on Dec 31, 1939. Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Dec 31
Other contributory causes of importance:	
Prematurity	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. E. Radar M. D.

(Address) 4200 Sheldon Rd

VS 8

F 64402

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131

Registered No. F 64402

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 112 N Haven St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 112 N. HAVEN ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine M Westervelt
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Edward J Westervelt
6 (c) If alive, give age 79 years
7. Birth date of deceased (mo., day, yr.): April 23 1874
8. AGE: Years 65 Months 10 Days 7 If less than one day hr. min.
9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

MOTHER / FATHER
12. Name Jacob East
13. Birthplace Balto Md
14. Maiden Name Gertrude Marshall
15. Birthplace Germany

16 (a) Informant Mrs Mary C Bowe
(b) Address 112 N Haven St
17 (a) (Burial, cremation, or removal) (b) Date thereof 1/7/40 (month) (day) (year)
(c) Cemetery or crematory Balto Cemetery
Location
18 (a) Funeral director John C Kelly Inc
(b) Address 3373 E Baltimore St
19 (a) JAN 7 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 31 1939, at M
21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1939 to Dec 31 1939, and that I last saw h-r alive on Dec 31 1939.

Immediate cause of death: Acute Dilatation of the Heart — Duration: 1 10 years
Due to Chronic Int Nephritis
Due to Chronic Myocarditis
Other Conditions
(Include pregnancy within 3 months of death)
Major findings: Of operations No
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Dright J. Judd
Address 3373 E Baltimore Date signed 1/1/40

VS 3

F 64403

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F Registered No. F 64403

1. PLACE OF DEATH:
(a) Baltimore City, Maryland.
(b) Street address 833 W. Caroline St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 833 W. Caroline St.
(If rural-give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Anna Fitchett

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: William Fitchett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): January 15, 1889

8. AGE: Years: 50 | Months: 11 | Days: 13 | If less than one day: hr. min.

9. Birthplace: near Kent County Va.
(Town, county, and state)

10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: George Matthews
13. Birthplace: Va.

MOTHER
14. Maiden Name: Hannah Knight
15. Birthplace: Va.

16 (a) Informant: Nellie Scott.
(b) Address: 833 W. Caroline St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 1 1940 (month) (day) (year)
(c) Cemetery or crematory: Laurel
Location:

18 (a) Funeral director: Robert L. Young
(b) Address: 864 W. Caroline St

19 (a) JAN 1 - 1940 (Date rec'd by registrar) Huntington Maryland Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28 1939, at 9:40 A.M.

21. I certify that death occurred on the date above stated that I attended deceased from 11/7 1939 to 12/29 1939 and that I last saw h[illegible] alive on 12-28 1939.

Immediate cause of death: Metastatic Carcinoma of liver — Duration: approx. 3 mos.
Due to: probably secondary to Carcinoma of head
Due to: of pancreas
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations (as above) Johns Hopkins Hosp.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: [signature] M. D.
Address 1509 E. Madison St Date signed 12/29/39

VS 3

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

64404

CERTIFICATE OF DEATH

93-C

Reg. Dist. No. F. 64404

PLACE OF DEATH

County Balto.

City or town 226 South Vincent St.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

19-4

If in hospital or inst. (yrs., or mos., or days)

If in this community (yrs., or mos., or days) About 7 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Balto

City or town Balto Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 226 S. Vincent St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

(a) FULL NAME Mary Elizabeth ~~Jones~~ Murray.

3. (b) Social Security Number —

Sex Female | 5. Color or race White | 6. (a) Single, married, widowed, or divorced widowed

(b) Name of husband or wife Thomas E. Murray

6(c) If alive, give age Dead years

Birth date of deceased (mo., day, yr.) Jan 3, 1879.

AGE: Years 60 | Months 11 | Days 28 | If less than one day ... hrs. ... min

Birthplace Maryland (Town, county, and State)

Usual occupation House work

Industry or business

12. Name —

13. Birthplace

14. Maiden name ~~Mc~~ Williams

15. Birthplace

Informant John Moore

Address 1843 Mc Henry St.

Burial (Burial, cremation, or removal. Which?) Date thereof 1/3/40 (month) (day) (year)

Cemetery or crematory Wood Lawn

Location Wayne Oak Ave.

Funeral director Witham Barry May & Sons

Address Reisterstown, Md.

JAN 1 - 1940 Huntington Williams, M.D.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31, 1939 at 3 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec 24 1939 to Dec 31 1939

and that I last saw h alive on Dec 31 1939

	DURATION
Immediate cause of death: acute pulmonary edema	
Due to: chronic myocarditis, generalized arteriosclerosis	
Due to:	
Other conditions: common cold.	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Nathan Rosenau, M.D.

M. D. or other

Address 206 S. Gilmor St. Date signed 1-1-40

F 64405

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 23

F 64405 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1723 McCulloh St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1723 McCulloh St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Ayers

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife Single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years	Months	Days	If less than one day
41			hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Not None
13. Birthplace " "

MOTHER
14. Maiden Name Not None
15. Birthplace " "

16 (a) Informant Body Taken From
(b) Address City Morgue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2nd 1940 (month) (day) (year)
(c) Cemetery or crematory Va.
Location Delwyn Va

18 (a) Funeral director E. Roy O. Wilson
(b) Address 1000 Brantley Ave.

19 (a) 1940 Huntington Pub. Co. Baltimore Md.
(Date received by registrar) (Signature of registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH December 27 1939, at 4:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pulmonary tuberculosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. H. Vandersluis M.D.
Medical Examiner.
Date signed 12/28/39

F 64406

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 64406

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Mayo, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME JOSEPH SMITH

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex m | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 50 | Months | Days | If less than one day hr. min.

9. Birthplace Mayo, Md. (Town, county, and state)

10. Usual Occupation Farm Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Bernard Hardesty
(b) Address Galesville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 3 1940 (month) (day) (year)
(c) Cemetery or crematory Mayo Cemetery
Location Mayo, Md.

18 (a) Funeral director T. A. Hardesty & Son
(b) Address Galesville Md

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1st 1940, at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture skull
Hemorrhage, subdural
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations subdural hemorrhage and laceration of cortex
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec. 28, 1939
(c) Where did injury occur? Beverly Beach Rd (City or town) Mayo, Md. (County) Anne Arundel (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? — (Specify type of place)
(e) Means of injury struck by auto while walking

23. Signature Robert H. L. Wollenweber M.D. Medical Examiner.
Date signed Jan 1st 1940

JAN 2 — 1940

F 64407

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

Registered No. E 64407

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1411 Homestead Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 74 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1411 Homestead Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna M. Donaldson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband or wife Thomas F. Donaldson
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 24-1865

8. AGE: Years	Months	Days	If less than one day
74	7	7	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation at Home
11. Industry or business

FATHER
12. Name Albert Schaaaa
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Louise V. Heikkinen
(b) Address 1411 Homestead Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof JAN. 2-1940 (month) (day) (year)
(c) Cemetery or crematory Mount Olivet Cem.
Location Baltimore, Maryland

18 (a) Funeral director Charles H. Bigale
(b) Address 742 West North Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

JAN 2 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 31 1939, at 9:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 7 1938, to Dec 31 1939, and that I last saw h[illegible] alive on Dec. 30 1939.

Immediate cause of death
Carcinomatosis (Abdominal)
Due to
Due to
Other Conditions
Chr. Nephritis
(Include pregnancy within 3 months of death)

Duration
over

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George E. Shannon MD
Address 700 N. Fulton Ave Date signed 1/1/40 M D

F 64408

Over

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

100-B

F 64408 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Rural Westminster Rte
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3 Littlestown Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martha E. Harrison

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife (Mother) Emily Harrison

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Apr 22, 1882

8. AGE: Years	Months	Days	If less than one day
57	8	9	hr. min.

9. Birthplace Charlotte Hall, Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Wirt Harrison
13. Birthplace Md

MOTHER
14. Maiden Name Martha A. Harris
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof JAN-4-40 (month) (day) (year)
(c) Cemetery or crematory Westminster Md
Location Westminster

18 (a) Funeral director Jesse R. Byers
(b) Address Westminster Md

19 (a) JAN 9 1940 Date rec'd by Registrar (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-1 1940, at 7:25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-28 1939 to 1-1 1940 and that I last saw h er alive on 1-1 1940.

Immediate cause of death	Duration
Pulmonary Embolism	1 hour
Due to Thrombophlebitis of Left Leg	10 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John M. Hart M. D.
Address Maryland General Hosp. Date signed 1-1-40

3730 F 64409 — F 64409

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-C Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 7 24 hours
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Fla (b) County
(c) City or town Jacksonville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2263 Herald St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Coxetter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-26-80

8. AGE: Years	Months	Days	If less than one day
59	5	5	hr. min.

9. Birthplace Florida (Town, county, and state)

10. Usual Occupation Retired Army officer

11. Industry or business

FATHER
12. Name James Coxetter
13. Birthplace S. Car.

MOTHER
14. Maiden Name Elsie Shumham
15. Birthplace Fla.

16 (a) Informant Record — JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-1-40 (month) (day) (year)
(c) Cemetery or crematory
Location Jacksonville Fla

18 (a) Funeral director John O. Mitchell & Son
(b) Address 1900 Eutaw Pl

19 (a) (b) Registrar

(Delivered by undertaker)
JAN 2 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1940 at 1240 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 18 1939 to Jan 1 1940 and that I last saw him alive on Jan 1 1940.

Immediate cause of death Cyclitis & cyclochoroiditis, acute — Duration 1 mo ?

Due to

Due to

Other Conditions Pernicious anaemia. Ruptured mastoid. Cortical necrosis. (Include pregnancy within three months of death) Syphilis negative

Major findings:
Of operations
Of autopsy Confirmed above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney Frazer, Jr.

Address Baltimore Date signed 1/2/40

F 64410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64410 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2826 O'Donnell St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2826 O'Donnell St
(If rural give location)
(e) If foreign born, how long in U. S. A.? —— years

3 (a) FULL NAME WILLIAM D. REVELL

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
74			hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation pensioner
11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Mrs. D. Hallbeiers
(b) Address 2826 O'Donnell St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel Cem
Location 5712 O'Donnell st

18 (a) Funeral director Stephenson Funeral Home
(b) Address 1000 S. Kenwood Ave

19 (a) 1-2-1940 (Date received by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH December 30 1939, at 10:20 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquest) thereon and from the evidence obtained by said inquest (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cardiac insufficiency	
myocardial insufficiency	
Due to Generalized arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Wollenweber M.D.
Medical Examiner.
Date signed Dec 30, 1939

F 64411

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-P

Registered No. F 64411

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 413 Mott St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME ANNA E HALL

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col.	Widowed

6 (b) Name of husband or wife Daniel Hall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1845

8. AGE: Years	Months	Days	If less than one day
94?			hr. min.

9. Birthplace Penna (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Friend
(b) Address 413 Mott Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 3 1940 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn
Location Westport

18 (a) Funeral director Mrs Lottie Groos
(b) Address 1408 Ashland Ave

19 (a) JAN 2 — 1940 (Date rec'd by local Registrar) (b) [illegible] M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH December 30 1939, at 1 [illegible] M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Cardiac decompensation	
Due to Arteriosclerosis general	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Wollenweber M.D. Medical Examiner.
Date signed Dec 30, 1939

F 64412

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 23

Registered No. F 64412

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1519 Vine St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 1519 Vine St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME ELEANOR B JENKINS

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Married

6 (b) Name of husband or wife William

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) June 9, 1895

8. AGE: Years	Months	Days	If less than one day
44	6	21	hr. min.

9. Birthplace Durham, North Carolina
(Town, county, and state)

10. Usual Occupation housekeeper
11. Industry or business own home

FATHER
12. Name Alexander Burton
13. Birthplace Durham N C

MOTHER
14. Maiden Name Cornelius Williams
15. Birthplace Durham N C

16 (a) Informant William Jenkins
(b) Address 1519 Vine Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4 1940 (month) (day) (year)

(c) Cemetery or crematory
Location Durham N C

18 (a) Funeral director Joseph A Lively
(b) Address 408 N Mount Street

19 (a) JAN 2 - 1940 (Date rec'd by registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH December 30 1939, at 4:55 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquest find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Tuberculosis, pulmonary — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H W Allen M.D.
Medical Examiner.
Date signed Dec 30, 1939

VS 6

64413

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64413
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1030 S. Hanover
(c) Hospital or institution: So. Balto Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1030 S. Hanover (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Lawrence Papilone Jr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 27 1939

8. AGE: Years	Months	Days	If less than one day
	1	4	hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Frank S. Papilon
13. Birthplace Balto. Md

MOTHER 14. Maiden Name Mary Suber
15. Birthplace Balto. Md

16 (a) Informant Mrs Frank L Papilon
(b) Address 1030 Hanover st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Ave

18 (a) Funeral director William M Marcek
(b) Address 715 Light St

19 (a) 1940 (Date received by registrar) (Huntington Williams M.D. Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 31 1939 at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 27 1939 to Dec. 31 1939. and that I last saw h[illegible] alive on Dec. 31 1939.

Immediate cause of death	Duration
Cardiac Failure	
Due to Congenital Heart Disease	1 month
Due to	
Other Conditions Atelectasis (Left Lung)	1 wk. 2 d.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Atelectasis & congenital heart

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Nuttall M. D.
Address So. Balto. Gen. Hosp Date signed 12-4-39.

64414

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64414 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address West Balto General Hosp.
(c) Hospital or institution: Dukeland and Raynor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3109 Granada ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 16 years

3 (a) FULL NAME Zina Bass.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Julius

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1 1905

8. AGE: Years 34 | Months 9 | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business House Wife

FATHER 12. Name Abraham Bugatch

13. Birthplace

MOTHER 14. Maiden Name Ethel Gabeleff

15. Birthplace Russia

16 (a) Informant Julius Bass.

(b) Address 3109. Granada ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2 1940 (month) (day) (year)

(c) Cemetery or crematory Hebrew Friendship Cem. Co.

Location Rhodadelphia Road

18 (a) Funeral director Lof Levering and Bro.

(b) Address 1124-26 W North ave.

19 (a) 2 (Delivered by registrar) (b) Huntington Williams M.D. Registrar

VS 8

1940

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1 1940, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 28 1939 to Jan 1 1940 and that I last saw her alive on Jan 1 1940.

Immediate cause of death (Pulmonary Edema (acute left sided heart failure)) — Duration

Due to (Lobar pneumonia - Rt.) —

Due to (Chronic Rheumatic Heart Disease) —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy ✓ not performed

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. A. Stead

Address W. B. G. H. Date signed 1/1/40

64415

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-E

F 64415

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5155 Fremont ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 39 years

3 (a) FULL NAME Agetta Dunkehart

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Married

6 (b) Name of husband or wife Abraham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business House Wife

MOTHER / FATHER
12. Name Max Gmandr
13. Birthplace Russia
14. Maiden Name Sarah ?
15. Birthplace Russia

16 (a) Informant Abraham Dunkehart
(b) Address 5155 Fremont ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Hamilton ave

18 (a) Funeral director Sol Levinson Bro.
(b) Address 1124-26 W Northern
19 (a) Jan 2 1940 (Date received by registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 1, 1940, at 10:25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 19 1939, to Jan. 1 1940, and that I last saw h[illegible] alive on Jan. 1, 1940.

Immediate cause of death: Bronchopneumonia — Duration: 2 weeks
Due to: Peritoneal Carcinomatosis
Due to: primary cause not known
Other Conditions
(Include pregnancy within 3 months of death)
Major findings: Of operations Peritoneal carcinomatosis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nicholas A Papaleonardo, M.D.
Address Sinai Hospital Date signed 1/1/40

VS 1

F 64416

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 64416 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1809 N. Chester st.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 62 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore Md

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1809 N. Chester St

(If rural give location)

(e) If foreign born, how long in U. S. A.? 62 yrs years

3 (a) FULL NAME Albert A. Holschele

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-8449

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Helen Holschele

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 3- 1873

8. AGE: Years 66 | Months 9 | Days 27 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Weigher

11. Industry or business Bath. Steel Co.

FATHER

12. Name — Holschele

13. Birthplace Germany.

MOTHER

14. Maiden Name —

15. Birthplace Germany

16 (a) Informant Mrs. Helen Appel

(b) Address 1809 N. Chester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 3 40 (month) (day) (year)

(c) Cemetery or crematory Lorraine

Location Baltimore

18 (a) Funeral director Philip Herwig Sons

(b) Address 2016 Orleans St.

1 2- 1940 (Date rec'd by registrar) (b) Hunter for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4, 1932 to Dec 30 1939; and that I last saw h[illegible] alive on Dec 29 1939.

Immediate cause of death Cardiac Decompensation — Duration 2 weeks

Due to

Due to

Other Conditions Metastatic Carcinoma of Stomach

(Include pregnancy within 3 months of death)

Major findings:

Of operations [redacted] Carcinoma of Stomach 1938

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Jacob J. Singer

Address 506 E North Ave Date signed 12/31/39 M. D.

VS 3

51105-FS

F 64417

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 64417

Registered No. 349-958

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3500 Hawkins Point Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

25 1

3 (a) FULL NAME Charles Freeman

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-15-1885

8. AGE: Years	Months	Days	If less than one day
54	9	14	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation team driver
11. Industry or business

FATHER
12. Name Henry Freeman
13. Birthplace Md.

MOTHER
14. Maiden Name Georgianna Collose
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cemetery
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

JAN 2 - 1940 (Date rec'd by registrar) (b) Huntingtown Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 29 1939, at 12 05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 18 1939, to Dec. 29 1939, and that I last saw h[illegible] alive on Dec. 29 1939.

Immediate cause of death Hypertensive cardiovascular disease — Duration unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Enlarged heart, congestion of lungs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Kirkwood M. D.
Address Balto. City Hosp. Date signed 12-29-39

Ichniowski

F 64418

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-P F 64418 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2010 Fleet St
(c) Hospital or institution: Sinai Hos
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2010 Fleet St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Aniela Ichniowski

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years 43 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER 12. Name Walenty Ichniowski

13. Birthplace Poland

MOTHER 14. Maiden Name Anna Wozniak

15. Birthplace Poland

16 (a) Informant Casimir Ichniowski

(b) Address 2010 Fleet St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 3-40 (month) (day) (year)

(c) Cemetery or crematory Holy Cross

Location Baltimore

18 (a) Funeral director Fred W Szaszuski

(b) Address 930 Eastern Ave.

JAN 2 - 1940 (Date rec'd by registrar) Hunting for William Wright

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/30 1939, at 11 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/30 1939, to 12/30 1939, and that I last saw her alive on 12/30 1939.

Immediate cause of death Pulmonary Edema — Duration ?

Due to Rheumatic heart disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Aaron Schenkin M. D.

Address Sinai Hospital Date signed 1/1/39

F 64419

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163 # F 64419 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2007 Callow Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (~~yrs., mos., or days~~) 23 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2007 Callow Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME LEONARD J. FRIEDMAN

3 (b) If veteran, name war —
3 (c) Social Security Account No. 216-05-4987

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1-1-1917

8. AGE: Years	Months	Days	If less than one day
23			hr. min.

9. Birthplace Balto Md U.S.A. (Town, county, and state)
10. Usual Occupation Proof Reader
11. Industry or business Printers

FATHER
12. Name Maurice Friedman
13. Birthplace Balto Md

MOTHER
14. Maiden Name Anna Morris
15. Birthplace Balto Md

16 (a) Informant Brother
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-40 (month) (day) (year)
(c) Cemetery or crematory Mikro Kodish
Location Derring Ave

18 (a) Funeral director Levi & Louis Inc
(b) Address 1439 E. Balto St

19 (a) Jan 2 1940 (Date received by registrar) (b) Filed by Ed Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1st 1940, at 5:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ thereon and from the evidence obtained by said ~~inquest~~ (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Carbon monoxide poisoning	
Due to Suicide - mental depression	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence January 1st, 1940
(c) Where did injury occur? 2007 Callow Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? No
(e) Means of injury Illuminating gas / gas range kitchen

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed January 1st, 1940

F 64420

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-A

F 64420 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1809 E. Fairmount Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 20 years

3 (a) FULL NAME Fannie Sugar

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Aaron Sugar

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years 52 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Mrs. R. Jacobs
(b) Address 1809 E. Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt. Carmel
Location Herman Hill Rd

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto St

19 (a) JAN 8 1940 (b)
(Date received by Registrar)

Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1940, at 6:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 18 1939 to June 1 1940, and that I last saw h[illegible] alive on June 1, 1940.

Immediate cause of death: Heart Failure — Duration: 2 days

Due to: Chronic Myocarditis ? — Duration: ?

Due to:

Other Conditions: Carcinoma Esophagus
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Carcinoma Esophagus

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. Kappelman M. D.
Address Sinai Hospital Date signed 1-7-40

Attending Physician

F 64421

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 53-3

F 64421

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 Days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Stemmers Run (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 Hamburg Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Alberta Taylor West

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	married

6 (b) Name of husband or wife Albert West
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8, 1889

8. AGE: Years	Months	Days	If less than one day
50	6	23	hr. min.

9. Birthplace Lynchburg Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own home

FATHER
12. Name Charles Taylor
13. Birthplace Germany

MOTHER
14. Maiden Name Mariah Kesler
15. Birthplace Germany

16 (a) Informant Mrs. Albert West
(b) Address 22 Hamburg Rd - Stemmers Run, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2/39 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Eastern Ave.

18 (a) Funeral director John A. Miller
(b) Address 2334 Jefferson St

JAN 2 — 1940 (Date rec'd by Registrar) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31 1939, at 4:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 4 1939 to Dec 30 1939, and that I last saw her alive on Dec 30 1939.

Immediate cause of death	Duration
Uremia	4 days
Due to Carcinoma of bladder	?
Due to	over
Other Conditions Dead fetus. Past operation (Include pregnancy within 3 months of death)	

Major findings:
Of operations Partial obstruction left ureter at bladder
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isabella Hanssain M. D.
Address Church Home & Infirmary Date signed 12-31-39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64422 — CERTIFICATE OF DEATH — 82-a — F 64422

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3728 Fait Ave St. 26-9 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mary Schafer — If U. S. Veteran specify WAR _____

(a) Residence: No. 3728 Fait Ave St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis H. Schafer

6. DATE OF BIRTH (month, day, year) 1855

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) " (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) " (State or country) "

17. INFORMANT Mr. Michael Schafer (Address) 3728 Fait Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date 1-2-, 1934

19. UNDERTAKER John B. Connelly (Address) Govt. Hosp.

20. FILED 1-2-1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1933, to Dec 30, 1933

I last saw h[illegible] alive on Dec 30, 1933 Death is said to have occurred on the date stated above, at 5:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of death
Hemiplegia	
Arter. Sclerosis	1 yr dys
Other contributory causes of importance: Cerebral Comad	3 dys 2 wks

Was an operation performed? ✓ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Phy Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) E. J. Meyer M. D.

(Address) 1521 E. 33rd St.

OCCUPATION IS very important. See instructions on back of certificate.

F 64423

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-7

Registered No. F 64423

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 323 N Fremont St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME JAMES WADE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	COL.	Sngl

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1909

8. AGE: Years	Months	Days	If less than one day
31			hr. min.

9. Birthplace Charlestown W. Va
(Town, county, and state)

10. Usual Occupation Bowling alley
11. Industry or business Gen Work

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace Unknown

16 (a) Informant Hospital Records
(b) Address ~~University Maryland~~

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-2-40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Shepherdstown
Location W. Va.

18 (a) Funeral director Slade and Oder
(b) Address 4907 York Road

19 (a) 1940 (b) Registered by Hunting of Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1st 1940, at 7 40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Hypertensive heart disease	
Due to Malignant hypertension	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Wallenmeyer M.D.
Medical Examiner.
Date signed January 4, 1940

VS 6

F 64424

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-BF 64424 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 817 E Pratt St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 46

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 817 E Pratt St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Kvedera.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Annastasia Kvedera

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) [illegible]

8. AGE: Years 66 | Months | Days | If less than one day hr. min.

9. Birthplace Lith. (Town, county, state or foreign country)

10. Usual Occupation Saloon Keeper

11. Industry or business Self

FATHER
12. Name Peter Kvedera
13. Birthplace Lith.

MOTHER
14. Maiden Name Unknown
15. Birthplace Lith.

16 (a) Informant Mary Dovetitsne
(b) Address 817 E Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 3 40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Back Rd

18 (a) Funeral director Joseph Kasmiskas Son
(b) Address 602 Washington Blvd

19 (a) (Date rec'd by registrar) (b) Hunter Gen Williamsville, N.Y. Registrar

JAN 2 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC 31 1939, at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 22 1939 to Dec 31 1939. and that I last saw him alive on Dec 30 1939.

Immediate cause of death Arteriosclerotic Cardio Renal Disease — Duration Jan 1939

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury —

23. Signature Edward J Milan M. D.
Address 687 Washington Blvd Date signed 1-1-40

F 64425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 50

F 64425 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1802 Chillon Av.
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto. City
(c) City or town Balto City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1802 Chillon Av.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Ella Mae Brown

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Clarence C. Brown

6 (c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.): April 21 1880

8. AGE: Years 59 | Months 8 | Days 8 | If less than one day: — hr. — min.

9. Birthplace: Balto Md. (Town, county, and state)

10. Usual Occupation: none

11. Industry or business: none

FATHER
12. Name: Andrew J Duff
13. Birthplace: Balto Md

MOTHER
14. Maiden Name: Eliza M. Scott
15. Birthplace: Balto Md

16 (a) Informant: Clarence C. Brown (husband)
(b) Address: 1802 Chillon Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-40 (month) (day) (year)
(c) Cemetery or crematory: Mt Olivet
Location: Balto Md.

18 (a) Funeral director: Steward & Memorial Co.
(b) Address: 108 W Mt. Royal Ave.

19 (c) JAN 2 1940 (Date received by Registrar) (d) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29 1939 at 5 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 19 1939 to Dec 29 1939 and that I last saw h or alive on Dec 29 1939.

Immediate cause of death	Duration
Metastasis	
Due to Carcinoma of breast - Left	one year
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Operation in Feb 1939. Removal of left breast
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter W. White Jr M. D.
Address 2800 St Paul St Date signed Dec 31/39

64426

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64426 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1209 N. Gilmor Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H. Jefferson

3 (b) If veteran, name war SPA

3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Unknown

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
74			hr. min.

9. Birthplace Unknown (Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-40 (month) (day) (year)
(c) Cemetery or crematory National Park
Location Baltimore Md

18 (a) Funeral director Mrs. Ingmire E. Hemsley
(b) Address 578 N. Bradford St

19 (a) (Date received by Registrar) Huntington Williams Registrar

JAN 2 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29, 1939, at 2:45AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 27 1930, to Dec. 29, 1939, and that I last saw him alive on Dec. 29, 1939.

Immediate cause of death	Duration
Hemorrhage, cerebral	Unknown
Due to Arteriosclerosis	Unknown
Due to Hypertension	Unknown
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. B. N. Anderson, M. D.
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 12/29/39

64427

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 23

Registered No. F 64427

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1631 Pennsylvania Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Wright (50901)

3 (b) If veteran, name war

3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife Maggie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? 1888

8. AGE: Years	Months	Days	If less than one day
51			hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Robert Wright (D)
13. Birthplace Md.

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

JOHNS HOPKINS MEDICAL SCHOOL JAN 2 - 1940
Commissioner of Health

18 (a) Funeral director
(b) Address
JAN 1940 Per H. A. Moore

19 (a) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

5285

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 25, 1939, 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from December 19 39, to Dec. 25, 1939, and that I last saw h alive on 19.

Immediate cause of death
Tuberculosis of the lungs — Duration 14 Days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 4940 Eastern Ave Date signed 1/2/40

F 64428

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-a 51368

F 64428 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1743 N. Chester St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Elizabeth Waters

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-1803

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife George W. Waters

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 10, 1880

8. AGE: Years	Months	Days	If less than one day
59	—	21	xxxxxxxxxx min.

9. Birthplace Brooklyn, N.Y.
(Town, county, and state)
10. Usual Occupation Unknown At Home
11. Industry or business

FATHER
12. Name Richard J. Scully
13. Birthplace Unknown N.Y.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Cem.
Location Baltimore, Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Ave.

19 JAN 2 1940 Filed by [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31 1939, at 8:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 28 1939 to Dec. 31 1939, and that I last saw him alive on Dec. 31 1939.

Immediate cause of death: Cerebral Hemorrhage — Duration: 6 days.
Due to:
Due to:
Other Conditions: generalized arteriosclerosis — unknown.
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. K. Woodward M. D.
Address Balto. City Hosp. Date signed 12-31-39

V8 8

64429

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/181 X

F 64429

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Fullerton RD Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Perry Hall
(If rural give location)
(e) If foreign born, how long in U. S. A.? —— years

3 (a) FULL NAME JOSEPH MAENNER

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/1937

8. AGE: Years	Months	Days	If less than one day
2½	6		hr. min.

9. Birthplace Balto Co Md.
(Town, county, and state)

10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Peter Maenner
13. Birthplace Balto. Co. Md

MOTHER
14. Maiden Name Catherine Habel
15. Birthplace Balto. Co. Md

16 (a) Informant Peter Maenner
(b) Address Fullerton Md.

17 (a) Burial (b) Date thereof Jan. 6 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Josephs
Location Balto. Co.

(a) Funeral director F. Fassalino & Son
(b) Address 7401 Belair Rd.

19 JAN 2 1940 (Date received by registrar) (b) Huntington Williamsburg, Md

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2nd 1940, at 6 40 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Scald.
Burns, 1st, 2nd, 3rd degree, body & thigh
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec 30, 1939
(c) Where did injury occur? Perry Hall Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? —
(Specify type of place)
(e) Means of injury fell into bucket of scalding water

23. Signature J. W. Ollenweber M.D.
Medical Examiner.
Date signed Jan 2, 1940

64430

F 64430

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93e Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 614 N. Bouldin Street
(c) Hospital or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 45-10-2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 614 N. Bouldin Street (If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

26-10

3 (a) FULL NAME Annie Elizabeth Comegys

3 (b) If veteran, name war ---

3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Louis H. Comegys
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 28th 1894

8. AGE: Years	Months	Days	If less than one day
45	10	2	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER
12. Name Richard F. Scott
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Annie E. Ross
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Louis H. Comegys
(b) Address 614 N. Bouldin Street.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2nd 1940 (month) (day) (year)
(c) Cemetery ~~[illegible]~~ Baltimore
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Aves.,

JAN 2 1940 (Date received by registrar) (b) Huntingtor Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH December 30th 1939, at 5-50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 26 1938, to Dec 30 1939. and that I last saw her alive on Dec. 30 1939.

Immediate cause of death	Duration
Cerebral Embolus	3 hours
Due to Myocardial Degeneration	1 year
Due to Auricular Fibrillation	
Due to	
Other Conditions ✓ (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ---
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?
(e) Means of injury ✓

23. Signature Joseph Pokorny
Address 2200 E Madison St Date signed 1/1/40 M. D.

F 64431

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64431

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 4004 Falls Road St. 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George B. Phillips.

If U. S. Veteran specify WAR

(a) Residence: No. 4004 Falls Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth A. Phillips.

6. DATE OF BIRTH (month, day, year) Aug ? 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Michael Phillips.

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Leah Bender.

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs. Fannie Philpott.

(Address) 4004 Falls Road.

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park Date Jan 3, 1940

19. UNDERTAKER Chenoweth & Donovan

(Address) 3615-17 Chestnut Ave

FILED JAN 2 — 1940 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1938 to Jan 1, 1940

I last saw him alive on Dec. 31, 1939 Death is said to have occurred on the date stated above, at 7-15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	1938
Arteriosclerosis	"
Coronary Thrombosis	Dec 26-39
Other contributory causes of importance:	
Cardiac Dilatation	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Frank H Mayfarth M. D.

(Address) 4637 Falls Road

OCCUPATION is very important. See instructions on back of certificate.

F 64432

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 64432

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: Madison and Linden Ave.

(c) Hospital or institution: Maryland General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days): 17 days

(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:

(a) State: Md. (b) County:

(c) City or town: Baltimore Md (If outside city or town limits, write RURAL and give town)

(d) Street No.: 1203 Morling Ave (If rural give location)

(e) If foreign born, how long in U. S. A.: years

3 (a) FULL NAME: Herbert C Sullens

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife:

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan 24, 1927

8. AGE: Years	Months	Days	If less than one day
12	10 11	10	hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: School boy

11. Industry or business:

FATHER

12. Name: Clarence Sullens

13. Birthplace: Baltimore, Md.

MOTHER

14. Maiden Name: Rosie B. Menkheim

15. Birthplace: Baltimore, Md.

16 (a) Informant: Mrs. Frances Foster

(b) Address: 1203 Morling Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 2, 1940 (month) (day) (year)

(c) Cemetery or crematory: Baltimore. Location: North Ave.

18 (a) Funeral director: Ehrenworth + Donovan

(b) Address: 3615-17 Eastern Ave

19 (a) JAN 2 1940 (b) Huntington Williamsport Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12/31 1939 at 6:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/14 1939 to 12/31 1939 and that I last saw him alive on 12/31/1939.

Immediate cause of death	Duration
Lobar Pneumonia Bilateral	
Due to	
Due to	
Other Conditions: Acute Myocarditis, Acute Nephritis (Include pregnancy within 3 months of death)	

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury:

23. Signature: L. C. Post M. D.

Address: Maryland Gen. Hosp. Date signed: 12/31/39

433 51397-FS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82-D

F 64433

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2109 Madison Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Florence Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Armon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1874

8. AGE: Years ? 65 | Months 3 | Days | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation H.W. (d 37)

11. Industry or business

FATHER
12. Name Hamilton Hayward
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Fountain
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-02-40 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore, Md.

18 (a) Funeral director Mrs. Geo. H. Kelland
(b) Address 1631 Druid Hill Ave.

19 (a) 1-2-40 (Date received by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 30 1939 at 3 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 29 1939 to Dec 30 1939 and that I last saw h.e alive on Dec 30 1939.

Immediate cause of death: Cerebral Hemorrhage — Duration: unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Kirkwood Jr. M. D.
Address Balto City Hosp. Date signed 12-30-39

VS 3

28600 - RB

F 64434

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95-17

F 64434 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs, 0 mo., 29 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 11 N. High St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Ford

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Laura (dead)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? ?

8. AGE: Years	Months	Days	If less than one day
55 ?	?	?	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business W. P. A.

FATHER
12. Name James Ford
13. Birthplace Pa.

MOTHER
14. Maiden Name Jane King
15. Birthplace Pa.

16 (a) Informant Records
(b) Address Balto. City Hosp.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 2 - 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per M. A. Moore

19 (a) JAN 2 - 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. 5280

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 25 - 1939 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-26- 1939 to 12-25- 1939 and that I last saw h-im alive on 12-25- 1939

Immediate cause of death	Duration
Ruptured aneurism	1 day
Due to Q-S. Ht. Disease Chronic Bronchitis &	?
Due to emphysema	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Balto City Hosp. Date signed 12-25-39

VS 8

64435 HEALTH DEPARTMENT—CITY OF BALTIMORE 64435

CERTIFICATE OF DEATH ✓ 11-B

1. PLACE OF DEATH University Hospital Registered No.

CITY OF BALTIMORE: (No. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John King If U. S. Veteran specify WAR

(a) Residence: No. Lutherville, Md. St., Ward. Seventh Ave.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Colored.
5. Single, Married, Widowed, or Divorced (write the word):
6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of:
6. DATE OF BIRTH (month, day, year): 1/1939
7. AGE — Years: M | Months: 11 mos. | Days: | If LESS than 1 day, hrs. or min.:

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER
13. NAME: John Albert King
14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER
15. MAIDEN NAME: Margaret Smith
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: John Albert King
(Address): Md.

18. BURIAL, CREMATION, OR REMOVAL
Place: Lutherville Date: 1/3, 1940

19. UNDERTAKER: H. C. Eggleston Jr.
(Address): Lutherville Md.

20. FILED: 1/3 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 30, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1939, to Dec 31, 1939.
I last saw he alive on Dec. 30, 1939. Death is said to have occurred on the date stated above, at 4:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Influenza and Meningitis	Dec. 7
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.
(Address)

OCCUPATION is very important. See instructions on back of certificate.

64436

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-P F 64436 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2934 Elliott St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2934 Elliott St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Jane McGoldrick

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1870

8. AGE: Years	Months	Days	If less than one day
69	2		hr. min.

9. Birthplace City of Baltimore (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name James McGoldrick
13. Birthplace Ire.

MOTHER
14. Maiden Name Mary Keenan
15. Birthplace Ireland

16 (a) Informant Mrs. Grace McGoldrick
(b) Address 2934 Elliott St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/2/40 (month) (day) (year)
(c) Cemetery or crematory New Cathy.
Location Old Frederick Rd.

18 (a) Funeral director John A. Logan
(b) Address 3000 E. Balto St.

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/28/ 1939 at 11 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 15 1938 to Dec 28 1939 and that I last saw h alive on Dec 28 19 39.

Immediate cause of death	Duration
Generalized arteriosclerosis	
Coronary Sclerosis	
Due to Coronary Occlusion	12-28-39
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E A Schumunk M. D.
Address 842 S. Eaton Ave Date signed 12-30-39

VS 3

64437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

11-B

F 64437 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3417 Shannon Drive
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3417 Shannon Drive (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME John W. Waltemeyer

3 (b) If veteran, name war —
3 (c) Social Security Account No. 212-01-38-39

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Margaret D.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): July 25-1874
8. AGE: Years 65 | Months 5 | Days 7 | If less than one day: hr. min.
9. Birthplace: Balto. Md. (Town, county and state or foreign country)
10. Usual Occupation: Wood Pattern Maker.
11. Industry or business: Standard Gas E. Co.

FATHER
12. Name: John Waltemeyer
13. Birthplace: Balto. Md.

MOTHER
14. Maiden Name: Margaret Hines
15. Birthplace: Balto. Md.

16 (a) Informant: Warren Waltemeyer
(b) Address: 3417 Shannon Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/2/40 (month) (day) (year)
(c) Cemetery or crematory: Cedar Hill
Location: Annapolis Rd.

18 (a) Funeral director: John J. McGrath
(b) Address: 3000 E. Balto St.

19 (a) 1/2/40 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 30 1939, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 26 1939 to Dec 30 1939 and that I last saw ~~am~~ alive on Dec 30 1939.

Immediate cause of death: Cardiac Thrombosis — Duration 7 hr.
Due to
Due to
Other Conditions: Grippe — 5 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: [illegible] M.D.
Address 1 E Lexington St. Date signed 1/2/40

VS 3

F 64438

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45-B Registered No. F 64438

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard and Madison Sts.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 85 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Halethorpe (If outside city or town limits, write RURAL and give town)
(d) Street No. 2 Ashbourne Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Herbeck

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-4629

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Cora Herbeck
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6, 1897

8. AGE: Years	Months	Days	If less than one day: hr.	min.
42	8	0		

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Draftsman
11. Industry or business Bethlehem Steel Co.

FATHER
12. Name Frank Herbeck
13. Birthplace Unknown

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs. Cora Herbeck
(b) Address 2 Ashbourne Road, Halethorpe

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 3, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director E. Leroy Stafflar, Inc.
(b) Address 125 E. North Ave.

19 (a) Hoffacker & Williams (Date rec'd by registrar) (b) Registrar

JAN 2 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1 1940 at 9:50 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-7 1939 to 1-1 1940. and that I last saw h Was alive on 1-1 1940.

Immediate cause of death	Duration
Carcinoma of Tongue	1 year
Due to Hemorrhage	2 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John M. Lord M. D.
Address Balt. Gen. Hosp. Date signed 1-1-40

64439

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 F 64439

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital Ward) LIFE

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Boyce

If U. S. Veteran specify WAR

(a) Residence: No. 4225 Nicholas Ave St., Ward. S. S. No. 212-01-4808

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of AMELIA BOYCE

6. DATE OF BIRTH (month, day, year) DEC. 23 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MANAGER OF

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MEAT MARKET

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

FATHER

13. NAME GATELEY BOYCE

14. BIRTHPLACE (city or town) (State or country) BALTO. MD.

MOTHER

15. MAIDEN NAME VIRGINA DISNEL

16. BIRTHPLACE (city or town) (State or country) BALTO. MD.

17. INFORMANT AMELIA BOYCE WIFE.

(Address) 4225 NICHOLAS AVE.

18. BURIAL, CREMATION, OR REMOVAL

Place BALTIMORE CEM. Date JAN. 4 1940

19. UNDERTAKER Lilly & Leiter INC.

(Address) 402 S. WOLFE ST.

20. JAN 2. 1940 (Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-30-39 19

22. I HEREBY CERTIFY, That I attended deceased from 12-19-39, 19 to 12-30-39, 19

I last saw him alive on 12-30-39 19 Death is said to have occurred on the date stated above, at 4 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - r. lower	
Empyema - r.	
Cellulitis - r. thoracic wall	
Other contributory causes of importance	

Was an operation performed? Yes Date of 12-25-39

For what disease or injury? Cellulitis + Empyema

Name of operation Thoracotomy & D.

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R. J. Sabatini M. D.

(Address) St Joseph Hosp

OCCUPATION IS very important. See instructions on back of certificate.

64440

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

23 Registered No. ✓ F 64440

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1634 E. Eager St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1634 E. Eager St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clarke Webster.

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-1104

4. Sex: Male | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ellen Webster

6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) July 1899

8. AGE: Years 40 | Months 05 | Days | If less than one day: hr. min.

9. Birthplace Fork Mare Va
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Bethlehem Steel Co.

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Carrie Webster
15. Birthplace Fork Mare Va.

16 (a) Informant Ellen Webster
(b) Address 1634 E. Eager St.

17 (a) Interment (Burial, cremation, or removal) (b) Date thereof Jan. 4, 1940 (month) (day) (year)
(c) Cemetery or crematory
Location Baltow Va

18 (a) Funeral director Robert H. Young
(b) Address 804 W. Carey St

19 (a) JAN 2 - 1940 Huntington Mill Co.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 31 1939 at 9:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 25 1939 to Dec 31 1939 and that I last saw him alive on Dec 31 1939.

Immediate cause of death: Lobar Pneumonia & Nephritis

Duration: Days 6 1939

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George S. Allen

Address 507 Virginia St Date signed 1/2/40

VS 8

64441

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-7

F 64441
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 8 Hillside Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dr. Robert P. Bay

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	White	married

6 (b) Name of husband or wife: Nancy Bay
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Nov 8-1884

8. AGE: Years	Months	Days	If less than one day
55	1	24	hr. min.

9. Birthplace: Harford Co Md. (Town, county, and state)
10. Usual Occupation: Physician
11. Industry or business

FATHER
12. Name: Daniel Bay
13. Birthplace: Unknown

MOTHER
14. Maiden Name: "
15. Birthplace: "

16 (a) Informant: Mrs Nancy Bay
(b) Address: 8 Hillside Road

17 (a) State Ridge Pa (Burial, cremation, or removal) (b) Date thereof: June 3 1940 (month) (day) (year)
(c) Cemetery or crematory: State Ridge Perma
Location: Pennsylvania

18 (a) Funeral director: William Cook
(b) Address: 1217 St Paul Street

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1-1 1940, at 2 02 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-31 1939, to 1-1 1940 and that I last saw him alive on 1-1 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	12-31-39
Due to Hypertension cardio-vascular Disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Dr. Wm Thomas Reid M. D.
Address: Md. Gen Hosp Date signed: 1-1-40

Spec.—1-10-21—M&T—1200 Blks.

Social Security No. 135-10-1469

64442

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64442

CERTIFICATE OF DEATH.

93-C

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3413 Pinckney Rd ST., WARD #1)

2-FULL NAME Joseph Coburn.

(a) RESIDENCE NO. 920 N. Calvert St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (~~write~~ the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Coburn

6 DATE OF BIRTH (month, day, and year): April 27 1875

7 AGE: Years 64 Months 8 Days 4

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Real Estate.

(b) General nature of industry, business, or establishment in which employed (or employer): -

(c) Name of employer: Self

9 BIRTHPLACE (City or town) (State or country): Mass U.S.A.

PARENTS

10 NAME OF FATHER: Joseph Coburn

11 BIRTHPLACE OF FATHER (City or town) (State or country): Stoughton, Mass

12 MAIDEN NAME OF MOTHER: Elizabeth Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Stoughton Mass

14 Informant (Address): Mary Coburn (wife) 920 N. Calvert St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-31-39 19

17 I HEREBY CERTIFY, That I attended deceased from Aug , 19 39 to Dec 31 19 39 that I last saw h[illegible] alive on Dec 31 19 39 and that death occurred, on the date stated above, at 10:25 P. m.

The CAUSE OF DEATH* was as follows:

Coronary Occlusion

Myocarditis.

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Gen drug records

(Signed) Thos. H. Noyes M. D.

1/1 1940 (Address) 14 E. Read St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF ~~BURIAL~~, CREMATION ~~OR REMOVAL~~: Greenmount

DATE OF BURIAL: 1/2 1940

20 UNDERTAKER: William Cook

ADDRESS: 1217 St. Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64443 / 181 — Registered No. F 64443

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Belair Md (or Emory) (If outside city or town limits, write RURAL and give town)
Street No. Tollgate Rd., Belair (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME MAYFIELD IRWIN

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife John L. Irwin
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) March 1884

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace Harford Co Maryland (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business own home

FATHER
12. Name Charles Wright
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Jackson
15. Birthplace Maryland

16 (a) Informant (wife) Mrs Elamora Wright
(b) Address Union Memorial Hosp.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/1940 (month) (day) (year)
(c) Cemetery or crematory Grove Presbyterian
Location Aberdeen Md

18 (a) Funeral director Dean & Foster
(b) Address Bel Air Md

19 (a) ——— (Date rec'd by registrar) (b) Huntington Williams Md

VS.6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2 1940, at 9:20 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to h— death on the day stated above.

Immediate cause of death: Burns, 2nd degree two-thirds of body — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Jan 1st, 1940
(c) Where did injury occur? Tollgate Rd, Belair Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? —
(Specify type of place)
(e) Means of injury Clothes caught on fire from fireplace

23. Signature H. L. Wallace M.D. Medical Examiner.
Date signed Jan 2, 1940

Home no conflagration

37 9F 2 64444

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-B F 64444
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos. 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N Y (b) County
(c) City or town Schenectady
(If outside city or town limits, write RURAL and give town)
(d) Street No. 9 N. Church St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edwin Wood Allen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-8-79

8. AGE: Years	Months	Days	If less than one day
60 60	1	23	hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Electrical Engineer

11. Industry or business

FATHER 12. Name Robert Allen

13. Birthplace Va -

MOTHER 14. Maiden Name Anna - Wilson

15. Birthplace Va -

16 (a) Informant Records -

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial - (b) Date thereof Jan. 2-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Buchanan Va

Location

18 (a) Funeral director John Quitchell & Son

(b) Address 1900 Eutaw Place

JAN 2 - 1940 (b) Hunter Fitz Williamsburg Va
(Date rec'd by Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1940, at 1 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 26 1939, to Jan 1 1940, and that I last saw him alive on Jan 1 1940.

Immediate cause of death	Duration
Brain Tumor (Malignant) -	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Infiltrating Brain Tumor
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Kenneth L. Pickrell M. D.
Address M. H. Date signed

BALTIMORE CITY HEALTH DEPARTMENT

64445

CERTIFICATE OF DEATH 119

Registered No. F 64445

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 229 S. Fulton Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James D. Harrison

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12/38

8. AGE Years	Months	Days	If less than one day
1	7½	18	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Bernard Harrison
13. Birthplace Md.

MOTHER 14. Maiden Name Mary Fefel
15. Birthplace Md.

16 (a) Informant Mrs Mary Harrison
(b) Address 229 S. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 2 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Fredrick Ave.

18 (a) Funeral director John [illegible] Sons
(b) Address 1900 Eutaw Place

19 (a) Dated Jan 2 1940 (b) Registered Jan 2 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30, 1939, at 4.35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 29 1939 to Dec 30 1939 and that I last saw him alive on Dec 30 1939.

Immediate cause of death	Duration
Dehydration Fever	1 day
Due to Extreme Malnutrition	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: over
Of operations
Calitis
Of autopsy Enlarged mesenteric lymph nodes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles D. Scarf M. D.
Address St Agnes Hospital Date signed 12-30-39

VS 3

64446
373287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64446
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky (b) County
(c) City or town ASHLAND
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2836 BLACKBURN Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Henry Stallard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-17-31

8. AGE: Years	Months	Days	If less than one day
8	7	16	hr. min.

9. Birthplace Ky
(Town, county, and state)

10. Usual Occupation School

11. Industry or business

FATHER
12. Name BASCOM STALLARD
13. Birthplace VA

MOTHER
14. Maiden Name MINNIE COUNTS
15. Birthplace Ky

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof Jan. 2 '40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Rose Hill Cemetery
Location Ashland Ky.

18 (a) Funeral director John A. Russell Sons
(b) Address 1900 Eastern Blvd Huntington W. Va.

19 (a) (Date received by registrar) (b) Registrar

JAN 2 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN - 2 1940 at 350 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec-26-1939 to JAN 2 1940, and that I last saw him alive on JAN-2 1940.

Immediate cause of death	Duration
Pneumococcus meningitis	
Due to	
Due to	
Other Conditions Cerebellar glioma (Include pregnancy within 3 months of death)	
Major findings: Of operations Cerebellar glioma	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles E. Ireland M. D.
Address Johns Hopkins Hospital Date signed 1-2-40

F 64447

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95-B ✓ Registered No. F 64447

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 110 N Durham St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 110 N. Durham St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Timmerle

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Emma M Timmerle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 4 - 1869

8. AGE: Years	Months	Days	If less than one day
70	11	26	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Cooper
11. Industry or business Tidal - Tyler Co

FATHER
12. Name Bernard Timmerle
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Wm. Timmerle
(b) Address 505 N. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-40 (month) (day) (year)
(c) Cemetery or Crematory Mt Carmel
Location O'Donnell St

18 (a) Funeral director John C. Miller Inc
(b) Address 2425 E. Oliver St

19 (a) 1940 (Date of any registration) Hunter for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30 1939 at 8 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 23 1939 to Dec 30 1939
and that I last saw him alive on Dec 26 1939.

Immediate cause (Death) Cerebral Thrombosis 2½ hrs
Due to
Due to
Other Conditions Chronic Nephritis 6 mos
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Van Bavier M.D.
Address 6 E Lexington St Date signed 1/3/40

VS 3

F 64448

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56-E

F 64448 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Reisterstown Fullerton
(If outside city or town limits, write RURAL and give town)
(d) Street No. Ridge Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Schandara Mary Schandara

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Frank Schandara
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 14, 1867

8. AGE: Years	Months	Days	If less than one day
72 73	10	17	hr. min.

9. Birthplace Czechoslovakia
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Friends -
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 3, 1940 (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial Cem.
Location Baltimore

18 (a) Funeral director D. M. Amoreau
(b) Address 1005 W. Baltimore St.

19 (a) Date received by registrar JAN 3 1940 (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1940, at 12 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 31 1939, to Jan 1 1940, and that I last saw her alive on Jan 1 1940

Immediate cause of death Tumor, Bladder — Duration years

Due to Secondary anaemia — years

Due to Congestive heart failure — days

Other Conditions Operation - Cystotomy — 0m

(Include pregnancy within 3 months of death)

Major findings: Of operation Intravesical tumor

Of autopsy Not obtained

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James A. Gray M. D.
Address Johns Hopkins Hosp. Date signed Jan. 1 '40

Registered in Liber 56 Folio 5

Please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

64449

CERTIFICATE OF DEATH

Registered No. F 64449

1. PLACE OF DEATH 1107 N. Montford Ave Baltimore

CITY OF BALTIMORE: (No. 1107 N Montford Ave St. 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Harry Christian Ludwig Schmidt Jr. If U. S. Veteran specify WAR

(a) Residence: No. 1107 N. Montford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida May Schmidt

6. DATE OF BIRTH (month, day, year): Dec. 22, 1887

7. AGE: Years 52 yrs. | Months | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tavernkeeper (Pr.)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: WPA Night Watchman
10. Date deceased last worked at this occupation (month and year): Dec 29, 1939
11. Total time (years) spent in this occupation: 1 yr

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: George E. Schmidt
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Elizabeth Kurtz
16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Mrs Ida May Schmidt (wife)
(Address) 1107 N. Montford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Mem. Date Jan 4th 1940

19. UNDERTAKER: Leo G. Lynch
(Address) 1901-03 N. Patterson Park Ave

20. FILED JAN 5 — 1940 Registrar.

VS 3

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 1, 1940

22. I HEREBY CERTIFY, That I attended deceased from December 31 1939 to Jan 1, 1940

I last saw him alive on Jan 1 1940. Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Cerebral Hemorrhage	12/31/39
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Louis R. Mohan M. D.

(Address) 1501 N. Milton Ave Balto Md

CGK

50941

64450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

F 64450 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 824 N. Wolfe St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sadie Morris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married (Sep

6 (b) Name of husband or wife Howard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 4, 1894

8. AGE: Years	Months	Days	If less than one day
45	0	26	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Home Laundry

11. Industry or business

FATHER
12. Name William Turner
13. Birthplace Va.

MOTHER
14. Maiden Name Rhoda Jeff
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Balto Co, Md

18 (a) Funeral director Mrs P. A. Elliott-Sr
(b) Address 1129 N. Carrollton Ave

19 (a) Date received by local registrar JAN 2 1940 (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH December 30 1939, at 7 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 12 1939, to Dec. 30 1939, and that I last saw her alive on Dec 30 1939.

Immediate cause of death Arteriolar nephrosclerosis — Duration between onset and death

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Small scarred kidneys

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. K. Woodward Jr. M. D.
Address Balto City Hosp Date signed 12-30-39

F 64451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

F 64451 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 916 Hollins St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 916 Hollins St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter T. Locke

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W.	married

6 (b) Name of husband or wife Sarah T. Locke
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Unknown 1868

8. AGE: Years	Months	Days	If less than one day
71			hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Contractor
11. Industry or business

FATHER
12. Name Ronald Locke
13. Birthplace Scotland

MOTHER
14. Maiden Name Mary Orr
15. Birthplace Scotland

16 (a) Informant Mrs Thomas A. Locke
(b) Address 916 Hollins St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/1939 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd

18 (a) Funeral director John J. Cowan Son
(b) Address 901 W. Hollins St.

19 (a) JAN 2 1940 (Date received by registrar) (b) Interring by Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31st 1939 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1. 1939. to Dec 31. 1939. and that I last saw him alive on Dec 31. 1939.

Immediate cause of death	Duration
Chronic Int. Nephritis.	1 Year
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Thos. Williams,
Address 889 W. Lanvale St. Date signed 1/2/1940 M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

64452

CERTIFICATE OF DEATH

131 F 64452

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 W. Franklin St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Hattie Williams

If U. S. Veteran specify WAR

(a) Residence: No. 1113 W. Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie Williams

6. DATE OF BIRTH (month, day, year) April 6 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) King Williams Co Va

FATHER

13. NAME William Walker

14. BIRTHPLACE (city or town) (State or country) King Williams Co Va

MOTHER

15. MAIDEN NAME Susan Frank

16. BIRTHPLACE (city or town) (State or country) King William Co Va

17. INFORMANT Mrs. Handy

(Address) 1113 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place Lemsten Va Date Jan 3 19

19. UNDERTAKER Joseph Moseley

(Address) 1113 W. Franklin St

20. FILED JAN 2 - 19 Huntington Middle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1939, to Dec 31, 1939

I last saw her alive on Dec 30, 1939. Death is said to have occurred on the date stated above, at 3:15 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 31

Other contributory causes of importance:

Hypertension Cardiac
Arteriosclerosis Renal Disease

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) M Edwards M. D.

(Address) 803 W Fremont St

(OCCUPATION is very important. See instructions on back of certificate.)

V8 2

4453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64453

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Agnes Hospital
(c) Hospital or institution: Caton & Wilkins Aves
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Paris Grance (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sister Marie Reuss

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1875

8. AGE: Years	Months	Days	If less than one day
64	4	17	hr. min.

9. Birthplace Baltimore Md. (town, county, and state)

10. Usual Occupation Sister of Charity

11. Industry or business

FATHER
12. Name Charles F. Reuss
13. Birthplace Phila. Pa.

MOTHER
14. Maiden Name Ella Deire
15. Birthplace Phila. Pa.

16 (a) Informant St. Agnes Hospital
(b) Address Caton & Wilkins Aves

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 4, 1940 (month) (day), (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md.

18 (a) Funeral director Martin Dalrymple
(b) Address 1827 W. North Ave.

19 (Date rec'd by registrar) Huntington Williams Jr.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1, 1940, at 8:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1939, to Jan 1, 1940, and that I last saw h alive on 1-1-1940.

Immediate cause of death	Duration
Shock (Respiratory and circulatory collapse)	
Due to Korlyzin's Disease	2½ yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles V. Lewis M. D.
Address St Agnes' Hospital Date signed 1-2-40

64454

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 178-a

F 64454 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1182 Ausmith - 1
(c) Hospital or institution:
St Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1601 Argyle St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME WILLIAM BROCHBANK

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21 1905

8. AGE: Years	Months	Days	If less than one day
34	5	11	hr. min.

9. Birthplace Lutz Md (Town, county, and state)

10. Usual Occupation Ford Factory Worker

11. Industry or business

FATHER
12. Name Andy J. Brochbank
13. Birthplace Wilkes Barre, Penn.

MOTHER
14. Maiden Name Emma Bingle
15. Birthplace Pittsburgh Pa.

16 (a) Informant Mrs. Brochbank
(b) Address 6 Fairmount Ave, Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5 1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Md.

18 (a) Funeral director Chas. E. Oliver & Sons
(b) Address 2432 E. Monument St

JAN 2 - 1940

19 (a) (Date received by registrar) Huntington Pottsville, Md. (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2nd 1940, at 8 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Carbon monoxide poisoning
Due to Illuminating gas
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence January 2, 1940
(c) Where did injury occur? 1101 Argyle St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? No (Specify type of place)
(e) Means of injury Leaving gas in closed room

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed Jan 2nd, 1940

F 64455

64455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-A Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 334 Druid St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 334 Druid St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fredrica M. Browne.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Fem

5. Color or race: Wht.

6 (a) Single, married, widowed, or divorced: Widow.

6 (b) Name of husband or wife: Benj F Browne

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 13 1859

8. AGE: Years 80 | Months 0 | Days 20 | If less than one day: hr. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual Occupation Housework.

11. Industry or business —

FATHER
12. Name W W K. Goodhand
13. Birthplace Maryland.

MOTHER
14. Maiden Name Sarah E White
15. Birthplace Maryland.

16 (a) Informant Emely A Goodhand
(b) Address 334 Druid St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5th/40 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem
Location Greenmount Md.

18 (a) Funeral director Mrs Chas A F Rohde
(b) Address 2327 Edmondson Ave

19 (Date rec'd by registrar) JAN 2 - 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 2 1940, at 10 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 1939 to Jan 2 1940 and that I last saw her alive on Jan 1 1940

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 weeks

Due to:

Due to:

Other Conditions: (Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Adam Jod. M. D.
Address 1616 Eastern Ave signed 1/2/40

VS 3

F 64456

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. F 64456

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2324 N. Pine St - Basement
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Childress

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace (Town, county, and state) Maryland
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 2 - 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) JAN 2 - 1940 (Registrar) Huntington Williams M.D. Registrar 287

MEDICAL CERTIFICATION

135a

20. DATE OF DEATH December 27 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Lobar pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. A. Moore M.D.
Medical Examiner.
Date signed 12/28/39

V8 6

VS 6

F 64457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 B Registered No. E 64457

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1115 N. Caulbaugh H (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John E. Nash

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years 77 | Months | Days | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Laborer 1089

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHNS HOPKINS MEDICAL SCHOOL JAN 2 - 1940

Commissioner of Health

18 (a) Funeral director Per H. A. Moore

(b) Address

19 (a) JAN 2 — 1940 (Signature of registrar) Huntington Williams M.D. Registrar 588

MEDICAL CERTIFICATION 1040a

20. DATE OF DEATH December 24 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. B. Baudelaire M.D. Medical Examiner.

Date signed 12/25/39

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

64458

CERTIFICATE OF DEATH

72-B F 64458

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 57 S. Fulton ave St. 19-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. John Paluhis

(a) Residence: No. 57 S. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Mary Paluhis

6. DATE OF BIRTH (month, day, year) May 28, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 1045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. clothing Mfg.

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation 25 yrs.

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Mary Kvacz

16. BIRTHPLACE (city or town) (State or country) Krakow Poland

17. INFORMANT Son.
(Address) 57 S. Fulton ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 1/3/40 19

19. UNDERTAKER Chas. P. Ruehmeyer
(Address) 637 Washington Blvd.

20. JAN 2 - 1940 Huntington Williams M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 3, 1939 to Dec. 31, 1939

I last saw him alive on Dec. 31, 1939 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Kidney Disease	10-5-39
Other contributory causes of importance:	
None	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Morris B. Schreiter M. D.

(Address) 57 S. Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

VS 2

Cronin

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64459 93-E 64459

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 921 N. Chester st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 921 N. Chester St (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Elizabeth E. Cronin (Cronin)
3 (b) If veteran, name war
3 (c) Social Security Account No. 212-07-1861

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Thos. Cronin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1854

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Seamstress
11. Industry or business Crate Box.

FATHER 12. Name Michael Conway
13. Birthplace Ireland

MOTHER 14. Maiden Name Mary Morrissey
15. Birthplace Ireland

16 (a) Informant John Joseph Morrissey
(b) Address 1189 Bardayst

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 3 40 (month) (day) (year)
(c) Cemetery or crematory Green Mount Cem
Location Balto.

18 (a) Funeral director Rita Widefeld
Address 964 Fremont Ave

19 (a) (Date received by Registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31 1939 at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1939 to Dec. 31 1939 and that I last saw her alive on Dec. 31 1939.

	Duration
Immediate cause of death Cerebral Embolus	1 day
Due to Auricular Fibrillation	6 mos
Due to Myocardial Degeneration	
Other Conditions ✓	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?
(e) Means of injury ✓

23. Signature Joseph Pakarny M. D.
Address 2200 E Madison St Date signed 1 M. 2 D. 40

64460

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

77-C Registered No. E 64460

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: N. O. A. 1013 Greenmount Ave

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10+
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1013 Greenmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas L. Metz

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1866

8. AGE: Years	Months	Days	If less than one day
73	6		hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Thos. L. Metz
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Murphy
15. Birthplace Maryland

16 (a) Informant Mary Borders
(b) Address 2052 Mathew St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
Address 914 Greenmount Ave

19 (a) JAN 2 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION 9:30 a.

20. DATE OF DEATH Jan. 1 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Acute alcoholism — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Vandersloot M.D. Medical Examiner.
Date signed 1/2/40

64461

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C

Registered No. F 64461

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Ellicott City (If outside city or town limits write RURAL and give town)
(d) Street No. Edmondson Ave & Old Frederick Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert EDWARD ECHO

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Divorced

6 (b) Name of husband Lucilean Hayes
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) May 22, 1874

8. AGE: Years	Months	Days	If less than one day: hr.	min.
65	7	9		

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Edward D. Echo
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary E Woods
15. Birthplace Maryland

16 (a) Informant Mrs Evy M. Hoylan
(b) Address 1802 Whitelock Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 4, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Easton Sons
(b) Address Ellicott City

19 (a) (Date received by registrar) Registrar

VS 6-

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1st 1940, at 12:30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death: Fracture, skull
Due to: Subdural hematoma
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence December 30th, 1939
(c) Where did injury occur? Edmondson Ave and Old Frederick Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? In this place While at work? — (Specify type of place)
(e) Means of injury struck by auto - hit & run accident

23. Signature H. H. Wollenweber M.D.
Medical Examiner.
Date signed Jan 2, 1940

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

64462

CERTIFICATE OF DEATH

47-B F 64462

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4206- Massachusetts Ave St., 20th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Frederick Klein

(a) Residence: No. 4206- Massachusetts Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie M. Klein.

6. DATE OF BIRTH (month, day, year) Dec. 19. 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59-59	—	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. Deliveries

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bread Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME John L. Klein

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

MOTHER

15. MAIDEN NAME Katherine Dash.

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

17. INFORMANT Mrs. Jessie M. Klein
(Address) 4206 Massa. Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 1-3 1940

19. UNDERTAKER T. B. Illingsworth & Son
State 2-[illegible] Eutaw Place

20. FILED 1940 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-30 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 1st 1939 to Dec. 30 1939

I last saw him alive on 12-30 1939. Death is said to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	
Primary Bronchogenic - ? Lung.	
Other contributory causes of importance:	

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Abbo H. Crawthorn M. D.

(Address) 4209 Frederick Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1269-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

64463

CERTIFICATE OF DEATH

131-a F 64463

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 417- Yale Ave St., 20th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Theresa Clark

(a) Residence: No. 417- Yale Ave St., 20th Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elias H. Clark

6. DATE OF BIRTH (month, day, year) Mar. 27-1866

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
73 - 73 -	9	5 4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George E. Smith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Julia Cooper

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. B. M. Moore

(Address) 122 Warren Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 1/4/40 19

19. UNDERTAKER F. O. Wisner & Son

(Address) 1 Eutaw Place

20. WHERE [illegible] JAN 2 1940 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-1 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20 1939 to 1/1/40 19

I last saw h[illegible] alive on 1/1/40 19 Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	
Senility	
Bronchopneumonia	

Other contributory causes of importance:

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Alma H. Carruthers M. D.

(Address) 420 S. Frederick Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

V. S. 2

F 64464

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. F 64464

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1117 Haven Hill Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years years

3 (a) FULL NAME Matilda Thompson Jansen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	widowed

6 (b) Name of husband or wife Thomas Jansen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1888

8. AGE: Years	Months	Days	If less than one day
51	6	21	hr. min.

9. Birthplace Norway (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Tomeo Thompson
13. Birthplace Norway

MOTHER
14. Maiden Name Matilda Thompson
15. Birthplace Norway

16 (a) Informant Son
(b) Address 1117 Haven Hill Road, City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/40 (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave Rd.

18 (a) Funeral director John G. McGann
(b) Address 3000 E. Baltimore St

19 (a) JAN 2 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 31 1939, at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 30 1939, to Dec. 31 1939, and that I last saw her alive on Dec. 31 1939.

Immediate cause of death	Duration
Cardiac failure	2 hrs.
Arteriosclerotic Heart Disease	years
Due to	
Due to	
Other Conditions Hemiplegia, left	5 yrs
Pulmonary infarct L 4 days	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. D. Sussdorf M.D.
Address Union Memorial Date signed 12/31/39

VS 2

F 64465

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

Registered No. F 64465

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2708 Hamilton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN V. BRENNAN.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	Wh.	Married.

6 (b) Name of husband or wife Anna P. (nee Fokaris)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16, 1901

8. AGE: Years	Months	Days	If less than one day
38	7	15	hr. min.

9. Birthplace Balto. Md. (Town, county and state)
10. Usual Occupation Yard Master
11. Industry or business B. & O. R. R. Co.

FATHER
12. Name John T. Brennan
13. Birthplace Md.

MOTHER
14. Maiden Name Barbara A. Kranning
15. Birthplace Md.

16 (a) Informant Mrs. Anna P. Brennan
(b) Address 2708 Hamilton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 3 /40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Old York Rd.

18 (a) Funeral director Harry H. Nuttle
(b) Address 4101 Edmondson Ave

19 (a) JAN 2 1940 (Date received by registrar) Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-31-39 19 12:05 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-28 1939, to 12-31 1939, and that I last saw him alive on 12-31 1939:

Immediate cause of death: Cerebral Hemorrhage
Following Appendectomy.
Duration: 12 hrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operation: Acute Appendicitis.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Miller M. D.
Address 2030 Wilkens Ave. Date signed

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64466

CERTIFICATE OF DEATH

91 F 64466

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 127 S. Central ave 3-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Filomena testa Cofelice

If U. S. Veteran specify WAR

(a) Residence: No. 127 S. Central ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed or divorced HUSBAND of (or) WIFE of Salvatore Cofelice

6. DATE OF BIRTH (month, day, year) August 14 1859.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	5	14.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Salvatori testa

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mary Gmaglia

(Address) 6901 J Roberts ave

18. BURIAL, CREMATION, OR REMOVAL

Place HOLY REDEEMER Jan 3 1940

19. UNDERTAKER WARDELL J DIPPEL

(Address) 1406 E. COUGH ST.

20. FILED JAN 2 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from September 19, 1936, to December 30, 1939

I last saw her alive on December 30, 1939. Death is said to have occurred on the date stated above, at 11 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive Hear[t] Failure	12/29/39
Other contributory causes of importance:	
Ar[t]eriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Philip [illegible] M. D.

(Address) 2942 East Fayette Street

OCCUPATION is very important. See instructions on back of certificate.

vo 5

64467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 P Registered No. F 64467

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 1624 Alice Anna St ~~720 So Bond St~~
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 720 So Bond St (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3. (a) FULL NAME Michael Brzezinski
3 (b) If veteran, name war
3 (c) Social Security Account No. none

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Apolonia Brzezinski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 17 1875

8. AGE: Years ~~64~~ | Months 3 | Days 14 | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name unknown
13. Birthplace Poland

MOTHER
14. Maiden Name unknown
15. Birthplace Poland

16 (a) Informant Mrs Frances Johnson
(b) Address 1624 Alice Anna St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 3 / 40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Balto County

18 (a) Funeral director John M Weber
(b) Address 407 S. Chester St

19 JAN 2 - 1940 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/31/1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm Blendecraft M.D. Medical Examiner.
Date signed

VS 6

F 64468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 64468

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: I200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days): 10
(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 1200 Valley St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Mary Moss

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife:

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 1859

8. AGE: Years	Months	Days	If less than one day
80	8		hr. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation: Seamstress

11. Industry or business:

FATHER — 12. Name: William A. Moss
13. Birthplace: ?

MOTHER — 14. Maiden Name: Georgeana Madden
15. Birthplace: ?

16 (a) Informant: Little Sisters of the Poor
(b) Address: I200 Valley St.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Jan 3 1939 (month) (day) (year)
(c) Cemetery or crematory: Cathedral
Location: Baltimore

18 (a) Funeral director: Rita Windefeld
(b) Address: 914 Greenmount Ave

19 (a) Jan 2 1940 (Filed by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 2, 1940 19 4a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 — 1939, to Jan 2 1940, and that I last saw her alive on Jan 1 — 1940.

Immediate cause of death	Duration
Chronic Myocarditis	3 yrs.
Due to	
Due to	
Other Conditions Edema Lungs	1 day

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: E. Gill Hall M. D.
Address: 1631 E North Av Date signed: Jan 2-40

VS 2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64469 — 92-a — Registered No. F 64469

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 703 St Paul st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 703 St Paul St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Oliver Wiley

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-14-0757

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Unknown

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years	Months	Days	If less than one day
79	—	—	hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation Foundry Watchman
11. Industry or business Lumber Co

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant
(b) Address 703 St Paul st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 3/39 (month) (day) (year)
(c) Cemetery or crematory St Matthew Cemetery
Location Mt Carmel Road

18 (a) Funeral director Jos Swinson & Bros
(b) Address 1124-26 W. North ave

19 (a) JAN 2 — 1940 (Registered number) Hunterstown Pennsylvania (Signature of local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30 1939 at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939, to Dec 30 1939 and that I last saw him alive on Dec 29 1939.

Immediate cause of death Mitral Insufficiency — Duration

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph F Nursing
Address 703 St Paul Date signed Jan 2 1940 (M. D.)

VS 3

F 64470

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-P Registered No. F 64470

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: Balto Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 417 S. Eutaw St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Abraham Block.

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: M
6 (b) Name of husband or wife: Fannie
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): 1894
8. AGE: Years: 45 | Months: — | Days: — | If less than one day: hr. min.
9. Birthplace: Russia (Town, county, and state)
10. Usual Occupation: Paper Hanger
11. Industry or business:

FATHER
12. Name: Harry Louis Block
13. Birthplace: Russia

MOTHER
14. Maiden Name: Unk.
15. Birthplace: Russia

16 (a) Informant: Fannie Block
(b) Address: 1515 E Balto St
17 (a) (Burial, cremation, or removal) (b) Date thereof: 1/3/40 (month) (day) (year)
(c) Cemetery or crematory: Oheb Shalom
Location:
18 (a) Funeral director: Jos Levinson & Bro
(b) Address: 114-16 W. Mt. Royal Ave Huntington Hotel
19 (a) JAN 2 1940 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/1/40 at 9:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/1/39 to 1/1/40, and that I last saw h[illegible] alive on 1/1/39.

Immediate cause of death	Duration
(a) Coronary Thrombosis	
Due to (b) Pulmonary Edema	
Due to (c) Peripheral Collapse	
Due to (d)	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Harry A. Wechsler M.D.
Address: Sinai Hospital Date signed: 1/2/40

VS 3

Notice: Age is especially important. Physician: please write the causes of death clearly and legibly.

64471

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 64471
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1424 Argyle ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1424 Argyle ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Jones

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 12 1897

8. AGE: Years	Months	Days	If less than one day
42	3	14	hr. min.

9. Birthplace md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name Chas. Jones
13. Birthplace md
MOTHER 14. Maiden Name Clara Collins
15. Birthplace md

16 (a) Informant Mrs Clara Jones
(b) Address 1424 Argyle ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-4-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn

18 (a) Funeral director Adolphus Halstead
(b) Address 918 David Talbot ave

19 (a) Date rec'd by local reg. (year) (b) Thomas J. Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1940, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 11 1939 to Jan 1 1940 and that I last saw h alive on Jan 1 1940.

	Duration
Immediate cause of death Pulmonary Embolism	
Due to	1 hr
Due to	20 dy
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. J. Hatcher
Address 1775 Pa Ave Date signed 1/3/40

JAN 3 1940

VS 3

F 64472

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-9 Registered No.

F 64472

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1842 Hope St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 46 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1842 Hope st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Allen C. Spicer

3 (b) If veteran, name war No

3 (c) Social Security Account No. 218-09-7976

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Grace F. Spicer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 24th 1868

8. AGE: Years	Months	Days	If less than one day
71	11	7	hr. min.

9. Birthplace Balto. Co. Md (Town, county, and state)
10. Usual Occupation Accountant
11. Industry or business Revere Copper Co

FATHER
12. Name John W. Spicer
13. Birthplace Balto Co Md

MOTHER
14. Maiden Name Elizabeth Via Kaiser
15. Birthplace Va

16 (a) Informant Grace Spicer
(b) Address 1842 Hope St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/4/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Lorraine
Location Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

19 (a) JAN 3 - 1940 (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1st 1940 at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 13 1939 to Jan 1 1940, and that I last saw h~~im~~/alive on Dec 31 1939.

Immediate cause of death Coronary Thrombosis — Duration 5 days
Due to Arteriosclerotic Cardiovascular
Due to Renal Disease — 1 year
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel A. Wolfe M. D.
Address 1331 Eutaw Ave Date signed 1-2-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

64473

HEALTH DEPARTMENT—CITY OF BALTIMORE

64473

CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1202 Clendenin St. 13-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Jannie Collins

If U. S. Veteran specify WAR

(a) Residence: No. 1202 Clendenin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Richard Collins

6. DATE OF BIRTH (month, day, year): Jan. 16 1894

7. AGE: Years 45; Months 11; Days 15; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Home

10. Date deceased last worked at this occupation (month and year): 12-24-39

11. Total time (years) spent in this occupation: 44yrs

12. BIRTHPLACE (city or town) (State or country): Clinton N. C.

FATHER

13. NAME: Alexander Rhodes

14. BIRTHPLACE (city or town) (State or country): Clinton N C

MOTHER

15. MAIDEN NAME: Marion Brewington

16. BIRTHPLACE (city or town) (State or country): Clinton N C

17. INFORMANT: Richard Collins

(Address): 1202 Clendenin St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Date: Jan 3rd 19 40

19. UNDERTAKER: E O W Dixon

(Address): 1011 Brantley ave

20. FILED: JAN 3 - 1940 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-31, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-24, 1939 to 12-31, 1939

I last saw her alive on 12-31, 1939. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of rt. leg — Date of onset Unknown

Other contributory causes of importance:

Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Physical Examination

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank A Saunders M. D.

(Address) 1024 N. Stricker St.

OCCUPATION is very important. See instructions on back of certificate.

OK

F 64474 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 64474

CERTIFICATE OF DEATH ✓ 34-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hosp St. 8 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Stroug.

If U. S. Veteran specify WAR _____

(a) Residence: No. 1412 N. Bethel St., Ward. Pts S S
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mail	Colored	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Strong

6. DATE OF BIRTH (month, day, year) 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Strong Sr.

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Dufonnia Lewis

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Elizabeth Strong
(Address) 111 12 N Bethel st

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Date Jan 3rd 19 4

19. UNDERTAKER E O Wilson
(Address) 1000 Brantley Ave

20. FILED _____ 19__ _____ Registrar

JAN 3 - 1940

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 12-31-39 19

22. I HEREBY CERTIFY, That I attended deceased from 12-15-39 19 to 12-31-39 19

I last saw him alive on 12-21-39 19 Death is said to have occurred on the date stated above, at 10 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurysm - arch of aorta - luetic	7
Tertiary lues.	
Pneumonia - left lower	
Other contributory causes of importance	
+ rt upper. Lung abscess - rt upper - left lower	

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) M. L. Lumpkin M. D.

(Address) St. Josephs Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 64475

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-7

Registered No. F 64475

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Belvidere - Lemmington
(c) Hospital or institution:
Hebrew Home for the Aged - Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs 4 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 37 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 93-7 Belvidere - Lemmington (If rural give location)
(e) If foreign born, how long in U. S. A.? 37 years

3 (a) FULL NAME Harris Fisher

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Esther
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1869
8. AGE: Years 71 | Months | Days | If less than one day ... hr. ... min.
9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Retailer
11. Industry or business

FATHER
12. Name Israel Fisher
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah Leah Schmutz
15. Birthplace Russia

16 (a) Informant Seymour Fendler
(b) Address Belvidere & Lemmington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 01-3-40 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Back Radnor

18 (a) Funeral director Jack Louis Inc
(b) Address 1499 E. Baltimore St.

(c) Date received JAN 3 1940 (Registrar) (b) Burial Permit Issued for Interment in Baltimore, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2 1940, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-16 1939 to 1-2 1940, and that I last saw him alive on 1-2 1940.

Immediate cause of death Bronchopneumonia — Duration 12-30-39
Chr. card vascular disease
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Edmund Levin M. D.
Address Lombard Date signed 1/2/40

VS 3

F 64476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-F

F 64476 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2613 E. Chase Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2613 E. Chase St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ethyl Augusta Chambers

3 (b) If veteran, name war: None

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Divorced

6 (b) Name of husband or wife Claire Chambers

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 30 1886

8. AGE: Years	Months	Days	If less than one day hr.	min.
53	6	3		

9. Birthplace Lamar, Penna. (Town, county, and state)

10. Usual Occupation Retired (File Clerk)

11. Industry or business Balto Life Ins. Co

FATHER 12. Name James T. Stephenson

13. Birthplace Penna

MOTHER 14. Maiden Name Mary F. Eddy

15. Birthplace Penna.

16 (a) Informant Mrs. Carroll Mc Afee

(b) Address 2613 E. Chase St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-40 (month) (day) (year)

(c) Cemetery or crematory Dunnstown Cemetery

Location Loch Haven, Penna.

18 (a) Funeral director STEWART & MOWEN COMPANY

(b) Address (W. F. WOODEN SUC.) 188 W. NORTH AVENUE

19 (a) (b)
(Date rec'd by registrar) Registrar

JAN 3 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2 1940, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1938, to January 1 1940, and that I last saw h alive on January 1 1940.

Immediate cause of death — Duration

Adeno carcinoma Sigmoid Colon — 1½ yrs.

Due to

Due to

Other Conditions Metastases to Liver
Secondary Anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations Intestinal Carcinoma

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]

Address 2005 E. Monument St. Date signed 1/2/40

64477

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64477

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address West Balto
(c) Hospital or institution: Jmmal
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1720 N Pratt St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Fulkoske

3 (b) If veteran, name war no

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	Widow

6 (b) Name of husband or wife Jennie Fulkoske
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1 1875

8. AGE: Years	Months	Days	If less than one day
64	9	-	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Sec & Gen Laborer
11. Industry or business Self

FATHER
12. Name August Fulkoske
13. Birthplace Germany

MOTHER
14. Maiden Name Jennie Tuttle
15. Birthplace Baltimore

16 (a) Informant Mr Fulkoske (Son)
(b) Address 1720 N Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Frederick Ave

18 (a) Funeral director Robert Brooks & Son
(b) Address Carlton & Hollins Sts

19 (a) 1-2-40 (Date rec'd by registrar) (b) Hunting for Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1940 at 2 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 30 1939 to Jan 1 1940 and that I last saw him alive on Jan 1 1940

Immediate cause of death Pulmonary hemorrhage

Due to Carcinoma Pulmonary

Due to

Other Conditions -

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

Duration
2

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. E. Shear
Address W. B. P. H. Date signed 1/2/40

F 64478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1108

F 64478

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1813 Light St.
(c) Hospital or institution: So. Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1356 Towson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Adam A. Rossbach

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 8th 1939

8. AGE: Years	Months	Days	If less than one day
	3	25	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Adam A. Rossbach
13. Birthplace Balto.

MOTHER
14. Maiden Name Catherine Roe
15. Birthplace Chester Md.

16 (a) Informant Adam A. Rossbach
(b) Address 1356 Towson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4th 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem
Location Anne Arundel Co. Md.

18 (a) Funeral director Charles H. Dill.
(b) Address 1901 E. Fort Ave.

19 Filed Jan 4 1940 (b) Registrar Washington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 2 1940 at 6⁰⁰ P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 1/2/40 19 to 1/2/40 19, and that I last saw h[illegible] alive on 1/2/40 19.

Immediate cause of death
Lobar Pneumonia

Due to Avitaminosis
Malnutrition

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel L. Lap, M. D.
Address So. Balto. Gen. Hosp. Date signed 1/2/40

VS 2

F 64470

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-N

F 64479

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1434 Hull St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street and No. 74 1434 Hull St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME GERTRUDE (GEPKA) JONES

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife Ferdinand Jones.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
69			hr. min.

9. Birthplace Bruges, Holland
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Fredericka Novack
(b) Address 1431 Andre St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 5th 1940 (month) (day) (year)
(c) Cemetery or crematory Swartz Cem.
Location Balto. City.

18 (a) Funeral director Charles F. Dill.
(b) Address 1501 E. Fort Ave.

19 (a) Date received by registrar JAN 5 1940 (b) [illegible]

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7th 1940, at 3 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquest) thereon and from the evidence obtained by said autopsy (Autopsy or Inquest) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to arteriosclerosis, general	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H L Wallenmeyer M.D.
Medical Examiner.
Date signed Jan 2nd, 1940

Names are especially important. Physicians: please write the causes of death clearly and legibly.

F 64480

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No.

F 64480

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 509 N. Gilmor

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Life time

(e) Length of stay in Baltimore (yrs., mos., or days) Life time

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town Baltimore Md. (If outside city or town limits, write RFRA and give town)

(d) Street No. 509 N. Gilmor (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Turnstall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fem	Col	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 27

8. AGE: Years 35 | Months 8 | Days 9 | If less than one day: hr. min. 4

9. Birthplace Baltimore md (town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER

12. Name Jas Turnstall

13. Birthplace Essex Co Va

MOTHER

14. Maiden Name Bettie Lewis

15. Birthplace Essex Co Va

16 (a) Informant Bettie Turnstall

(b) Address 509 N. Gilmor

17 (a) Laurel (Burial, cremation, or removal) (b) Date thereof Jan 3 1940 (month) (day) (year)

(c) Cemetery or crematory Laurel

Location Balto. md

18 (a) Funeral director James A Hayes

(b) Address 142 W Fayette St

19 (a) (b)

(Date received by registrar) JAN 3 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC 31 1939 at 9.40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 12 1939 to Dec 31 1939 and that I last saw h[illegible] alive on Dec 30 1939.

Immediate cause of death

(a) Interstitial Nephritis — Duration 2 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. C. Lusk

Address Health Dept Baltimore Md. Jan 2

Physicians: please write the causes of death clearly and legibly.

64481

CGK 50621 F 64481

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-7

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Balto. Md.

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 30days

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 816 N. Fremont Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Van Couris Lee

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Annie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/9/1887

8. AGE: Years 52 | Months | Days 22 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business Unemployed

FATHER

12. Name Lloyd Lee

13. Birthplace Va.

MOTHER

14. Maiden Name Annie Cecelia Whitlowe

15. Birthplace Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Baltimore Md

18 (a) Funeral director Charles S. Cooper

Address 5147 Belair Rd.

19 (a) JAN 3 (Date rec'd by Registrar) (b) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1 19 40, at 2.10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 19 39, to Jan 1 19 40, and that I last saw h[illegible] alive on Jan 1 19 40.

Immediate cause of death: Cerebral thrombosis — Duration: 27 days

Due to:

Due to:

Other Conditions Hypertensive Cardio Vascular Renal disease

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Talesse M. D.

Address BCH Date signed Jan 2, 1940

F 64482

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133-4 Registered No. F 64482

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7 South Hilton St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7 South Hilton St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME LAURA L. RUSSUM

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife John O. Russum
6 (c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.) Dec 8, 1878

8. AGE: Years	Months	Days	If less than one day
61	0	24	3 hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business own home

FATHER
12. Name Henry Schwab
13. Birthplace Catonsville Md

MOTHER
14. Maiden Name Mary Arnold
15. Birthplace Md

16 (a) Informant Clarence W Bollet
(b) Address 7 S. Hilton St.

17 (a) Burial (b) Date thereof Jan. 5-1940.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park.
Location Baltimore, Md.

18 (a) Funeral director Charles J. Schwab.
(b) Address 505 N. Monroe St.

19 JAN 3 1940 (b) Huntington Williams M.D.
(Date received by registrar) (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1st 1940, at 10 45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Chronic pyelonephritis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Williamson M.D.
Medical Examiner.
Date signed Jan 2, 1940

Physicians: please write the causes of death clearly and legibly. Any erasure or alteration renders a certificate imperfect.

F 64483

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-7

Registered No.

F 64483

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 948 N Carleton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 948 N Carleton Ave (If rural, give location) Catonsville Md
(e) If foreign born, how long in U. S. A.? 37 years

3 (a) FULL NAME IGNAZIO LIBERTINI

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
m	w	married

6 (b) Name of husband or wife: Rosa Fornabene
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.): Nov 2, 1870

8. AGE: Years	Months	Days	If less than one day
69	1	29	hr. min.

9. Birthplace: Italy (Town, county, and state)
10. Usual Occupation: Retired tailor - 6 yrs ago
11. Industry or business: Tailor Shop.

FATHER
12. Name: Luigi Libertini
13. Birthplace: Italy

MOTHER
14. Maiden Name: Rosina Casole
15. Birthplace: Italy

16 (a) Informant: Wife Rosa Libertini
(b) Address: 948 N. Carleton Ave.

17 (a) Holy Redeemer (b) Date thereof Jan 4-1940 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory: Holy Redeemer
Location: Baltimore Md.

18 (a) Funeral director: Frank Della Rocca
(b) Address: 52 N. Monroe St.

19 JAN 3 1940 (Date rec'd by Local Reg.) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1st 1940, at 1:05 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hypertensive heart disease.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. T. Wallenmeyer M.D.
Medical Examiner.
Date signed Jan 1st 1940

F 64484

F 64484

BALTIMORE CITY HEALTH DEPARTMENT

LB 51195

CERTIFICATE OF DEATH

159 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
2951
(d) Street No. 903 S. Sharp St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME
Baby Girl Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Brown	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/21/39

8. AGE: Years	Months	Days	If less than one day hr.	min.
0	0	8		

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Melvin Henry Harris
13. Birthplace Baltimore

MOTHER
14. Maiden Name Lucille Bushrod
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1-1-40 (month) (day) (year)
(c) Cemetery or crematory crematory
Location Baltimore City Hospitals

18 (a) Funeral director
(b) Address Baltimore City Hospitals

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

JAN 3 vs 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/29/39 19 , at 10:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-21-39 19 , to 12-29-39 19 , and that I last saw her alive on 12-29-39 19 .

Immediate cause of death Prematurity
Aspiration Pneumonia — Duration 8 days 1 day

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald B Webb M. D.
Address Balto City Hosp. Date signed 12-30-39

F 64485

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64485

CERTIFICATE OF DEATH

131a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1623 W. Fayette St. St. 19-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna B. Winnings

(a) Residence: No. 1623 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Frank Winnings

6. DATE OF BIRTH (month, day, year): Oct - 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Phillip Smith

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Elizabeth Lighthouse

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT (Address): Mary Smith 1623 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL. Place: Lawson M.E. Date: Jan 4th 1940

19. UNDERTAKER (Address): Robt C. & B. M. Walter Pratt & Stricker St

FILED JAN 8 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 2, 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1939 to Jan. 2, 1940

I last saw Her alive on Jan. 1, 1940. Death is said to have occurred on the date stated above, at 12:10 P.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardio vascular renal disease — Duration of onset

Other contributory causes of importance:

Was an operation performed? No — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? None — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No — If so, specify —

(Signed) Morris B. Schreiber M. D.

(Address) 5 E. Fulton Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

64486

F 64486

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1733 Fleet St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1733 Fleet St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Frances Haduch

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Antoni Haduch
13. Birthplace Poland

MOTHER
14. Maiden Name Anna Pieczkiewicz
15. Birthplace Poland

16 (a) Informant Frank Haduch
(b) Address 1733 Fleet St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 5/40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Ozarowski
(b) Address 1930 Eastern Ave.

19 (a) JAN 3 1940 (Date received by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 1 1940, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1930, to Jan. 1 1940, and that I last saw h[illegible] alive on Jan. 1 1940.

Immediate cause of death	Duration
Acute Cardiac Dilatation	1 day
Due to Chronic Myocarditis	12 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John V. Szczubicki M. D.
Address 1802 Eastern Ave Date signed 1-3-40

64487

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

178 N

F 64487 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 920 South Hanover St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 920 S Hanover St (If rural give location)
(e) If foreign born, how long in U. S. A.? — 18 years

3 (a) FULL NAME ELIZABETH BEADLES

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced. married
6 (b) Name of husband or wife William Beadles
6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) Aug 9th, 1900

8. AGE: Years 39 | Months 4 | Days 22 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business own home

FATHER
12. Name Henry Staler
13. Birthplace Germany

MOTHER
14. Maiden Name Selma Wolfe
15. Birthplace Germany

16 (a) Informant Husband - Wm Beadles
(b) Address 920 S Hanover St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 3 '40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Rd.

18 (a) Funeral director Thos E Rogers
(b) Address 160 Hollins St.

19 JAN 3 1940 (Date rec'd by registrar) (b) Hunter Stevenson Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1st 1940 at 10 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Carbon monoxide poisoning	
Due to accident	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence January 1st, 1940
(c) Where did injury occur? 920 Hanover St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? —
(e) Means of injury burning gas - room

23. Signature J. H. W. allen Medical Examiner. M.D.
Date signed Jan 1st, 1940

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64488

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193

F 64488 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 127 W Barnett st (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME THOMAS MITCHELL

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-14-0623

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 3, 1901

8. AGE: Years	Months	Days	If less than one day
38 · 39	11	28	hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Glass cutter

11. Industry or business

FATHER
12. Name John Mitchell
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen Callan
15. Birthplace Ireland

16 (a) Informant Mrs. J Murray
(b) Address 127 Barnett St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 5 / 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Cathedral
Location Old Frederick Rd.

18 (a) Funeral director Fred A. Brames & Son
(b) Address 2116 N. Charles St.

19 (a) Date received by Registrar JAN 5 1940 Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1 1940, at 7a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

Immediate cause of death Accident due to electric current — Duration

Due to

Due to

Other Conditions Burns, 3rd degree face chest, arms
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence January 1st, 1940
(c) Where did injury occur? Alley in rear of 1100 Cleveland Street (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public place (Specify type of place) While at work? No
(e) Means of injury Broken high tension electric wire & coming in contact with left side of body

23. Signature [illegible] M.D. Medical Examiner.

Date signed Jan 2nd 1940

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

64489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-1

F 64489 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 720 Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 16 & 720 N. Fulton (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miles M. Copes

3 (b) If veteran name war: None.
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Mary Martha
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 6 1861
8. AGE: Years 78 | Months 0 | Days 25 | If less than one day: hr. min.
9. Birthplace Havre De Grace Md (Town, county and state)
10. Usual Occupation Shoemaker
11. Industry or business retired.

FATHER
12. Name ? Copes
13. Birthplace N Carolina

MOTHER
14. Maiden Name ? Hancock
15. Birthplace ?

16 (a) Informant Mrs Emma Newberry
(b) Address 720 N. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 3, 40. (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Baltimore Md

18 (a) Funeral director Dan'l Lickney & Sons
(b) Address North & Pa Ave

19 (a) (Date received by registrar) (b) Huntington Williams Registrar
1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1940 at 11:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 30 1939 to Jan 1 1940 and that I last saw him alive on Jan 1 1940.

Immediate cause of death: Coronary Thrombosis — Duration: 12-30-39
Due to: Arterio-Selerotic cardio-vascular disease — 1937
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Norman R. Kleiman M. D.
Address 1101 N. Fulton Ave Date signed 1/2/40

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

OK

64490

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

510 64490 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1122 W. Lombard St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jerome Pomeroy

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-05-0584

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ida
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 23, 1906

8. AGE: Years 33 | Months 4 | Days 8 | If less than one day: hr. min.

9. Birthplace Conn.
(Town, county, and state)

10. Usual Occupation Mechanic
11. Industry or business Horton Motor Lines

FATHER
12. Name Jerome Pomeroy
13. Birthplace Conn.

MOTHER
14. Maiden Name Ethel Hirons
15. Birthplace Rhode Island

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Wm. J. Pickerton Sons
(b) Address North & Penna Ave

19 (a) (Date rec'd by registrar) (b) Registrar

JAN 3 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1 1940, at 12 55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 18 1939, to Jan 1 1940 and that I last saw him alive on Jan 1 1940.

Immediate cause of death
Lobar Pneumonia — Duration 20 days.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature B C [illegible] M. D.
Address Date signed Jan 3 1940

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

64491

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64491 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3213 Westwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Paul M. Grabow (Mary R. Clark Grabow)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Mr. Paul M. Grabow

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 12, 1854

8. AGE: Years 85 | Months 2 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Mr. John L Clark
13. Birthplace Maryland

MOTHER
14. Maiden Name Rebecca Griffin
15. Birthplace Maryland

16 (a) Informant Miss Anna L. Grabow
(b) Address 3213 Westwood Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Penna. Avenues.

19 (a) JAN 3 1940 (Date received by registrar) (b) Huntington Wilson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-2 1940, at 5:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 19 1939, to Jan 2 1940, and that I last saw h alive on Jan 2, 1939.

Immediate cause of death Uremia — Duration 7 Days

Due to Renal damage

Due to

Other Conditions Fracture, Lt. hip — 15 Days

(Include pregnancy within 3 months of death)

Major findings: Of operations Fracture of left hip

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Dec. 18, 1939
(c) Where did injury occur? Home, Baltimore, Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? (Specify type of place)
(e) Means of injury Fall on Kitchen Floor

23. Signature S. D. Sunday M. D.
Address Union Memorial Date signed

VS 8

W. F. Goldsborough M.D. - Asst. Health Officer and Registrar of Vital Statistics

F 64492

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 64492 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2527 W NORTH AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town 2527 W. North Ave. (If outside city or town limits, write RURAL and give town)
(d) Street No. 15 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EDWARD BISHOP

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife PITRA BISHOP
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) MAR-L- 1871

8. AGE: Years 68 | Months 9 | Days 25 | If less than one day hr. min.

9. Birthplace CHICAGO ILL. (Town, county, and state)
10. Usual Occupation RETIRED BOOKKEEPER
11. Industry or business SOUTHERN SUPPLY CO

FATHER
12. Name NOT KNOWN
13. Birthplace CHICAGO ILL

MOTHER
14. Maiden Name NOT KNOWN
15. Birthplace CHICAGO ILL

16 (a) Informant PETRI BISHOP
(b) Address 2527 W NORTH AVE

17 (a) (Burial, cremation, or removal) (b) Date thereof 1/3/40 (month) (day) (year)
(c) Cemetery or crematory WESTERN CEMETERY
Location EDMONDSON AVE

18 (a) Funeral director GEO LEIMBACH
(b) Address 525 N LYNDHURST ST

19 (a) (Date rec'd by registrar) (b) Registrar

JAN 3 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1940, at 1 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1939, to Jan 1 1940 and that I last saw h— alive on Dec 31 1940

Immediate cause of death Myocarditis — Duration

Due to Agenus debility

Due to

Other Conditions Paralysis Agitans

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward S. Franch M. D.
Address 2379 Arunah Date signed 1-2-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64493

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1939

F 64493
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2607 Hait ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2607 Haitane
(If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME Frances A. Ziolkowska

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	Wh.	Widowed

6 (b) Name of husband or wife John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 29 1868

8. AGE: Years	Months	Days	If less than one day
71	10	12	hr. min.

9. Birthplace Germany (Berlin?)
(Town, county, and state)
10. Usual Occupation
11. Industry or business At Home

FATHER
12. Name ? Sadowski
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace Germany

16 (a) Informant Rosalie Zuboda
(b) Address Main St Elkton Md.

17 (a) Burial (b) Date thereof Jan 5 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Germantown Hill Rd.

18 (a) Funeral director Martin W. E. Dysard
(b) Address 378 S. Ann St

JAN 8 1940
(Date rec'd by registrar)
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1940 at 11 45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-1 1939 to 1-1 1940 and that I last saw h[illegible] alive on 1-1-1940

Immediate cause of death Hypostatic Congestion Cardiac Failure

Duration

Due to
Due to
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury
23. Signature Andrew Hempowicz M.D.
Address 1/2/40 2529 Eastern Ave Date signed 1/2/40

correct are is especially important. Physicians: please write the causes of death clearly and legibly.

F 72767
64494

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
1937

Registered No. F 64494

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2924 Elliott St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 17 years

3 (a) FULL NAME John Gewera

3 (b) If veteran, name war 216-10-5033
3 (c) Social Security Account No. ~~12-24-36~~

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Olga
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-18-93

8. AGE: Years	Months	Days	If less than one day
46	9	13	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER — 12. Name	Proko Gewera
FATHER — 13. Birthplace	Poland
MOTHER — 14. Maiden Name	Anna Rega
MOTHER — 15. Birthplace	Poland

16 (a) Informant Records -
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) X (Burial, cremation, or removal) (b) Date thereof 1/5/40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave Rd.
18 (a) Funeral director John J. Duda
(b) Address 2829 Hudson St
19 JAN 3 1940 (Date rec'd by registrar) Huntington Ave (Address) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1940 at 6 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 12 1939 to Jan 1 1940, and that I last saw him alive on Jan. 1 1940.

Immediate cause of death Cardiac Failure — Duration 12 months
Due to Arteriosclerotic heart disease - Coronary sclerosis
~~Due~~ Mural Thrombosis left ventricle
Other Conditions Gangrene left leg - Femoral embolism
(include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Confirmatory

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature WB McAllister Jr M. D.
Address Date signed 1-2-40

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1939

Registered No. F 64495

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 3515 E. Baltimore St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 26

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL, and give town)
(d) Street No. 3515 E Baltimore (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Buenger Ruley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Stephen P Ruley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 25 1859

8. AGE: Years	Months	Days	If less than one day
80	1	6	hr. min.

9. Birthplace: Balto. City (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Buenger
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Germany

16 (a) Informant: Mrs Frank Fradzone
(b) Address: 3515 E. Balto St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4 40 (month) (day) (year)
(c) Cemetery or crematory: Sacred Heart
Location: Sacred Heart Druid Hill

18 (a) Funeral director: J. V. Pfeffercorn
(b) Address: 2818 E. Balto St

19 (a) Filed JAN 3 1940 (b) Thurlington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1st 1940, at 9:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1937, to 1-1-1940, and that I last saw her alive on 1-1-1940.

Immediate cause of death	Duration
chronic myocarditis	
Due to arteriosclerosis	
Due to	
Other Conditions Grippe; chronic bronchitis. (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: John J Gorsch M. D.
Address: 147 Eastern Ave Date signed 1-2-40

Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be sure to give correct age is especially important.

F 64496

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 64496

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1178 Pearlman Pl (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME GEORGE C JOHNSON

3 (b) If veteran, name war: —

3 (c) Social Security Account No. 218-09-6215

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife: Mary C. Johnson
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Nov 5 1885

8. AGE: Years	Months	Days	If less than one day
51	1	16	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Lithograph

FATHER
12. Name James R Johnson
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary E Brown
15. Birthplace Baltimore

16 (a) Informant Mary C Johnson
(b) Address 1178 Pearlman Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5 '40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director John Ullrich
(b) Address 2002 Aliceanna St

JAN 3 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1st 1940, at 11 50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death: Hypertensive heart disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H. & W. Allen M.D. Medical Examiner.
Date signed Jan 2, 1940

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

64497

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 — Registered No. E 64497

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1105 N Eutaw St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1001 Eutaw St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ~~SAM CAMPELLA~~ Salvatore Campanella

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Rosalinda Campanella

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 26-1869

8. AGE: Years	Months	Days	If less than one day
70	1	5	hr. min.

9. Birthplace Italy (town, county, and state)

10. Usual Occupation Shoe Maker

11. Industry or business

FATHER
12. Name Salvatore Campanella
13. Birthplace Italy

MOTHER
14. Maiden Name Dora Russo
15. Birthplace Italy

16 (a) Informant Mrs Mc Kuper
(b) Address 1809 N Broad St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director John Ulbrich
(b) Address 2005 Eastern

19 (a) Date rec'd by Local Reg. JAN 3 1940 (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1st 1940, at 3:20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. F. Wallenmeier M.D. Medical Examiner.
Date signed Jan 1st, 1940

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64498

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1/31-a Registered No. F 64498

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 518 N Ellwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 57
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 518 N. Ellwood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harvey Mayes

3 (b) If veteran, name war —

3 (c) Social Security Account No. 716-12-3707

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Emma L. Mayes

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Sept 25 1882

8. AGE: Years	Months	Days	If less than one day
57	3	8	..... hr. ..... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Locomotive Engineer

11. Industry or business

FATHER
12. Name Don't Know
13. Birthplace Md

MOTHER
14. Maiden Name Don't Know
15. Birthplace Md

16 (a) Informant Mrs Helen Stemmler

(b) Address 2228 E Biddle

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5/40 (month) (day) (year)

(c) Cemetery or crematory Steelton Cem

Location New Freedom Pa

18 (a) Funeral director John Ullrich

(b) Address 200 E Belgian St

19 (a) ..... (Date rec'd by registrar) (b) Undertaker's Name and Address

MEDICAL CERTIFICATION 7:30 P

20. DATE OF DEATH January 2 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cardio-vascular-renal disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Vanderhoff M.D.
Medical Examiner.

Date signed 1/2/40

JAN 6 1940

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64499 — Registered No. F 64499

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 704 Augusta St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and the town)
(d) Street No. 704 Augusta St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Doris Thomas.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced: Single.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5 1923

8. AGE: Years 17 | Months 6 | Days 26 | If less than one day: hr. min.

9. Birthplace Calvert County Md. (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER
12. Name Theophilus A. Thomas.
13. Birthplace Jamaica B.W.I.

MOTHER
14. Maiden Name Irene Dornwood
15. Birthplace Jamaica B.W.I.

16 (a) Informant Theophilus A. Thomas.
(b) Address Route 2 Frederick Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 3, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary.
Location

18 (a) Funeral director Robert L. Young
(b) Address 804 W. Caroline St.

19 (a) (Date rec'd by Registrar) (b) Registrar

JAN 3 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 31, 1939 at 10:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-29 1939 to 12-31 1939; and that I last saw her alive on 12-31 1939.

Immediate cause of death: Acute Miliary tuberculosis — Duration 10 days

Due to

Due to

Other Conditions: Pulmonary tuberculosis (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. L. Perry M. D.
Address 1420 E. Chase Street Date signed 1-2-40

Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The correct age is especially important.

F 64500

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

39473 F 64500

Registered No. 46-a

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr.

(e) Length of stay in Baltimore (yrs., mos., or days) 11 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Maryland Penitentiary (If rural give location) 1535 Orleans St

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Paul Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Widowed

6 (b) Name of husband or wife Rosa

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876 ?

8. AGE: Years	Months	Days	If less than one day
61? 63?			hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation [illegible]

11. Industry or business

FATHER

12. Name Andrew

13. Birthplace Virginia

MOTHER

14. Maiden Name Lucy ?

15. Birthplace Virginia

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHNS HOPKINS MEDICAL SCHOOL JAN 3 - 1940

18 (a) Funeral director Commissioner of Health

(b) Address Per H. A. Moore

19 (a) Date received by registrar JAN 3 1940 Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 19 1939, at 7:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11 - 29 1938, to 12 - 19 1939, and that I last saw h[illegible] alive on 12 - 19 1939.

Immediate cause of death Carcinoma Oesophagus — Duration over 1 year

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature R K Williamson M.D.

Address Balto City Hosp. Date signed 12-19-39 M. D.

F 64501
373458

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
46G Registered No. F 64501

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1023 N Caroline
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charity Dorsey

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-6-61

8. AGE: Years	Months	Days	If less than one day
78	9	26	hr. min.

9. Birthplace MD (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name ? Hawkins
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/5/40 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location

18 (a) Funeral director Joseph H. Locke Jr.
(b) Address 1364 N. Central Ave

19 (a) JAN 3 1940 (Date rec'd by registrar) (b) Registrar's signature for William [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 2 1940, at 6 36A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 29 1939, to JAN 2 1940, and that I last saw her alive on JAN 2 1940

Immediate cause of death: Carcinoma head of pancreas & obstruction
~~Due to~~ to bile ducts

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Confirms

Duration: ? 3 mos

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C W Doman M. D.
Address J Hans Hopkins Date signed 1-2-40

64502

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 64502 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2736 Guilford Avenue
(c) Hospital or institution: ----
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2736 Guilford Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME JOHN J. WARD

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Widower

6 (b) Name of husband or wife Margaret Anne Ward

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1862

8. AGE: Years	Months	Days	If less than one day
77	1	2	hr. min.

9. Birthplace Tamaqua, Penna. (Town, county, or state)

10. Usual Occupation Retired R.R. Conductor

11. Industry or business

FATHER
12. Name John J. Ward
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace Ireland

16 (a) Informant Mrs. Agnes Dill
(b) Address 2736 Guilford Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 6/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location

18 (a) Funeral director Chas. H. Ingold & Son Inc
(b) Address 18 W. Mt. Royal Ave

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

JAN 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 2 1940 at 7:27 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 21 1939 to Jan. 2 1940, and that I last saw him alive on Jan. 2 1940.

Immediate cause of death
Cerebral Hemorrhage — Duration 11 days
Due to Arterio Sclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benj. F. Hagedorn M. D.
Address 3114 Hartford Road Date signed 1-8-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CCK

F 64503

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 23

50306

Registered No. F 64503

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1118 Woodyear St.

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucy Waddy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1, 1916

8. AGE: Years	Months	Days	If less than one day
23	5	30	hr. min.

9. Birthplace Va.

(Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER

12. Name Alexander

13. Birthplace Va.

MOTHER

14. Maiden Name Emma Jones

15. Birthplace Unknown

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan 4 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Baltimore City

18 (a) Funeral director Thomas E. Kelsey

(b) Address 305 Presstman St. Huntington Williams, M.D.

19 JAN 3 1940 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/31 1939 at 1530 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/20 1939 to 12/31 1939 and that I last saw h alive on 12/31 1939.

Immediate cause of death Tuberculosis of lungs — Duration August 1939

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature B C K

Address Date signed 1/2/40 M.D.

VS 8

F 64504 50931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 ✓ Registered No. F 64504

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

REGISTRY RECEIVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 941 S. Baylis Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Josephine Washington

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	married

6 (b) Name of husband or wife Phillip

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. ? 1874

8. AGE: Years	Months	Days	If less than one day
65	10 11	?	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER
12. Name John Crieg (d)
13. Birthplace Va. Carter

MOTHER
14. Maiden Name Patsy Conner (d)
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location A & 2 Co Rd

18 (a) Funeral director Robert E Williams
(b) Address 1516 McElderry St

19 JAN 3 1940 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-2 1940 at 12 50 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-12 1939 to 1-2 1940.
and that I last saw her alive on Jan 1 1940.

Immediate cause of death Carcinoma, right breast with metastasis — Duration ?

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Knowlton Jr M. D.
Address Balt City Hosp Date signed 1-2-40

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64505 — 94a — Registered No. F 64505

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 841 Franklintown Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 841 Franklintown Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Bridget Campbell

3 (b) If veteran, name war | (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Patrick Campbell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
65 66			hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas Clarke
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Barrett
15. Birthplace Ireland

16 (a) Informant Patrick Campbell
(b) Address 841 Franklintown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore, Maryland

18 (a) Funeral director George A. Farley
(b) Address Fulton Ave. & Fayette St.

19 (a) JAN 3 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

28. DATE OF DEATH Jan 2 1940, at Early AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. P. Landergan M.D. Medical Examiner.
Date signed 1/3/40

VS 6

F 64506

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1243 Registered No. F 64506

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) D.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Catonsville [redacted]
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6 Howard Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 54 years

3 (a) FULL NAME Joseph J Thornton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
M	W	Married

6 (b) Name of husband or wife Theresa P.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch 8 1886

8. AGE: Years	Months	Days	If less than one day
54	9	24	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Policeman
11. Industry or business

FATHER
12. Name Patrick Thornton
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Morgan
15. Birthplace Ireland

16 (a) Informant Mrs. Jos. J. Thornton
(b) Address 6 Howard Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 6 40 (month) (day) (year)
(c) Cemetery or crematory Catonsville
Location Balto Md

18 (a) Funeral director Geo. C. Fahey
(b) Address Fulton & Lafayette

19 (a) JAN 3 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2, 1940, at 11:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/27/1939 to 1/2/1940 and that I last saw h~~im~~ alive on 1/2/1940

Immediate cause of death Pneumonia
(a) Hypostatic (terminal) — Duration 2 days

Due to

Due to

Other Conditions Portal cirrhosis of liver (?)
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. A. Shean
Address W. B. & A. Date signed 1/2/40

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64507

CERTIFICATE OF DEATH

93-D

F 64507

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 So. Carey Street St., 16-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Johanna Whalen Burns

If U.S. Veteran specify WAR

(a) Residence: No. 105 So. Carey St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Peter Burns (Deceased)

6. DATE OF BIRTH (month, day, year) Oct. 21, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	2	13½	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Whalen

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Johanna Whalen

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Daughter

(Address) Mrs. Johanna Hicks

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peters Cemtery Date 1/6 1940

19. UNDERTAKER John R Kenny

(Address) 1842 Linds Dr. Johns Huntington Woods, Md.

20. FILED JAN 3 1940

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1940 to Jan 2 1940

I last saw h alive on Jan 1 1940 Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

Arterio sclerosis — Date of onset

Other contributory causes of importance:

Myocardial failure — 1/1/40

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Symp Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No How specify

(Signed) William J Dripers M. D.

(Address) 1326 W. Lanvale St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F-64508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No. F 64508

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Linden and Madison
(b) Street address 701 Greenmount Ave
(c) Hospital or institution: Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Balto. City (If outside city or town limits, write RURAL and give town)
(d) Street No. 701 Greenmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Nellie H Burgess

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept 29 1883

8. AGE: Years	Months	Days	If less than one day
56	3	12	hr. ..... min.

9. Birthplace Delaware (Town, county, and state)

10. Usual Occupation Factory worker (Sewing)

11. Industry or business

FATHER
12. Name Spencer Burgess
13. Birthplace Delaware

MOTHER
14. Maiden Name Sarah Virginia Hoffman
15. Birthplace Delaware

16 (a) Informant Patient
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd.

18 (a) Funeral director John M. Dean
(b) Address 3000 E. Balto St.

19 (a) JAN 3 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1940 at 6:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/21/39 19.. to 1/1/40 19.., and that I last saw h. alive on 1/1/40 19..

Immediate cause of death Cerebral Hemorrhage
Due to Nephritis
Due to Arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J M Butterworth M. D.
Address Md Gen Hosp Date signed 1/1/40

VS 3

F 64509

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-B Registered No. F 64509

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1925 E. 31th st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1925 E. 31st St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie M. Ludwig
3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widow
6 (b) Name of husband or ~~wife~~ Andrew Ludwig
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 8, 1859
8. AGE: Years 80 | Months | Days 23 | If less than one day hr. min.
9. Birthplace Brooklyn New York (Town, county, and state)
10. Usual Occupation Home Wife
11. Industry or business
FATHER 12. Name John Grattan
13. Birthplace Ireland
MOTHER 14. Maiden Name Margaret O'Grady
15. Birthplace England
16 (a) Informant Andrew J. Ludwig
(b) Address 1925 E. 31st st
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/40 (month) (day) (year)
(c) Cemetery or crematory New Bath.
Location Old Frederick Rd.
18 (a) Funeral director John A. Mahan
(b) Address 3000 E. Balt St.
19 (a) JAN 3 1940 (Date rec'd by registrar) (b) Hunteington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1940, at 1 A. M.
21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1938 to Jan 1 1940 and that I last saw h[illegible] alive on Dec 31 1939.

	Duration
Immediate cause of death: Chronic Interstitial Nephritis	2 years
Due to: —	
Due to: —	
Other Conditions: — (Include pregnancy within 3 months of death)	

Major findings:
Of operations none.
Of autopsy none.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury none
23. Signature A. L. Grady, M.D.
Address 5106 Harford Rd. Date signed 1-3-40

VS 3

F 64510

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 64510

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 420 So Parish St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 420 So Parish St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Philip L. Offelman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Rose V. Offelman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 10, 1869

8. AGE: Years	Months	Days	If less than one day
70	-	22	hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Retired Shipping Clerk

11. Industry or business: Phoenix Pad Co.

FATHER
12. Name: George Offelman
13. Birthplace: Germany

MOTHER
14. Maiden Name: Anna E. Houck
15. Birthplace: Pennsylvania

16 (a) Informant: Mrs. Goldie Ament
(b) Address: 431 Pitman Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 5, 1940 (month) (day) (year)
(c) Cemetery or crematory: Western Cemetery
Location: Baltimore, Md.

18 (a) Funeral director: [illegible]
(b) Address: 1096 W. Baltimore St.

19 JAN 3 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2 1940, at 4P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Cardio regular-renal disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner
Date signed 1/2/40

VS 6

F 64511

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-7 ✓ F 64511 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3522 Edmondson Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 3522 Edmondson Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma F. Kugler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife S. George Kugler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 8, 1873.

8. AGE: Years	Months	Days	If less than one day
66	5	25	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business Own Home

FATHER
12. Name Asbury W. Hartlove
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Jane Dyer
15. Birthplace Md.

16 (a) Informant Mr. S. George Kugler
(b) Address 3522 Edmondson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 4/40. (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd.

18 (a) Funeral director Harry A. Tuttle
(b) Address 4101 Edmondson Ave.

Filed JAN 4 1940 (b) [illegible]

MEDICAL CERTIFICATION

19. DATE OF DEATH Jan. 1st. 1940, at 7:45 P. M.

20. I certify that death occurred on the date above stated; that I attended deceased from Dec. 12, 1939. to Jan 1st 1940 and that I last saw her alive on Jan. 1st 1940.

Immediate cause of death
coronary thrombosis
Due to chronic myocarditis
and
Due to

Duration
½ day
a few mos.
Jan 1940 to Dec 1939.

Other Conditions acute bronchitis.
(Include pregnancy within 3 months of death)

Major findings of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geza A Kenyon M. D.
Address 3030 Edmondson Ave Date signed 1/3/40

VS 3

F 64512

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63-B Registered No. F 64512

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 703 Allendale St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 703 Allendale St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Edna Fitzpatrick

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife James D. Fitzpatrick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6, 1885.

8. AGE: Years	Months	Days	If less than one day
54	8	26	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business Own Home

FATHER
12. Name George Linthicum
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Margaret Whitaker
15. Birthplace Maryland

16 (a) Informant James D. Fitzpatrick
(b) Address 703 Allendale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 4/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location 2930 Frederick Rd.

18 (a) Funeral director Harry H. Antzte
(b) Address 4101 Edmondson Ave.

19 (a) Date received JAN 1940 Registrar Hunter for Williamson

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June. 2 1940 at 6A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1, 1939 to June. 1, 1940 and that I last saw h[illegible] alive on June. 1, 1940.

Immediate cause of death — Duration

Myocarditis (chronic) — 2 y.
Due to Hypertension
Due to Prostatic Cancer
Other Conditions –
(Include pregnancy within 3 months of death)

Major findings
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eugene L. Cooper M. D.
Address 514 Dulaney Lane Date signed 1-9-40

No 5713501 — No Social Security Record — F 64513

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 285 N. Exeter St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lou Parker

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: [illegible]

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband: Lelia Louise
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 8-28-85
8. AGE: Years 54 | Months 4 | Days 17 | If less than one day hr. min.
9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Blacksmith
11. Industry or business Cotton 10 years

MOTHER / FATHER
12. Name Charles Parker
13. Birthplace Middleton Va
14. Maiden Name Cassie Murray
15. Birthplace Alexandria Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof January 6/40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore

18 (a) Funeral director Williams Lewis
(b) Address 1217 St Paul St

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3 1940, at 6:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-30 1939, to 1-3 1940, and that I last saw him alive on Jan 3 1940.

Immediate cause of death: Cerebral thrombosis. — Duration 4 days,
Due to: Syphilitic arteritis. — Duration 10 yr.?
Due to:
Other Conditions: Apraxia, pleural effusion, lymphadenitis mesenteric
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas O Doran, M.D.
Address Johns Hopkins Hosp Date signed 1-3-40

AN [illegible] 1940

64514 64K 64514

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P Registered No. B 61332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1327 Greenmount Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gomer Davies

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	[illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Sarah
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 8, 1869

8. AGE: Years	Months	Days	If less than one day
70	2	24	hr. min.

9. Birthplace Wales (Town, county, and state)
10. Usual Occupation Bricklayer
11. Industry or business

FATHER
12. Name John Davies
13. Birthplace Wales

MOTHER
14. Maiden Name Mary Richards
15. Birthplace Wales

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt Olivet
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

JAN 4 1940 (b) [illegible] Registrar
(Date received by registrar) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2 1940 at 5 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 27 1939 to Jan. 2 1940, and that I last saw him alive on Jan. 2 1940.

Immediate cause of death	Duration
Bronchopneumonia	1 week.
Due to	
Due to	
Other Conditions Arteriosclerotic Heart disease	chronic.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 1-3-40

64515

CCK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 Registered No. 38106 F 64515

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 612 E. Baltimore St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Oliver W. Holmes, Sr.

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married (Sep)

6 (b) Name of husband or wife Clara W. Holmes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1870

8. AGE: Years 69 | Mos. 11 | Days 10 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Unknown Dealer Produce

11. Industry or business

FATHER
12. Name John Holmes
13. Birthplace Md.

MOTHER
14. Maiden Name Caroline Johnston
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/40 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto Co. Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) 1 1940 (Date received by registrar) (b) Huntingtown, Williamsport, Md. (Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2 1940, at 3:12 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 17 1939 to Jan. 2 1940, and that I last saw him alive on Jan. 2 1940.

Immediate cause of death Bronchopneumonia — Duration 3 days

Due to

Due to

Other Conditions arteriosclerosis, generalized

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Emmanuel Libman M. D.
Address Balto City Hosp. Date signed 1-3-40

F 64516

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 64516 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1811 Jackson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1811 Jackson St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

24 H

3 (a) FULL NAME Lillian B. Cooch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Joseph Cooch

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not Known

8. AGE: Years abt. 64 | Months | Days | If less than one day hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Paul Brooks

13. Birthplace Balto., Md.

MOTHER 14. Maiden Name agnes

15. Birthplace Balto., Md.

16 (a) Informant Mrs. Edith Lent

(b) Address Halethorpe

17 (a) St Burial (Burial, cremation, or removal) (b) Date thereof 1-5-40 (month) (day) (year)

(c) Cemetery or crematory St. Marys, Hampden

Location Roland ave

18 (a) Funeral director Margaret D. Flynn

(b) Address 1422 Light St.

19 JAN 1 1940 (Date rec'd by registrar) (b) Huntington, Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 3 1940, at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 25 1939 to Jan. 3 1940 and that I last saw her alive on Jan. 2 1940

Immediate cause of death Diabetic Coma — Duration: 1 day

Due to

Due to Diabetes Mellitus — Duration: Indef.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. E. Campbell M.D.

Address 1644 Hanover St Date signed 1/3/40

VS 2

F 64517

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 147-D

51488 F 64517 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 753 W. Franklin Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ethel Leggett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	Married

6 (b) Name of husband or wife Clifton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8, 1911

8. AGE: Years	Months	Days	If less than one day
28	9	25	hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Major Jones
13. Birthplace North Carolina

MOTHER
14. Maiden Name Manda Batton
15. Birthplace North Carolina

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Interment (Burial, cremation, or removal) (b) Date thereof 1-7-40 (month) (day) (year)
(c) Cemetery or crematory Doctorsville
Location North Carolina

18 (a) Funeral director Adolphus Hahaleas,
(b) Address 914 Druid Hill Ave.

19 (a) Date rec'd by (registrar) JAN 8 1940 Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-3 1940 at 1:50 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-30 1939 to 1-3 1940, and that I last saw her alive on 1-2 1940.

Immediate cause of death: Puerperal infection with peritonitis and septicaemia — Duration: about 1 week
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy Autopsy not completed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Kline M. D.
Address Balto City Hosp. Date signed 1-8-40

F 64518 George Franklin Shamer ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 64518 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 853 Powers St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 853 Powers St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME GEORGE FRANKLIN SHAMER

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Linda J. Shamer
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 15 1866

8. AGE: Years	Months	Days	If less than one day
73	8	16	hr. min.

9. Birthplace Baltimore City Md (Town, county, and state)
10. Usual Occupation Engineer, retired
11. Industry or business Pennsylvania R.R.

FATHER
12. Name Geo. F. Shamer
13. Birthplace Carroll Co Md

MOTHER
14. Maiden Name Emily Taylor
15. Birthplace Carroll Co. Md

16 (a) Informant Mrs Lillian Burger
(b) Address 853 Powers St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/1940 (month) (day) (year)
(c) Cemetery or crematory Patapsco Cemetery
Location Patapsco Carroll Co Md

18 (a) Funeral director Geo F Berger Jr
(b) Address 1512 Hollins St

19 (a) JAN 4 1940 (Date filed with registrar) (b) [illegible] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1st 1940, at 4:15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary arteriosclerosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Wollenweber M.D. Medical Examiner.
Date signed Jan 1st, 1940

Durm

F 64519

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 W

F 64519 Registered No.

THE MORGUE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Light & Gallings St
(c) Hospital or institution: D. of A. So Balt. Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt (If outside city or town limits, write RURAL and give town)
(d) Street No. 1312 E Hanover St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William B. Durm Sr

3 (b) If veteran, name war: XXX

3 (c) Social Security Account No.: XXX

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Annie M. Durm

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 4, 1861

8. AGE: Years: 78 | Months: 5 | Days: 29 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: Retired

11. Industry or business

FATHER
12. Name: William Durm
13. Birthplace: Baltimore, Maryland

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: John Lewis Durm (son)
(b) Address: 1312 Hanover St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 5, 1940 (month) (day) (year)
(c) Cemetery or crematory: Mt. Olivet
Location: Baltimore, Maryland

18 (a) Funeral director: C. Richard Fleming
(b) Address: 1426 Light Street

19 (a) JAN 4 1940 (date received by registrar) (b) Hunter H. Williams M.D.

VS 6

MEDICAL CERTIFICATION 6 Sep

20. DATE OF DEATH: Jan 2 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Wm B Durm M.D. (Medical Examiner.)
Date signed 1/3/40

64520 HEALTH DEPARTMENT—CITY OF BALTIMORE 64520

CERTIFICATE OF DEATH

131-3

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3144 Keswick Road 35 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary E. Raybold.

If U. S. Veteran specify WAR

(a) Residence: No. 3144 Keswick Road Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Raybold

4. DATE OF BIRTH (month, day, year) May 16 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Peter T. Baker.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Mary E. Trimm.

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mary L. Cole.
(Address) 3044 Keswick Road

18. BURIAL, CREMATION, OR REMOVAL
St. Mary's Hampden Date Jan 5, 1940

19. UNDERTAKER C. Klinger Sons & Donovan
(Address) 3615-17 Chestnut Ave.

FILED JAN 4 1940 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 3, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 1— 1938 to Jan 3 1939

I last saw her alive on Jan 3 1939 Death is said to have occurred on the date stated above, at 3 a. m. 40

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion	1 wk.
Other contributory causes of importance: Cerebral Softening	2 yrs.
Chronic Nephritis	2 yrs.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify

(Signed) D. A. Richardson M. D.

(Address) 112 W. 20th St.

V8 9

S. H.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ENTER ALL information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 64521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

F 64521 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3929 Falls Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3929 Falls Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Agnella J. Lochner

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Amanda J.
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Sept 17, 1881

8. AGE: Years	Months	Days	If less than one day
58	3	16	hr. min.

9. Birthplace Baltimore Md (Town, county and state)
10. Usual Occupation night watchman
11. Industry or business Md. Penna. R.R.

FATHER
12. Name John W. Lochner
13. Birthplace Md

MOTHER
14. Maiden Name Catherine A Harris
15. Birthplace Md

16 (a) Informant Amanda J. Lochner
(b) Address 3929 Falls Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Road

18 (a) Funeral director Cohenouette & Donovan
(b) Address 3615-17 Chesterfield Ave

19 (a) JAN 4 1940 (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION 10 B

20. DATE OF DEATH Jan. 3 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Aortic stenosis	
Mitral insufficiency	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. W. Wardell M.D. Medical Examiner.
Date signed 1/4/40

64522

F 64522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied: correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring & Belvedere
(c) Hospital or institution: Levindale
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 17

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7467 Belvedere & Greenspring
(If rural give location)
(e) If foreign born, how long in U. S. A.? 17 years

3 (a) FULL NAME Sarga Schffman

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: F.
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Solomon
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 1853
8. AGE: Years 87 | Months | Days | If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Shima Haboritzky
13. Birthplace Russia

MOTHER
14. Maiden Name Rachael
15. Birthplace Russia

16 (a) Informant Sigmund Feuldott
(b) Address Belvedere & Greenspring
(b) Date thereof 1-4-40 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Shaarai Shalom
Location Rogersdall
18 (a) Funeral director Jack Louis Sol
Address 1439 E. Baltimore St.
19 (a) — (Date rec'd by registrar) (Signature of registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-26 1939, to 1-3 1940, and that I last saw h[illegible] alive on 1-3 1940.

Immediate cause of death: Broncho-pneumonia — Duration: 2 days
Cerebral Hemorrhage, left — Duration: 10 yrs ago
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Edmund Levin, M.D.
Address Levindale Date signed 1/3/40

F 64523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

Registered No. F 64523

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City ~~or town~~ Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Annandale Apts. 13-1 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emanuel E Attenheimer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bessie K. Attenheimer

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.): Dec. 24 1880

8. AGE: Years 59 | Months | Days 9 Dy | If less than one day hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Attorney

11. Industry or business

FATHER 12. Name: Eleazer Attenheimer

13. Birthplace: Norfolk, Va.

MOTHER 14. Maiden Name: Amelia Greenbaum

15. Birthplace: Balto. Md.

16 (a) Informant: Mrs. E. E. Attenheimer

(b) Address: Annandale Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/40 (month) (day) (year)

(c) Cemetery or crematory: Ahb Shalom

Location: Balto. Md.

18 (a) Funeral director: David Sondheim & Son

(b) Address: 1902 Eutaw Place

19 (a) (Date received by registrar) (b) Huntington Wm. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 3 1940, at 6 12/60 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 26 1939 to Jan 3 1940, and that I last saw h/m alive on Jan 3 1940.

Immediate cause of death	Duration
Toxemia due to paralytic ileus & gastric dilatation	7 days
Due to Perforated appendix	8 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Perforated appendix
Of autopsy: Dilated Stomach & intest.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Nelson D Vogelman M. D.
Address: Sinai Hospital Date signed 1-8-40

F 64524

F. 64524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-W Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct and complete, especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 900 W. Lombard
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 900 W. Lombard St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Easby Woodall

3 (b) If veteran, name war: None.

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Betty Woodall

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Jan 27-1867

8. AGE: Years	Months	Days	If less than one day
72	11	6	hr. min.

9. Birthplace Balto Co. Md.
(Town, county, and state)

10. Usual Occupation Piano Finisher

11. Industry or business

FATHER
12. Name Henry Easby Woodall
13. Birthplace Liverpool England

MOTHER
14. Maiden Name Margaret Ann Richter
15. Birthplace Baltimore Md

16 (a) Informant Samuel T. Woodall
(b) Address 1811 N. Fulton

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1-5-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet
Location Frederick Road

18 (a) Funeral director Wm. J. Dickey & Son
(b) Address 1018 Pennsylvania Ave

19 (a) 1/4/40 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 25 1939, to Jan 3 1940 and that I last saw h[im] alive on Jan 2 1940.

Immediate cause of death	Duration
cerebral hemorrhage	Dec 29/39
Due to	
Due to	
Other Conditions arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan Rosner, M.D.
Address 206 S. Gilmor St Date signed 1-4-40

VS 3

64525

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64525

CERTIFICATE OF DEATH

49-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph's Hospital 2-3 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Miss Ida R. Deaver
If U. S. Veteran specify WAR

(a) Residence: No. 2413 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1 - 12 - 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	11	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk USA & N.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 10 yrs
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME Richard H. Deaver
14. BIRTHPLACE (city or town) (State or country) Harford Co. Md

MOTHER
15. MAIDEN NAME Ida R. Roe
16. BIRTHPLACE (city or town) (State or country) Balto City

17. INFORMANT Mrs Nellie G. Kenard
(Address) 2808 W. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Jan. 5 Ho

19. UNDERTAKER Wm. Tierney Sons
(Address) North & Fadues.

20. FILED Jan 4, 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 - 2, 1940

22. I HEREBY CERTIFY, That I attended deceased from 12-28, 1939, to 1-2-1940,
I last saw her alive on 1-2-40, Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolism	1-2-40
Peritonitis	12-30-39
Other contributory causes of importance: Carcinoma cystic of ovary	

Was an operation performed? yes. Date of 12-30-39
For what disease or injury? Huge ovarian cyst.
Name of operation Incision and drainage of cyst
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry Enslen Jr M. D.
(Address) St. Joseph's Hospital.

VS 2

Huntington Williams, M.D.

64526

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

E ✓ F 64526

170-C Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balt. (If outside city or town write Rural and give town)
(d) Street No. 1420 Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15 5 27

3 (a) FULL NAME Edward Hezakiah Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	divorced

6 (b) Name of husband or wife Frances

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 23 1889

8. AGE: Years	Months	Days	If less than one day
50	10	9	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Flemmen Robinson

FATHER
12. Name —
13. Birthplace Md

MOTHER
14. Maiden Name Mary West
15. Birthplace Md.

16 (a) Informant Agnes Stems
(b) Address 1413 N. Bruce St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/40 (month) (day) (year)
(c) Cemetery or crematory St Peters
Location —

18 (a) Funeral director Geo. D. Kelson
(b) Address 1303 Preastman St.

19 (a) 1/4/40 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2 1940, at 1:50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture of skull	
Laceration of brain	
Due to Subarachnoid hemorrhage	
Due to	
Other Conditions Syphilitic aortitis with aortic insufficiency (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1/2/40
(c) Where did injury occur? Curtis Creek Bridge (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work? yes
(e) Means of injury fell out of truck (W.P.A.)

23. Signature Wm. P. Vandersluft M.D. Medical Examiner.
Date signed 1/3/40

F 64527

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

17 F 0-c ✓

Registered No. F 64527

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1115 Madison Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME IOLA GOODWIN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col.	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1916

8. AGE: Years	Months	Days	If less than one day
30			hr. min.

9. Birthplace Kansas (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Vangelia Miller

13. Birthplace Kansas

MOTHER 14. Maiden Name unknown

15. Birthplace Kansas

16 (a) Informant James Goodwin

(b) Address 1217 McElderry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/40 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Geo G Nelson

(b) Address 313 Preston

19 (a) (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1st 1940, at 8 50 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death Fracture, base of skull — Duration

Due to —

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence December 30th, 1939
(c) Where did injury occur? Route 5, Waterloo, Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place (Specify type of place) While at work? No
(e) Means of injury Passenger in car which collided with truck

23. Signature [illegible] M.D. Medical Examiner.

Date signed Jan 2, 1940

64528

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64528
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1014 Wilcox St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 - 10 d
(e) Length of stay in Baltimore (yrs., mos., or days) 20 - 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1014 Wilcox St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jane Oakley
3 (b) If veteran, name war
3 (c) Social Security Account No. None
4. Sex F
5. Color or race Col
6 (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1897
8. AGE: Years 43 Months — Days — If less than one day hr. min.
9. Birthplace Essex County Va (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business
FATHER 12. Name Wm Oakley
13. Birthplace Va
MOTHER 14. Maiden Name Victoria Warren
15. Birthplace Va
16 (a) Informant Calvin Rees
(b) Address 1014 Wilcox St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4th /40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Mt Winans
18 (a) Funeral director E O Wilson
(b) Address 1000 Brantley
19 (a) 1940 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31 1939 at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 29 1939. to Dec 31 1939.
and that I last saw h[illegible] alive on Dec 31 1939.

Immediate cause of death — Duration
Cerebral Apoplexy — Dec 29 39
Due to —
Due to —
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George [illegible]
Address [illegible] Date signed 1/3/40

VS 3

64529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

F 64529 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1018 E Lexington St
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street 1018 E Lexington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Elizabeth Hendricks

3 (b) If veteran, give war —
3 (c) Social Security Account No. —

4. Sex F
5. Color or race Col
6 (a) Single, married, widowed, or divorced. Widow
6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1879
8. AGE: Years 61 | Months | Days | If less than one day hr. min.
9. Birthplace Balto Md (Town, county and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Jacob Bennett
13. Birthplace Germany

MOTHER
14. Maiden Name Lehman — ?
15. Birthplace Balto Md

16 (a) Informant Mrs Hendricks
(b) Address 1018 E Lexington St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4th 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Mt Wilson
18 (a) Funeral director E A Wilson
(b) Address 1000 Brantley Ave
19 (a) (Date rec'd by registrar) 1940 Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3 — 1940 at 10A M
21. I certify that death occurred on the date above stated; that I attended deceased from Dec 29 1939 to Jan 1 1939
and that I last saw h[illegible] alive on Jan 1 1939 - 40
Immediate cause of death Cardiac hypoeandutus
Due to Nephritis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration About Dec 14 1939 over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature George F. Allen M.D.
Address 527 Eutaw St Date signed Jan 3 1940

VS 3

F 64530

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83-B

F 64530
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 D.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1437 N. Charles St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 20 years

3 (a) FULL NAME Abr. Cahn

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years 52 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Nurse

11. Industry or business

FATHER
12. Name Morris Cahn
13. Birthplace Russia

MOTHER
14. Maiden Name
15. Birthplace Russia

16 (a) Informant Harry Baer
(b) Address 14 N. Paca St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-40 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Balto. Co. Md.

18 (a) Funeral director Jack Laura Inc
(b) Address 1439 E. Balto. St.

19 JAN 4 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/4/ 1940, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/30 1939, to 1/4 1940, and that I last saw h[im] alive on 1/4 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration 1 d.
Due to: Hypertension — Duration 9
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Adam Schalis M.D.
Address Sinai Hospital Date signed 1/4/40

VS 3

F 64531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 64531 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Albert Bldg. Hanover and
(c) Hospital or institution: Fayette St. U. of M. Mercy Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2237 Guilford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Hermann Pitelman

3 (b) If veteran, name war — | 3 (c) Social Security Account No. 216-09-8758

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
48			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER 12. Name Abraham Pitelman
FATHER 13. Birthplace Poland

MOTHER 14. Maiden Name Anna
MOTHER 15. Birthplace Poland

16 (a) Informant Wife
(b) Address

17 Burial (Burial, cremation, or removal) (b) Date thereof 1-4-40 (month) (day) (year)
(c) Cemetery or crematory Pikesville Cemetery
Location Reisterstown Rd

18 (a) Funeral director Jack Louis Inc
(b) Address 1439 E. Baltimore St.

19 JAN 4 1940 (Date rec'd by registrar) Worthington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3 1940 at 12 50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. B. Vanderzuft M.D.
Medical Examiner.
Date signed 1/3/40

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64532 CERTIFICATE OF DEATH F 64532

✓ 82 W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 George St. 17th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sydia Brovtko

If U. S. Veteran specify WAR

(a) Residence: No. 709 George St., 17th Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Burton Perkins

6. DATE OF BIRTH (month, day, year) Sept. 5 - 1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Reedville Virginia

FATHER

13. NAME James Brovtko

14. BIRTHPLACE (city or town) (State or country) Reedville Va.

MOTHER

15. MAIDEN NAME Mary Davis

16. BIRTHPLACE (city or town) (State or country) Northumberland Co Va.

17. INFORMANT Gladys Tillett

(Address) 709 George St.

18. BURIAL, CREMATION, OR REMOVAL Date Jan. 4 1940

Place Arlington Mem.

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Belnord Ave.

20. FILED JAN 4 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-31-39

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 1939 to Dec 31 1939

I last saw her alive on Dec 31 1939. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, how?

(Signed) [illegible] M. D.

(Address) 703 W Lafayette Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

F 64533

LB 51448

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107

Registered No. F 64533

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 810 Calhoun St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-08-6643

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Lizzie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1872

8. AGE: Years	Months	Days	If less than one day
68 67 ?	?	?	hr. min.

9. Birthplace West Indies
(Town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business

FATHER
12. Name Edward
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof Jan 5, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) (b) Huntington Williams, M.D.
Registrar

Filed JAN 4 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3 1940, at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 31 1939, to Jan 3 1940, and that I last saw him alive on Jan. 3 1940.

Immediate cause of death	Duration
Bronchopneumonia	1 week
Due to	
Due to	
Other Conditions arteriosclerosis, generalized	uncertain

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Murphy for [illegible] M. D.
Address Balto City Hosp. Date signed 1-3-40

F 64534

OCK

BALTIMORE CITY HEALTH DEPARTMENT

F 64534 51365

CERTIFICATE OF DEATH

93-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1507 E. Lombard St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Robinson

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-05-7379

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Florence

6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) ? 1889

8. AGE: Years	Months	Days	If less than one day
51	?	?	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Chauffer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Lila ?
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Balto County Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania ave

(Signature) Huntington Williams Mortician
(Date received by registrar) JAN 4 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2 1940, at 5:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 28 1939 to Jan. 2 1940, and that I last saw h~~im~~ alive on Jan. 2 1940

Immediate cause of death	Duration
Pulmonary Embolism	15 min.
Due to	
Due to	
Other Conditions Arteriosclerotic Heart Disease	months

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. McVaughan Keen M. D.
Address Balto City Hosp. Date signed 1-3-40

64535

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 33-B

F 64535
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1604 W. Lafayette
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1604 W. Lafayette (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Higgins

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband Joseph W.
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28 - 1883

8. AGE: Years 56 | Months 7 | Days 6 5 | If less than one day hr. min.

9. Birthplace Milligmson. N. C. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Nattie Scott
13. Birthplace N. C

MOTHER
14. Maiden Name Hattie Coefield
15. Birthplace N. C

16 (a) Informant Florida Higgins
(b) Address 1604 W. Lafayette

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Balto Co

18 (a) Funeral director Sam'l W. Crawford
(b) Address 638 N. Gilmor St.

19 (a) (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 3 1940 at 4:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 30 - 1939 to Dec 3 - 1940.
and that I last saw h alive on Dec 2 1940.

Immediate cause of death: Influenza — Duration 7 days

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Coleman M. D.
Address 2039 McCulloh Date signed Dec 4 1940

VS 8

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

64536 — 94-a — Registered No. F 64536

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 8 E Madison St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 8 E Madison St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Micajah Wallis Pope

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29th 1873

8. AGE: Years	Months	Days	If less than one day
66	7	4	hr. min.

9. Birthplace Dorchester Mass (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER — 12. Name Micajah Pope
13. Birthplace Dorchester Mass

MOTHER — 14. Maiden Name Mary W Tucker
15. Birthplace N. H.

16 (a) Informant Ella Gearing
(b) Address Cannonpolis Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4th 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Grove Cem
Location Dorchester Mass

18 (a) Funeral director Henry W Jenkins & Co
(b) Address Orchard & Mc Cullough Sts

19 (a) JAN 4 1940 (Date received by registrar) Interim to Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3rd 1940, at 10.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-13 1939, to 1-3 1940, and that I last saw him alive on 1-2 1940.

Immediate cause of death: Coronary Thrombosis — Duration 3 days

Due to: Arteriosclerosis — Duration 10+ yrs.

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home or on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John L. Dorsey M. D.
Address 112 St. Paul St. Date signed 1-4-40.

VS 1

F 64537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-A

Registered No. F 64537

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1303 N. Longwood St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1303 Longwood St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marion M. Hiken

3 (b) If veteran, name war No
3 (c) Social Security Account No. NKE

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Anna M. Hiken
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 24th 1887

8. AGE: Years	Months	Days	If less than one day
52	9	11 26	hr. min.

9. Birthplace Balto, Md. (Town, county, and state)
10. Usual Occupation Assistant Supt
11. Industry or business City Night Schools

FATHER
12. Name John B. Hiken
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Mary Lecates
15. Birthplace Balto Md.

16 (a) Informant Clarence Hiken
(b) Address 5536 N. Leinwood Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Jan 5th (month) (day) (year)
(c) Cemetery or crematory London Park Md
Location Baltimore Md

18 (a) Funeral director Wm. Sloan & Co.
(b) Address 1219 St Paul St

19 (a) (Signature of ~~undertaker~~ registrar) (b) Date rec'd by registrar Jan 4 1940 Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2nd 1940, at 6:30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 11 1937, to January 2 1940, and that I last saw him alive on January 2 1940.

	Duration
Immediate cause of death: Cerebral Hemorrhage	10 days
Due to: Aneurysm of arteries of Circle of Willis	
Due to: Cerebral arteriosclerosis	3 yrs. (estimated)
Other Conditions: Obesity, hypertension	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. S. Chalfant M. D.
Address 6210 York Road Date signed Jan. 3, 1940

F 64538

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

Registered No. F 64538

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 W. Lexington St
(c) ~~Hospital or~~ institution:
Aged Women's & Aged Men's Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 9yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 W. Lexington St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Emma Segar

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE
4. Sex Fe.
5. Color or race White
6 (a) ~~Single, married~~, widowed, or divorced Widowed
6 (b) Name of husband ~~or wife~~ John Segar
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Oct 30th 1850
8. AGE: Years 89 | Months 2 | Days 2 | If less than one day hr. min.
9. Birthplace Princess Anne Co. Va.
(Town, county, and state)
10. Usual Occupation At Home for Aged
11. Industry or business —

FATHER
12. Name John Forrest Burroughs
13. Birthplace Princess Anne Co. Va.

MOTHER
14. Maiden Name Elizabeth Sneed
15. Birthplace Accomac Co. Va.

16 (a) Informant Aged Women's & Aged Men's Home
(b) Address 1400 W. Lexington St.

17 (a) Burial (b) Date thereof 1/5/40
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) ~~Cemetery or crematory~~ London Park
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

19 (a) JAN 4 1940 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-2 1940, at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/2/30 19__, to 1/2/40 19__, and that I last saw h 34 alive on 1/1/40 19__.

Immediate cause of death: Chronic myocarditis
Arterio-sclerosis, generalized
Due to Senility.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm B Jarrett
Address 1215 St. Paul St. Date signed 1/5/40
Baltimore, Md.

VS 2

F 64539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-P Registered No. F 64539

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 807 Winston Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town 807 Winston Ave (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Botzler

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Catherine
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Aug. 20-1863
8. AGE: Years 76 | Months 7 | Days 5 | If less than one day hr. min. 13
9. Birthplace: Bats Md (Town, county, and state)
10. Usual Occupation: Iron Moulder
11. Industry or business: S. F. Bottom
12. FATHER Name: John Botzler
13. Birthplace: Germany
14. MOTHER Maiden Name: Elizabeth
15. Birthplace: Germany
16 (a) Informant: John H. Botzler
(b) Address: 807 Winston Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 5 1940 (month) (day) (year)
(c) Cemetery or crematory: Parkwood
Location: Hamilton Ave
18 (a) Funeral director: Williams Bros
(b) Address: 1217 St Paul Street
19 (a) (Date received by registrar) JAN 8 1940 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 3rd 1940 at 6a M
21. I certify that death occurred on the date above stated; that I attended deceased from D. C. 1939 to 1/3 1940, and that I last saw h[illegible] alive on 1/3 1940

Immediate cause of death: Uterus sclerotic Cardio-Vascular Disease — Duration: 4 yrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: C. H. Rowe M. D.
Address 6701 York Rd Date signed 1/3/40

64540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 64540

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3806 Southern Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3806 Southern Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME GEORGE WAHL SR.

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 215-05-4600

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife: Marie Wahl
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan-9-1883

8. AGE: Years	Months	Days	If less than one day
56	11	24	hr. min.

9. Birthplace Baltimore Md (Town, County, and state)
10. Usual Occupation Sub Contractor
11. Industry or business Self

FATHER
12. Name Emil Wahl
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Kayser
15. Birthplace Germany

16 (a) Informant Mrs Marie Wahl
(b) Address 3806 Southern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Md
Location Baltimore Md

18 (a) Funeral director W M Cox
(b) Address 1217 E Fort Ave

JAN 4 1940 (Date rec'd by registrar) (b) Hunting Town Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3 1940, at 9 20/60 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Coronary occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H E Wallenmeyer M.D.
Medical Examiner.
Date signed Jan 4th, 1940

F 64541

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 64541

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Westminster (If outside city or town limits, write RURAL and give town)
(d) Street No. Methodist Protestant Home (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anne Wagoner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB 11 - 1865

8. AGE: Years	Months	Days	If less than one day
74	10	23??	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation resident of Home for aged

11. Industry or business

FATHER 12. Name Joseph Wagoner
13. Birthplace Penn

MOTHER 14. Maiden Name Eunice McCracken
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-40 (month) (day) (year)
(c) Cemetery or crematory Westminster Cem
Location Westminster, Md

18 (a) Funeral director John R. Byers
(b) Address Westminster, Md.

19 (a) JAN 4 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3 1940, at 11 45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-27-1939, to 1-3 1940, and that I last saw he alive on 1-3-1940

	Duration
Immediate cause of death Bronchopneumonia	2 days
Due to Fracture left femur	6 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12/27/39
(c) Where did injury occur? Methodist Home Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Slipped on icy walk & fell

23. Signature John M. Clark M. D.
Address Md. Gen. Hosp. Date signed 1-3-40

VS 3

Att. Dr. Collen under Md. Gen. Hosp. per Dr. Blackwood

F 64542

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64542 Registered No. 157-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2816 Dillon St
(c) Hospital or institution: &

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2816 Dillon St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Sterkiewski (Correct spelling: Karol Sterkowiecz)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 26 1911

8. AGE: Years: 28 | Months: 10 | Days: 7 | If less than one day: hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Baker

11. Industry or business

FATHER
12. Name Joseph Sterkowicz
13. Birthplace Poland.

MOTHER
14. Maiden Name Karolina Wojcik
15. Birthplace Poland.

16 (a) Informant Mrs. Karolina Kozik
(b) Address 2816 Dillon St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5 1940 (Month) (day) (year)
(c) Cemetery or crematory St. Stanislaus Cem
Location Highlandtown

18 (a) Funeral director Stephen J. Frankowski INC
(b) Address 1000 S. Kenwood ave

19 (a) 1 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION Early am

20. DATE OF DEATH Jan. 5 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death: Congenital abnormality of cerebral cortex — Duration:
Due to: History of insanity — over
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Harry Landis Swift M.D. Medical Examiner.
Date signed 1/3/40

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

207
3 64543

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-a Registered No. E 64543

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHN HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Dist Col (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 1650 Harvard St N.W. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jerry Edward Downey

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-1-39

8. AGE: Years	Months	Days	If less than one day
	4 3	2 6	hr. min.

9. Birthplace Ward, D.C. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Dr Harold R. Downey
13. Birthplace N.J.

MOTHER
14. Maiden Name Paula H. Gelhardt
15. Birthplace N J

16 (a) Informant Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL JAN 4 - 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) JAN 4 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

5296

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1939 at 10 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 21 1939 to Dec 27 1939 and that I last saw him alive on Dec 27 1939.

Immediate cause of death: Hydrocephalus — Staphylococcal Meningitis — Duration: 4 mos "

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy "

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 12/31/39

64544

51438 30 F 64544

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-G Registered No.

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
3rd (d) Street No. 208 S. Caroline Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Pearl Sheppard

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	Separated

6 (b) Name of husband or wife John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 19, 1884

8. AGE: Years	Months	Days	If less than one day
55	8	13	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Maid (Unemployed 8 mo.)
11. Industry or business Mrs. Jack Lewis

FATHER
12. Name Charles Gordon
13. Birthplace Md.

MOTHER
14. Maiden Name Annie Dorsey
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 5 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Robert F. Young
(b) Address 804 W. Caroline St

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2 1940, at 10:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 30 1939 to Jan. 2 1940 and that I last saw h[illegible] alive on Jan. 2 1940.

Immediate cause of death Lobar Pneumonia — Duration a week

Due to

Due to

Other Conditions Syphilis — unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosp. Date signed 1-3-40 M. D.

F 64545

F 64545

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4317 Old York Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4317 Old York Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Owen R. McIntire

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Margaret E. Bell
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Oct. 28, 1866

8. AGE: Years	Months	Days	If less than one day
73	2	5	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Owen McIntire
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Finnegan
15. Birthplace Ireland

16 (a) Informant Mrs. Mary McIntire
(b) Address 4317 Old York Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md.

18 (a) Funeral director Martin Blakerstone
(b) Address 1827 N. North Ave.

19. JAN 4 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2 1940, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 12 1939, to Jan 2 1940 and that I last saw h[illegible] alive on Jan 2 1940.

	Duration
Immediate cause of death: Chronic Ur. Nephritis	1937
Due to Chronic Myocarditis	1937
Due to Arteriosclerosis	1930
Due to	
Other Conditions Pneumonia	1940

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. W. Bishop M. D.
Address 501 & 503 E. Fenden St. Date signed Jan 3 1940

VS 3

F 64546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 Registered No. F 64546

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 515 Calvin St - second floor rear
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 515 Calvin St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillian Shank

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Wm Shank

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years 38 | Months 29 | Days | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business House wife

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name Priscilla Garnett
15. Birthplace Va

16 (a) Informant William Shanks
(b) Address 515 Colvin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-40 (month) (day) (year)
(c) Cemetery or crematory Pleasant Rest Cemetery
Location Towson Md.

18 (a) Funeral director Archibald C Haddi
(b) Address 2101 N. Eutaw St.

19 (a) JAN 4 1940 (Date rec'd by Registrar) (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2 1940, at 3:15 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said I (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H M Vandersloot M.D. Medical Examiner.
Date signed 1/2/40

F 64547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 64547

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2033 Frederick Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 5
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 213 W. Pratt St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret E. Krouse

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, ~~widowed, or divorced~~: Married
6 (b) Name of husband ~~or wife~~: Joseph W. Krouse
6 (c) If alive, give age 72 years
7. Birth date of deceased (mo., day, yr.) Aug 21st 1869
8. AGE: Years 70 | Months 4 | Days 13 | If less than one day: hr. min.
9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name William Saylor
13. Birthplace Pa

MOTHER
14. Maiden Name Henrietta (Unknown)
15. Birthplace Pa

16 (a) Informant Henrietta Mayer
(b) Address 2033 Frederick Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/8/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 JAN 5 1940 (Date rec'd by registrar) (b) Huntington Holliswood Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4th 1940, at 330 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1939, to Jan 4, 1940.
and that I last saw h[illegible] alive on Jan 4 1940.

Immediate cause of death: Coronary Thrombosis — Acute — Duration: 4 hours
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Schonfeld M. D.
Address 2124 William St Date signed Jan 4, 1940

VS 8

64548

HEALTH DEPARTMENT—CITY OF BALTIMORE

64548

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 1000 Eaton Ave. St., 25 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Anita Quinn

If U. S. Veteran specify WAR .....

(a) Residence: No. Jenkins Mem. Hospt. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of George H. Quinn

6. DATE OF BIRTH (month, day, year) Sept 4th 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home for Aged

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jenkins Memorial

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Little Rock Arkansas

FATHER

13. NAME James Griffin

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mary Healy

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Jenkins Memorial Hosp.

(Address) 1000 Eaton Avenue

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place St. Peters Date 1/6 1940

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St

FILED JAN 5 1940 19 Hunter Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 3rd 1940

22. I HEREBY CERTIFY, That I attended deceased from July 18th 1939 to January 3rd 1940

I last saw her alive on January 2 1940 Death is said to have occurred on the date stated above, at 5:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Congestive Heart Failure	
Other contributory causes of importance:	
	over

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Stanley V. Sweet M. D.

(Address) St Agnes' Hospital

VS 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 64549

51804 sdF 64549

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2345 Mc Elderry Montrose Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 58 yrs. years

3 (a) FULL NAME Blasius Kadlec

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex: M
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Julia (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/19/1857

8. AGE: Years 82 | Months 5 | Days 14 | If less than one day hr. min.

9. Birthplace Bohemia
(Town, county, and state)
10. Usual Occupation Stone Work
11. Industry or business

FATHER
12. Name Jim Kadlec
13. Birthplace Bohemia

MOTHER
14. Maiden Name Elizabeth
15. Birthplace Bohemia

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 3rd 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Hill Cemetery
Location Phila Rd & Hornsey Land

18 (a) Funeral director William Cook
(b) Address 1217 St Paul Street

19 (a) JAN 5 1940 (Date rec'd by registrar) (b) [illegible] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3 1940, at 1:9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 21 1939, to Jan 3 1940, and that I last saw h alive on Jan. 3 1940

Immediate cause of death Arterio sclerotic Heart disease — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Waghelstein M. D.
Address Balto City Hosp. Date signed 1-4-39

HEALTH DEPARTMENT—CITY OF BALTIMORE

64550 F 64550

CERTIFICATE OF DEATH

131-a

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 E 30 St., 9-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joseph A Placht (PLACHT)

If U. S. Veteran specify WAR

(a) Residence: No. 1704 E. 30 St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha J. Placht

6. DATE OF BIRTH (month, day, year) Sept 16 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lithographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. E. B. Read - Co

10. Date deceased last worked at this occupation (month and year) 11-39

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) austria

FATHER

13. NAME Jacob Placht

14. BIRTHPLACE (city or town) (State or country) austria

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Martha J. Placht

(Address) 1704 E. 30 St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Jan 5. 1940

19. UNDERTAKER Mc Mc. John M. Haight & Son

(Address) 801 W. Fayette St

20. FILED JAN 5 1940 By [illegible] Registrar.

Social Security acct No. 213-40-3345

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 2, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1939, to January 2, 1940

I last saw h. alive on January 2, 1940 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Duration of interval
Pneumonia Bronchopneumonia	3 d.
Mitral Regurgitation	1 mo
Arteriosclerosis Hypertension	1 mo
Other contributory causes of importance: Chronic Interstitial Nephritis	1 mo

Was an operation performed? No. Date of

For what disease or injury? No.

Name of operation None

What test confirmed diagnosis? Microscopic Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Thos. F. A Stevens, M. D.

(Address) 2878 Hapgood St.

64551
LB 51128

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13-B

F 64551
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 559 Dolphin St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME
Isaac James

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 20, 1917

8. AGE: Years 22 | Months 4 | Days 13 | If less than one day hr. min.

9. Birthplace S. C.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business unemployed 6 mo.

FATHER
12. Name Henry
13. Birthplace S. C.

MOTHER
14. Maiden Name Lizzie Goodman
15. Birthplace S. C.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-8-40 (month) (day) (year)
(c) Cemetery or crematory Lynchburg
Location S. C.

18 (a) Funeral director G. Halstead
(b) Address 918 Druid Hill Ave

19 (a) (Date rec'd by registrar) (b) Registrar

JAN 5 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/3 1940 at 5:40 P.M.

21. I certify that death occurred on the date above stated that I attended deceased from 12/19 1939 to 1/3 1940
and that I last saw h alive on 1/3 1940.

Immediate cause of death: Tuberculosis of the Lungs — Duration: Nov Dec 1939

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Date signed 1/5/40

F 64552

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 64552 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 404 George St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME HENRIETTA HAWKINS

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	S

6 (b) Name of husband or wife Infant

6 (c) If alive, give age, years

7. Birth date of deceased (mo., day, yr.) 2/23/1939

8. AGE: Years	Months	Days	If less than one day
	10 11	8	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation Infant.

11. Industry or business

FATHER 12. Name Watts Ray

13. Birthplace N.C.

MOTHER 14. Maiden Name Ida Hawkins

15. Birthplace N.C.

16 (a) Informant Mrs Ida.

(b) Address 404 Nevin St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-5-46 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Brooklyn

18 (a) Funeral director Adolphus Hall

(b) Address 2 E Druid Hill Ave

19 (a) JAN 5 1940 (Date rec'd by registrar) Martin H. Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1 1940, at 7 40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Bronchopneumonia	
Due to Malnutrition, cause undetermined	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Lee Wallenmeyer M.D. Medical Examiner.

Date signed Jan 2 1940

VS 6

F 64553

Pitipau

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-P

F 64553 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1701 N. Bond St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 1701 N Bond St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daniel Pitipaw

3 (b) If veteran, name war: World War

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Marie Pitipaw

6 (c) If alive, give age: 42 years

7. Birth date of deceased (mo., day, yr.): Oct. 9-1893

8. AGE: Years 46 | Months 2 | Days 26 | If less than one day: hr. min.

9. Birthplace: Balto. Md. (Town, county, and state)

10. Usual Occupation: Restaurant

11. Industry or business

FATHER
12. Name: Elisa Pitipaw
13. Birthplace: Balto Md.

MOTHER
14. Maiden Name: Don't know
15. Birthplace

16 (a) Informant: Marie Pitipaw
(b) Address: 1701 N. Bond St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/40 (month) (day) (year)
(c) Cemetery or crematory: New Cath.
Location: Old Frederick Rd.

18 (a) Funeral director: John A. Hyman
(b) Address: 3006 E. Balto St.

19 (a) Date rec'd by local registrar: JAN 5 1940 Hey Curtis for Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3 1940, at 9:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 14 1939 to Jan 3 1940, and that I last saw h wi alive on Jan 3 1940

Immediate cause of death: Pulmonary Tuberculosis — Duration 9/1/39

Due to: Acute Cardiac dilatation — 1/3/40

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J Rosario

Address 614 Kenilworth Date signed 1/4/40

F 64554

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1940

F 64554
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Belona ave.
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2706 Erdman Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Maria Lennert

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Charles E. Lennert
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Aug. 18 1854
8. AGE: Years 85 | Months 4 6 | Days 15 | If less than one day hr. min.
9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name J. Kraus
13. Birthplace Germany

MOTHER
14. Maiden Name Dont Know
15. Birthplace

16 (a) Informant John W. Leonard
(b) Address 2706 Erdman Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location O. Donnell Rd.

18 (a) Funeral director John J. Moran
(b) Address 3000 E. Balto. St.

19 (a) Date received by Registrar JAN 5 1940 (b) Registrar [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/3/40 19 at 3:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 21 1939 to 1/3/40 19; and that I last saw h[illegible] alive on 1/2/40 19

Immediate cause of death	Duration
Chronic	
Myocarditis	15 years
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Wheaton M. D.
Address 4009 York Rd Date signed 1/3/40

F 64555

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 64555 Registered No.

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3710 Elm Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3710 Elm Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — yrs. years

3 (a) FULL NAME ARLINGTON H. VALDIVIA SR.

3 (b) If veteran, name war: World War.
3 (c) Social Security Account No. —

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: M.
6 (b) Name of husband or wife: Clara L.
6 (c) If alive, give age: 43 years
7. Birth date of deceased (mo., day, yr.): May 27-1898
8. AGE: Years: 41 Months: 7 Days: 7 If less than one day: ..... hr. ..... min.
9. Birthplace: Baltimore Md. (Town, county, and state)
10. Usual Occupation: City Hall
11. Industry or business: Municipal Service

FATHER
12. Name: Honoria Valdivia
13. Birthplace: Cuba

MOTHER
14. Maiden Name: Wheeler
15. Birthplace: Balto Md.

16 (a) Informant: Clara L. Valdivia
(b) Address: 3710 Elm Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/40 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Frederick Rd.

18 (a) Funeral director: John A. Morgan
(b) Address: 3001 E. Balto. St.

19 (a) JAN 8 1940 (Date received by Registrar) (b) [illegible] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 1940, at 2 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquest) and from the evidence obtained by said inquiry (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration: —
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H I Wallenmeyer M.D. Medical Examiner.
Date signed Jan 7th, 1940

F 64556

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 64556 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1700 Fleet St., Baltimore, Md.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Aurelio Lopez

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-14-1017

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Filipino	Widowed

6 (b) Name of husband or wife Maria Torres
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1, 1891

8. AGE: Years	Months	Days	If less than one day
48	4	3	hr. min.

9. Birthplace Manila, P. I.
(Town, county, and state)
10. Usual Occupation Ships fireman
11. Industry or business Seafaring

FATHER
12. Name Gregorio Lopez
13. Birthplace Manila, P. I.

MOTHER
14. Maiden Name Candida Villoullo
15. Birthplace Manila, P. I.

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-40 (month) (day) (year)
(c) Cemetery or crematory St Marys Ce
Location Hamden

18 (a) Funeral director Sladen & Oden
(b) Address 4907 York Road

19 (a) JAN 5 1940 (Date rec'd by Registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 4, 1940, at 10:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 27, 1939, to Jan. 4, 1940, and that I last saw him alive on Jan. 4, 1940.

Immediate cause of death: Advanced pulmonary tuberculosis — Duration: Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Advanced pulmonary tuberculosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature O. E. Denney, M. D.
Address U. S. Marine Hospital, Baltimore, Md. Date signed 1-4-40

F 64557 HEALTH DEPARTMENT—CITY OF BALTIMORE F 64557

CERTIFICATE OF DEATH

107

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4873 Pennington Ave St. 25-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in City or town where death occurred 40 yrs. Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Dora A. White

If U. S. Veteran specify WAR .....

(a) Residence: No. 4873 Pennington St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Feb 14-1939

7. AGE: Years — Months: 10 — Days: 19 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: David White

14. BIRTHPLACE (city or town) (State or country): New York

MOTHER

15. MAIDEN NAME: Eugenia Trimpe

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): Mrs Trimpe 4873 Pennington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Jan. 6, 1940

19. UNDERTAKER (Address): J. Howard Strong 715 Light St.

JAN 5 1940 FILED

Hunter & Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 2/40 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1940 to Jan 2, 1940

I last saw her alive on Jan 2, 1940 Death is said to have occurred on the date stated above, at 1.45 p. m.

The principal cause of death and related causes of importance were as follows:

Bronchio-Pneumonia

Duration of attack 2 days

Other contributory causes of importance:

Began with a severe cold which may have been Influenza

Duration 1 day

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Dan'l. Hooker M. D.

(Address) 4720 Pennington

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 64558

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51229 SD F 64558
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 308 S. Parrish Street (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME John Frank Thompson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Widowed

6 (b) Name of husband or wife Ida (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/14/1856

8. AGE: Years	Months	Days	If less than one day
83	8	20	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Steam Boat Man
11. Industry or business

MOTHER / FATHER
12. Name William (d)
13. Birthplace Maryland
MOTHER
14. Maiden Name Mary
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5 1940 (month) (day) (year)
(c) Cemetery or crematory Moreland Mem. Park
Location Taylor Ave.

18 (a) Funeral director J. Howard Strong
(b) Address 716 Light St.

JAN 5 1940 (Date rec'd by Registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-4 1940 at 3 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-22 1939, to 1-4 1940, and that I last saw him alive on 1-3 1940.

Immediate cause of death: Fracture acetabulum with central dislocation femur — Duration: 2 weeks
Due to: Bronchopneumonia
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 12-21-39
(c) Where did injury occur? Baltimore Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell while walking down steps

23. Signature H. L. Hollenbeck M.D.
Address Balto City Hosp. Date signed 1-4-40

H. L. Hollenbeck, M.D. Assistant Medical Examiner
Jos. E. Brantigan

F 64559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46B

F 64559 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1620 N. Bond St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1620 N. Bond St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph K. T. Meads

3 (b) If veteran, name war None | 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 3 1857

8. AGE: Years 82 | Months 2 | Days 0 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business Retired - Machine + Metal

FATHER 12. Name Henry Meads

13. Birthplace Baltimore

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Mrs Lyda Seidenagt

(b) Address 1620 N. Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5 1940 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem.

Location Baltimore Md.

18 (a) Funeral director Wellman J. Tuckwell + Son

(b) Address North + Pennsylvania Ave

19 (a) (Date received by registrar) (b) Filed at Williamsport Md.

JAN 5 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3 1940, at 3:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 8 1939 to Jan 3 1940 and that I last saw h alive on Jan 3 1940.

	Duration
Immediate cause of death: Cerebral Thrombosis	6 days
Due to: Cerebral Arteriosclerosis	?
Due to:	
Other Conditions: Arteriosclerotic Heart Disease, Carcinoma of stomach	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert J. Hershat M.D.

Address 2302 Eutaw St. Date signed Jan 4 1940

64560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √131 Registered No. F 64560

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1123 N. Fulton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary A. Mules

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. a widow

6 (b) Name of husband or wife Eugene F. Mules
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1872

8. AGE: Years 67 | Months 2 | Days | If less than one day hr. min.

9. Birthplace Cambridge, Md.
(Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER 12. Name Nathan Hammond
13. Birthplace Md.

MOTHER 14. Maiden Name Cecelia Griffith
15. Birthplace Md.

16 (a) Informant Sarah A. Mules
(b) Address 1123 N. Fulton Ave.

17 (a) Burial (b) Date thereof 1/6/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemy
Location Pikesville, Md.

18 (a) Funeral director John D. Mitchell Sons
(b) Address 1900 Eutaw Place

19 (a) (Date received) (Registrar) (b)

JAN 8 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-3 1940. 8 A.M. 35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-2 1940. to 1-3 1940. and that I last saw h[er] alive on 1-4 1940.

Immediate cause of death Cerebral hemorrhage
Antecedents ?
Due to Hypertension - Nephritis
Due to Renal disease

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
2 days
? ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. K. Magruder M. D.
Address Md. Gen. Hosp Date signed 1-3-40

64561

F 64561

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2005 Kennedy Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-8 49 yrs.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)

(d) Street No. 2005 Kennedy Ave.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louise Foster

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 22, 1890

8. AGE: Years	Months	Days	If less than one day
49	3	12 11	hr. min.

9. Birthplace Balto. Md.
(City, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER 12. Name Wm. C. Foster

13. Birthplace Md.

MOTHER 14. Maiden Name Mollie C. Didley

15. Birthplace Md.

16 (a) Informant Esta F. Helwig

(b) Address 1223 E. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/40 (month) (day) (year)

(c) Cemetery or crematory Sudlersville, Md.

Location Sudlersville, Kent Co. Md.

18 (a) Funeral director John W. Mitchell Funeral Home Inc.

(b) Address 1900 Eutaw Place

19 (a) Filed JAN 5 1940 (Date filed by registrar) (b) Number 57 Williams, Myrl Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 3, 1940, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1938 to Jan 3 1940, and that I last saw her alive on Jan 3 1940.

Immediate cause of death

General Carcinoma

Due to Carcinoma

Due to of the Breast

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration 3 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. H. Pearce M. D.

Address 2105 N. Charles St. Date signed Jan 4/40

64562

BALTIMORE CITY HEALTH DEPARTMENT 937 Registered No. F 64562

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 201 N Spring St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-1
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 201 N Spring St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME John Henry Long

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Ella Long
6 (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) Jan 8 1839

8. AGE: Years	Months	Days	If less than one day
100 101	11	24	hr. min.

9. Birthplace Dorchester Co Md (Town, county, and state)
10. Usual Occupation Teamster
11. Industry or business Lumber

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Ella Long Wife
(b) Address 201 N Spring St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 5 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Winans Md.

18 (a) Funeral director Elroy O. Wilson
(b) Address 1008 W Brantley ave.

19 (a) JAN 5 (Date rec'd by local registrar) (b) Huntington Phillips Supervisor

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2 1940, at 5A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 28 1939, to Jan 2 1940, and that I last saw h alive on Jan 1 1940.

Immediate cause of death Bronchial Pneumonia — Duration Jan 1940

Due to

Due to

Other Conditions Pulmonary Congestion & Emphysema Chronic Alcoholism — Dec 28, 1939

(Indicate pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph T. Morrow M.D.
Address 1424 E Monument Date signed 1/3/40

VS 8

64563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48a

✓ F 64563

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1403 Bruce Ln

(c) Hospital or institution: ✓

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 & 2

(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County ✓

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1403 Bruce Ln
(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Jones Paul

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Jones Paul

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) 8 or 9 1903

8. AGE: Years	Months	Days	If less than one day
37	1	1	hr. ..... min.

9. Birthplace S. Carolina
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Amos Brown

13. Birthplace S. Carolina

MOTHER

14. Maiden Name Unknown

15. Birthplace S. Carolina

16 (a) Informant Jones Paul

(b) Address 1403 Bruce Ln

17 (a) A A Co Ind (b) Date thereof 1 - 5 - 40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location A A Co Md

18 (a) Funeral director Chas. H. Alexander

(b) Address 1200 N. Gilmor St

19 (a) 1940 (b) Interred by Williams M.D.
(Date rec'd by registrar)

VS 3 Perfected in Stainless Steel

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/2/40 19 at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/28/39 to 1/2/40, and that I last saw ... alive on 1/2/40

Immediate cause of death

Carcinoma Uterus
Cardiac

Duration 4 days

Due to .....

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? .....
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)

(e) Means of injury .....

23. Signature Lee Williams M. D.

Address 5704 York Rd Date signed 1/3/40

F 64564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 64564 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 116 South Carey St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 116 South Carey St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME HENRY FUCHS

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	widowed

6 (b) Name of husband or wife Annie E

6 (c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years	Months	Days	If less than one day
74			hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Retired plumber

11. Industry or business Retired

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name Unknown.
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6- 40 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location Baltimore City

18 (a) Funeral director Roff & B/M. Walter
(b) Address Pratt Street

JAN 5 1940 (Date received by registrar)

(b) [illegible] Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4 1940, at 5 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cardiac dream	
Cardiovascular disease	
Due to arteriosclerosis/senility	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H I Wallenmeier M.D. Medical Examiner.

Date signed Jan 5th, 1940

64565

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64565

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 113 S. Linwood Ave.
(c) Hospital or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) ---

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 113 S. Linwood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME Thomas V. Kopriva

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-2080

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mamie Kopriva
6 (c) If alive, give age 55? years

7. Birth date of deceased (mo., day, yr.) July 28, 1876

8. AGE: Years 63 | Months 5 | Days 35 | If less than one day ___ hr. ___ min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business Balto. Copper Smelting

FATHER
12. Name Dominick Kopriva
13. Birthplace Austria

MOTHER
14. Maiden Name Not Known
15. Birthplace

16 (a) Informant Mamie Kopriva
(b) Address 113 S. Linwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6, 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore, Md.

18 (a) Funeral director H SANDER & SON INC
(b) Address BALTIMORE & BROADWAY

19 (a) (Date received by registrar) (b) Justin [illegible] Williams M.D. Registrar

JAN 5 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3 1940, at 1 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1939 to Jan 2 1940 and that I last saw h[illegible] alive on Jan 2 1940

Immediate cause of death Uraemia Paralysis — Duration 2 Days

Due to

Due to

Other Conditions Diabetes Mellitus 6 mos.

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry E. Wilson M. D.
Address 3 N. Biddle St. Date signed Jan 3, 1940

F 64566

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 64566 — Registered No. 46-f

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 69 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto. City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2718 Eylburn Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Peter E. Murphy

3 (b) If veteran, name war: none
3 (c) Social Security Account No. 212-16-8127

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife: Mary C. Murphy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/5/1870

8. AGE: Years	Months	Days	If less than one day
69	0	29	hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Watchman
11. Industry or business: Race Track

FATHER
12. Name: Peter Murphy
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Mary C. Carroll
15. Birthplace: Ireland

16 (a) Informant: Wife - Mary C. Murphy
(b) Address: 2718 Eylburn Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/1940 (month) (day) (year)
(c) Cemetery or crematory: Holy Cross
Location: Harford Road, Balto. City

18 (a) Funeral director: C. Vernon Lemmon
(b) Address: 4611 Park Heights

JAN 5 1940 (Date rec'd by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3 1940, at 1 42 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/11 1939, to 1/3 1940.
and that I last saw him alive on 1/3 1940.

Immediate cause of death: Pathological Fracture Left Humerus — Duration: 22 days
Due to: Carcinoma Lung — 22 days
Due to: Bronchial Pneumonia, Bil — 1 day
Due to:
Other Conditions: over
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Accident
(b) Date of occurrence 12/11/39
(c) Where did injury occur? Baltimore, Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury: Fell to floor.

23. Signature: C. Frederick Johnston Jr. M. D.
Address: Md General Hospital Date signed 8/3/39

H. L. Williamsteter M.D. Asst Medical Examiner
per D. Hilbert

F 64567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-1

F 64567 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1115 Barclay St.
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1115 Barclay St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James J. White

3 (b) If veteran, name war No | 3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Nellie C. (White) Buchanan | 6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) May 5, 1888

8. AGE: Years	Months	Days	If less than one day
51	7	29	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Clerk Munic. Dept
11. Industry or business Balto. Post Office

FATHER
12. Name James J. White
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Annie Rattray
15. Birthplace Baltimore Md

16 (a) Informant Mrs. Nellie C. Buchanan
(b) Address 1115 Barclay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 6, 1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemetery
Location 4300 Old Frederick Rd

18 (a) Funeral director Edmund W. Corbin & Son
(b) Address 924 E. Eager St.

JAN 5 1940
(Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 3rd, 1940, at 8:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 31 1939, to Jan 3 1940, and that I last saw h[im] alive on Jan 2 1940.

Immediate cause of death Chr. Myocarditis with Decompensation and Pulmonary Edema.

Due to

Due to

Other Conditions Chr. Bronchitis with Emphysema and pleural adhesions - Old Empyema.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
4 years plus
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William R. Gray M. D.
Address 10 E. Biddle St Date signed 1/4/40

VS 3

F 64568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 140-D

Registered No. F 64568

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklyn Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore INDIANA PA.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Nurse's Home, Franklyn Sq. Hospital (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME ESTHER A. HOLSTEIN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
18			hr. min.

9. Birthplace Indianna, Penna. (Town, county, and state)

10. Usual Occupation Nurse (Student)

11. Industry or business Franklyn Sq. Hosp.

FATHER
12. Name Max Holstein
13. Birthplace Indianna, Penna.

MOTHER
14. Maiden Name Caroline Thomas
15. Birthplace Indianna, Penna.

16 (a) Informant Miss Annabelle Thomas
(b) Address 2727 E. Chase St

17 (a) Interment (Burial, cremation, or removal) (b) Date thereof 1-5-40 (month) (day) (year)
(c) Cemetery or crematory Indianna, Penna
Location

18 (a) Funeral director Jos. Perina Inc.,
(b) Address 1439 E. Balto. St.,

19 (a) JAN 5 1940 (Date received by registrar) Hunter & Fox Williamsport

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4 1940, at 9 40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquest) thereon and from the evidence obtained by said autopsy (Autopsy or Inquest) find that said deceased came to her death on the day stated above.

Immediate cause of death: Criminal abortion — Duration

Due to: Embolism, pulmonary

Due to:

Other Conditions Edema, pulmonary (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide criminal abortion
(b) Date of occurrence Jan 4, 1940
(c) Where did injury occur? Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Baltimore (Specify type of place) While at work?
(e) Means of injury Instrumentation

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.

Date signed Jan 5, 1940

64569

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 64569 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The Street age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Hebrew Aged Home
(a) Baltimore City, Maryland
(b) Street address Greenspring & Belvidere
(c) Hospital or institution:
Levindale
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. Greenspring & Belvidere
(If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME Solomon Kemmelhall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m.	w.	widowed

6 (b) Name of husband or wife Rebecca

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years	Months	Days	If less than one day
77			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Isaac Kemmel
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah
15. Birthplace Russia

16 (a) Informant Ben Kemmel
(b) Address 3506 Oakmont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt. Carmel
Location Herman Hill Rd.

18 (a) Funeral director Jack Kaviss Inc
(b) Address 1439 E. Balto. St

19 (a) (Date rec'd by registrar) (b) [illegible]

JAN 5 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-4 1940, at 8.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-15 1939, to 1-4 1940, and that I last saw h[illegible] alive on 1-4 1940.

Immediate cause of death: Bronchs-pneumonia — Duration 1-1-40

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Edmund Levin, M.D.
Address Levindale Date signed 1/4/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64570

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P Registered No. F 64570

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Anthony Duske

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years	Months	Days	If less than one day
79 7/8			hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Sailor
11. Industry or business

FATHER
12. Name Charles Duske
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Wassel
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5, 1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Weidefeld
(b) Address 914 Greenmount Ave

19 (a) [illegible] (Signature of registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 4, 1940 19 at 8 p.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec-5 1939 to Jan 4 1940 and that I last saw him alive on Jan 3- 1940

Immediate cause of death	Duration
Cerebral Arterio-sclerosis	3 yrs
Due to Chronic myocarditis	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E Gill Hall M. D.
Address 1631 E North Av Date signed Jan 6-40

VS 8

64571

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1940-A Registered No. 64571

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution:
Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Gertrude Dietz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years 79 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Needlework

11. Industry or business

FATHER 12. Name Laurence
13. Birthplace ?

MOTHER 14. Maiden Name Anna Chambers
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6, 1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (Date rec'd by Registrar) JAN 5 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 4, 1940 19 at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 30 1939, to Jan 4 1940, and that I last saw her alive on Jan 3 1940.

Immediate cause of death Edema Lungs — Duration 1 day

Due to Chronic Interstitial nephritis — 3 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E Monument Date signed Jan 5 40

VS 8

F 64572

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

H 46-E F 64572 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Provident Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 In
(e) Length of stay in Baltimore (yrs., mos., or days) Belair

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Harford
(c) City or town Belair (If outside city or town limits, write RURAL and give town)
(d) Street No. / (If rural give location)
(e) If foreign born, how long in U. S. A.? / years

3 (a) FULL NAME Graham Alexander Brown
3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Blanche Brown
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Oct 13. 1888

8. AGE: Years	Months	Days	If less than one day
51	2	20	hr. min.

9. Birthplace Fallston, Maryland (Town, county, and state)
10. Usual Occupation Gardner
11. Industry or business /

FATHER
12. Name Edward Brown
13. Birthplace Maryland

MOTHER
14. Maiden Name Bond
15. Birthplace Maryland

16 (a) Informant Blanche Brown (wife)
(b) Address Belair, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-1940 (month) (day) (year)
(c) Cemetery or crematory Tabernacle,
Location Benson. md.

18 (a) Funeral director W. T. Archer
(b) Address Benson Md.

(a) Date received (b) Registrar

JAN 5 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3 1940. at 6:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/18 1939. to 1-3 1940. and that I last saw h[illegible] alive on 1-3 1940.

Immediate cause of death: Carcinoma of Descending Colon — Duration 7
Due to /
Due to /
Other Conditions Perigastric Gastric Ulcer
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Carcinoma of Colon

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide /
(b) Date of occurrence /
(c) Where did injury occur? / (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? /
(e) Means of injury /

23. Signature S. Franklin Chilcoat M. D.
Address 15 14 Lenison St Date signed 1-6-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64573

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 164

Registered No. F 64573

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 321 So Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 321 So Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nicholas Kyfor

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M | 5. Color or race Wh | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary Kyfor

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 62 | Months | Days | If less than one day hr. min.

9. Birthplace Ukraine (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Martin Kyfor

FATHER 13. Birthplace Ukraine

MOTHER 14. Maiden Name Unk

MOTHER 15. Birthplace Unk

16 (a) Informant James Kyfor

(b) Address 712 S Rose St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/40 (Month) (day) (year)

(c) Cemetery or crematory Holy Rosary

Location Baltimore

18 (a) Funeral director Fred W. Ozaguski

(b) Address 1930 Eastern Ave.

19 JAN 5 1940 (Date rec'd by registrar) (b) Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION 6 50 P

20. DATE OF DEATH Jan 3 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death (Suicide by) Hanging by rope — Duration

Due to History of insanity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 1/3/40
(c) Where did injury occur? 321 So Broadway (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Hanging by rope

23. Signature W. W. Vandenhoff M.D. Medical Examiner.

Date signed 1/4/39

VS 6

F 64574

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64574 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 532 E. Clement St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 532 E Clement St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edwin J. Ruark

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. None

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Lillie Ruark

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) June 24, 1872

8. AGE: Years 67 Months 6 Days 8 If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER 12. Name Edwin Ruark

13. Birthplace Md.

MOTHER 14. Maiden Name Helen Frances

15. Birthplace Md.

16 (a) Informant Frank Ruark

(b) Address 532 E. Clement St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 5 '40 (month) (day) (year)

(c) Cemetery or crematory Cedar Lawn Cem.

Location Baltimore Md.

18 (a) Funeral director Fred A. Krause & Son

(b) Address 2104 N. Charles St.

19 (a) JAN 5 1940 (Date rec'd by registrar) (b) Huntington Williams Mgr.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2 1940, at 10:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 28 1939 to January 2 1940, and that I last saw him alive on January 1 1940.

Immediate cause of death — Duration

Cardiac Decompensation

Due to Chr. Valvular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature H. L. Smith, M.D.

Address 511 Hanover St. Date signed 1/5/40

VS 3

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1624

1930 - G Registered No. F 64575

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 642 Aisquith St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard Matthews

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-18-88

8. AGE: Years	Months	Days	If less than one day
51	8	16	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Sam Matthews

13. Birthplace Md.

MOTHER 14. Maiden Name Annie Scott

15. Birthplace Md.

16 (a) Informant Records.

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location A. A. Co. Md.

18 (a) Funeral director Mrs. P. A. E. Mistlelgeter

(b) Address 1129 N. Caroline St.

19 (a) JAN 5 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4 1940 at 5:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1940 to Jan 4 1940 and that I last saw him alive on Jan 4 1940.

Immediate cause of death Myocardial failure — Duration 4 week

Due to Arteriosclerotic heart disease

Due to

Other Conditions Putm-Fibrosis
Syphilitic laryngitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. F. Klemperer

Address J. H. Hosp Date signed 1/4/40

VS 3

F 64576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94

Registered No. F 64576

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 552 Orchard St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 552 Orchard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME AVON FISHER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13, 1895

8. AGE: Years 44 | Months 6 | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore Md. (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name George H. Fisher
FATHER 13. Birthplace Md

MOTHER 14. Maiden Name Rosa Burton
MOTHER 15. Birthplace Md

16 (a) Informant Mrs. Rosa Fisher
(b) Address 552 Orchard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 8 '40 (Month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 N. Biddle St.

19 JAN 5 1940 (Date rec'd by Registrar) (b) Huntington Millards, M.D. Registrar

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4, 1940, at 5:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Coronary occlusion — Duration

Due to — Duration

Due to — Duration

Other Conditions Edema, pulmonary — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Lee Millard M.D. Medical Examiner.
Date signed Jan 4, 1940

64577
LB 31517

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64577
Registered No. 107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days 9 mths. 1 yr.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 657 W. Saratoga St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME
Sarah Gross (Dorothy McWilliams)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife Andrew (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868? 1858 ?

8. AGE Years	Months	Days	If less than one day
70 or 80?	?	?	hr. min.

9. Birthplace Georgia
(Town, county, and state)
10. Usual Occupation unknown
11. Industry or business

FATHER
12. Name Pompii Bigbee ? (d)
13. Birthplace Ga.

MOTHER
14. Maiden Name Sylvia ? (d)
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 5 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) JAN 5 1940 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH December 30 1939, at 2.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 10 1938, to Dec. 30 1939, and that I last saw h[illegible] alive on Dec. 30 1939.

Immediate cause of death	Duration
Bronchopneumonia	6 weeks.
Due to	
Due to	
Other Conditions generalized arteriosclerosis	uncertain.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto. City Hosp. Date signed 1-4-39

64578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. E 64578

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) "

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town H Manchester
(If outside city or town limits, write RURAL and give town)
(d) Street No. H
(If rural give location)
(e) If foreign born, how long in U. S. A.? H years

3 (a) FULL NAME George Henry Dell

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1-1-40 12 24 M

8. AGE: Years	Months	Days	If less than one day
—	—	Hours 16 hr.s.	min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Helen Mamie Dell
15. Birthplace Silver Run, Md.

16 (a) Informant Mother (Helen M. Dell)
(b) Address Route 1 MANCHESTER, Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 5 1940

18 (a) Funeral director Commissioner of Roads
(b) Address P. M. A. Moore, Huntingtown, Calvert Co., Md.

19 (a) JAN 5 1940 (Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 1 1940, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12 24 M Jan 1940, to 4 P M Jan 1 1940, and that I last saw him alive on Jan 1 1940.

Immediate cause of death Atelectasis — Duration 15 min.

Due to Prematurity
Labor initiated @ 7 P M

Due to Month account Pregnancy

Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature Allen G. Hunting Jr. M.D.
Address 9 E Chase St. Date signed Jan 5 1940

64579

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V 131-a

F 64579
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Your correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 211 N. Caroline St
(c) Hospital or institution:
D. of A. Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: (over)
(a) State Md (b) County –
(c) City or town Balt
(If outside city or town limits, write RURAL and give town)
(d) Street No. 211 N. Caroline St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucy (Lucille) Butler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1856

8. AGE: Years	Months	Days	If less than one day
84			hr. min.

9. Birthplace Anapolis Md.
(Town, county, and state)

10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Alfred Pawsen
13. Birthplace Anapolis Md

MOTHER
14. Maiden Name Lucy Pawsen
15. Birthplace Anapolis Md

16 (a) Informant Francis Spriggs
(b) Address 211 N Caroline St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6th 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery Cemet
Location Brooklandville

18 (a) Funeral director E O Wilson
(b) Address 1600 Brantley Ave

19 (a) (Date rec'd by Registrar) 1940 (Registrar) Mildred Mott Registrar

MEDICAL CERTIFICATION 12:55 a

20. DATE OF DEATH Jan 3 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

Immediate cause of death Cardio-vascular-renal disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Vanderhoof M.D.
Medical Examiner.
Date signed 1/3/40

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64580

CERTIFICATE OF DEATH

47-4F 64580

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 6-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Andrew J. Miller

If U. S. Veteran specify WAR

(a) Residence: No. 401 N. Port Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Katherine Miller

6. DATE OF BIRTH (month, day, year) Mar. 4-1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Henry Miller

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Theresa Dieter

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Katherine Miller
(Address) 401 N. Port St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Jan 6-40 19

19. UNDERTAKER John J. Keller
(Address) 2334 Jefferson St.

20. FILED JAN 5 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from January 2 19 40 to January 4 19 40

That saw h[illegible] alive on January 4 19 40 Death is said to have occurred on the date stated above at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

asphyxia following tracheal obstruction — Date of onset January 4, 1940

Other contributory causes of importance: tracheal obstruction

Was an operation performed? Yes Date of January 4 1940

For what disease or injury? Carcinoma of larynx

Name of operation Laryngectomy

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edwin P. Ruzicka M. D.

(Address) University Hospital

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

64581 1444

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 64581

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3605 E. Fayette St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Seager

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Margaret

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1900

8. AGE: Years 39 | Months 1 | Days 19 | If less than one day: hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Bar Tender

11. Industry or business unemployed about 1 yr.

FATHER
12. Name Clarence
13. Birthplace Penn.

MOTHER
14. Maiden Name Elizabeth Elburn
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 6/40 (month) (day) (year)
(c) Cemetery or crematory Oaklawn
Location

18 (a) Funeral director Harry H. Wolfe
(b) Address 401 Edmondson Ave.

JAN 5 1940 (Date filed by Registrar) (b) Huntington Hilliard M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/4 1940 at 4:09 M

21. I certify that death occurred on the date above stated, that I attended deceased from 12/31 1939 to 1/4 1940 and that I last saw h. alive on 1/4 1940

Immediate cause of death: Tuberculosis of the Lungs — Duration: 1 year

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address B C M Date signed 1/5/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 64582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

Registered No. F 64582

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3113 Southern Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3113 Southern Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Magdalena S. Giles

3 (b) If married, name of husband or wife

3 (c) Social Security Account No.

4. Sex Female

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Widow.

6 (b) Name of husband or wife John D. Giles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-7-1866

8. AGE: Years 73 | Months 9 | Days 27 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business at home

FATHER
12. Name Jenstus Snyder
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Buckstreit
15. Birthplace Germany

16 (a) Informant Myrtle M. McCaffrey
(b) Address 3113 Southern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-40 (month) (day) (year)

(c) Cemetery or crematory Balto
Location

18 (a) Funeral director Leonard J Rupke
(b) Address 5305 Harford Rd

19 (a) JAN 5 1940 (Date rec'd by registrar) Registrar for Baltimore City

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4 1940 at 7:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov-3- 1939, to Jan 4 1940.
and that I last saw h.lk. alive on Jan 3 - 1940

Immediate cause of death	Duration
Edema of Lungs	2 days
Due to Chronic Myocarditis	2 years
Due to Chronic Parenchymatous Nephritis	1 year
Other Conditions arterio-sclerosis	4 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Gill. Hall M. D.
Address 1631 E. North Ave Date signed Jan 4-40

VS 3

Please write plainly, with ordinary ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

64583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-26-40

F 64583

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address, Union Hospital
(c) Hospital or institution: Balto Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 143 S. East Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Francis Maccarone

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife — — —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 13-1921

8. AGE: Years	Months	Days	If less than one day
18	4	22	1 hr. min.

9. Birthplace Philadelphia, Pa. (City, town, county, and State)
10. Usual Occupation Student
Name of employer [illegible] High School

FATHER	12. Name Carmelo Maccarone
	13. Birthplace Italy
MOTHER	14. Maiden Name Carmela Nocitra
	15. Birthplace Elizabeth N.J.

16 (a) Informant Mrs. Carmela Maccarone
(b) Address 143 S. East ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Balto. Md.
18 (a) Funeral director George A. Weber
(b) Address 705 S. Ann street
19 (a) JAN 5 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

1940 Cpl

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-4-1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/15/39 to Death, and that I last saw h. alive on 1/3/1940

Immediate cause of death	Duration
Tuberculosis - Pneumonia Type.	
Due to	
Due to	
Other Conditions Cardiac failure	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas J. Wolfe M. D.
Address Union Hospital Date signed 1/4/40

PRESS WRITE FIRMLY, WITH UNFADING INK. Every item of information should be carefully supplied—correct age is especially important. Physicians, please write the causes of death clearly and legibly.

F 64584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 64584

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lorraine Gambill

If U. S. Veteran specify WAR

(a) Residence: No. Bel Air, Md. St., Ward. Harford Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Della Gambill

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Constant

11. Total time (years) spent in this occupation Constant

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Wiley

14. BIRTHPLACE (city or town) (State or country) Wiley Va

MOTHER

15. MAIDEN NAME Lelie

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cem. Date Jan 9, 1940

19. UNDERTAKER H. D. Blailer

(Address) Aberdeen Md.

20. FILED JAN 5 1940 19 Huntington Billings, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1939 to Jan 4, 1940 19

I last saw him alive on Jan 4 1940 Death is said to have occurred on the date stated above, at 6 19 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Suppurative Appendicitis	
Acute Perforated Appendix	Dec 25 1939
Abscess formation	
Other contributory causes of importance: Pulmonary Embolism	15 min

Was an operation performed? Yes Date of Dec 30

For what disease or injury? Appendicitis

Name of operation Appendectomy

What test confirmed diagnosis? Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

M.D. (Signed) H. E. Crowell M. D.

(Address) Union Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 64585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 75

Registered No. F 64585

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 319 S. Spring St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME HENRY L. JOHNSON

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years	Months	Days	If less than one day
39			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation 6087
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location JOHNS HOPKINS MEDICAL SCHOOL JAN 5 - 1940
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) JAN 5 1940 Huntington Williams, M.D.
Registrar
5301

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30th 1939, at 6 20 a.m.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquest) obtained by said autopsy (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Chronic alcoholism	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Weilemeister M.D.
Medical Examiner.
Date signed Dec 30th 1939

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64586 — Registered No. F 64586

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 244 N. Pearl St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 244 N. Pearl St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George R Ward

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
W	M	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years	Months	Days	If less than one day: hr.	min.
54				

9. Birthplace [illegible] (Town, county, and state)
10. Usual Occupation 0087
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL JAN 5 - 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) JAN 5 1940 (Date rec'd by registrar) 5300 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/30/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said " find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cardio-vascular-renal disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm H Vanderhoof M.D. Medical Examiner.
Date signed 1/1/40

VS 6

Please write plainly with pen and INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64587

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. F 64587

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 936 Hudson Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME BOZYE GRANT JERRY

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
m	Col	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/21/39

8. AGE: Years	Months	Days	If less than one day
	4 3	8	hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Boyce H. Jerry
13. Birthplace S.C.

MOTHER
14. Maiden Name Mary Brown
15. Birthplace S.C.

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL JAN 5 - 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore

(b) Address

19 (a) JAN 5 1940 (Date rec'd by registrar) 5302 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 29 1939, at 8 15 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pneumonia, lobar	
Due to	
Due to	
Other Conditions Malnutrition	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Lee Allen Jr. M.D. Medical Examiner.

Date signed Dec 29, 1939

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64588

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B Registered No. F 04888

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 302 North High St
(c) Hospital or institution: None
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State — (b) County —
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 302 North High St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME Anthony LoCascio

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Married

6 (b) Name of husband or wife Mary Galliano
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Dec. 12 1876

8. AGE: Years	Months	Days	If less than one day
64		24 23	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Store keeper
11. Industry or business grocery Store

FATHER
12. Name Arcangelo LoCascio
13. Birthplace Italy

MOTHER
14. Maiden Name Santa
15. Birthplace Italy

16 (a) Informant Josephine Guatarazzo
(b) Address 103 Johns St. Westminster Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-1940 (month) (day) (year)
(c) Cemetery or crematory Westminster
Location Westminster Md

18 (a) Funeral director John R. Byers
(b) Address Westminster Md

19 JAN 5 1940 Filed by Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1940, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 3 1940 to — 19—, and that I last saw h alive on Jan. 3 1940.

Immediate cause of death	Duration
Pleurisy (Non-tubercular)	6 da.
Due to Bronchio-pneumonia	2 weeks
Due to	
Other Conditions Chronic myo-carditis Chronic nephritis. (Include pregnancy within 3 months of death)	1 yr.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature P. J. Grunaldi M. D.
Address 244 E. 33rd St. Date signed 1-5-40

VS 2

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64589

CERTIFICATE OF DEATH

93-7 F 64589

1. PLACE OF DEATH Home for Incurables. Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4000 W. 40th St. City Ward) 13-7

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Muriel Porter Walls. If U. S. Veteran specify WAR _____

(a) Residence: No. 700 W. 40th St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Charles L. Walls

6. DATE OF BIRTH (month, day, year) Nov. 5, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84 yrs.	2 mo.	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Easton (State or country) Maryland.

FATHER

13. NAME John T. Porter

14. BIRTHPLACE (city or town) Easton (State or country) Maryland.

MOTHER

15. MAIDEN NAME Mary Emily Barwick

16. BIRTHPLACE (city or town) Easton (State or country) Maryland.

17. INFORMANT C. P. Kuzniarski (Address) 700 W. 40th St.

18. BURIAL, CREMATION, OR REMOVAL Place Denton Md. Date 1/7 1940

19. UNDERTAKER Wm. Cook (Address) 1217 St Paul St.

20. FILED JAN 6 1940 Hunting for Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4th, 1940

22. I HEREBY CERTIFY, That I attended deceased from December 23rd, 1939 to Jan. 4th 1940

I last saw h.e alive on Jan. 4th 1940 Death is said to have occurred on the date stated above, at 10th p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vasc. Dis.	1938
Left Hemiplegia	May 1939
Acute Myocardial Failure	Jan 4th 1940
Other contributory causes of importance:	
Chronic Bronchitis w Emphysema	May 4th

Was an operation performed? No Date of _____

For what disease or injury? Not Applicable

Name of operation Not Applicable

What test confirmed diagnosis? Clinical Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) T. C. Wolff M. D.

(Address) 11 E. Chase St. Baltimore

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 64590

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V102

Registered No. F 64590

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 502 Brunswick St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 67 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 502 Brunswick St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

20

3 (a) FULL NAME William H. Farinholt

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NONE

4. Sex: Male
5. Color or race: White
6 (a) ~~Single, married~~, widowed, or divorced: Widowed
6 (b) Name of ~~husband~~ wife: Elizabeth Farinholt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 7th 1861

8. AGE: Years 78 | Months 9 | Days 27 | If less than one day hr. min.

9. Birthplace Va.
(Town, county, and State)

10. Usual Occupation Clerk Retired
11. Industry or business Shipping

FATHER
12. Name (Unknown) Farinholt
13. Birthplace Va

MOTHER
14. Maiden Name "
15. Birthplace Va

16 (a) Informant Mrs John Lupton
(b) Address 502 Brunswick St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) JAN 6 1940 (Date rec'd by registrar) (b) Huntingtown Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4th 1940, at 9:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/27 1939 to Jan 4 1940, and that I last saw ~~being~~ alive on Jan 4 1940.

Immediate cause of death
Hypostatic pneumonia
Due to
Due to
Other Conditions Acute nausea
(Include pregnancy within 3 months of death)

Duration
6 days
3 days

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benjamin Miller M. D.
Address 2030 Wilkens Date signed 1/5/40

VS 3

and

64591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164-C Registered No. F 64591

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2739 Fenwick Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 16

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2739 Fenwick Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME ~~GEORGE~~ GROVER LEE ANDERSON

3 (b) If veteran, ~~Wh~~ war: NO
3 (c) Social Security Account No. NONE

4. Sex: M
5. Color or race: W
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: M

6 (b) Name of ~~husband or~~ wife Zaida Anderson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4th 1884

8. AGE: Years 55 | Months 7 8 | Days 2 0 | If less than one day hr. min.

9. Birthplace A. A. Co. Md. (Town, county, and state)
10. Usual Occupation Special Police
11. Industry or business Pa R. R.

FATHER
12. Name Samuel S. Anderson
13. Birthplace Md

MOTHER
14. Maiden Name Ella M. Tucker
15. Birthplace Md.

16 (a) Informant Mrs Zaida B. Anderson
(b) Address 2739 Fenwick Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Moreland Park
Location Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1610 St. Paul St

JAN 6 1940

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4th 1940, at 10 9 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquest) thereon and from the evidence obtained by said ~~inquest~~ (Autopsy or Inquest) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death Gun shot wound — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence Jan 4th, 1940
(c) Where did injury occur? 2739 Fenwick Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? No
(e) Means of injury Revolver bullet .32 Cal.

23. Signature H. H. Wollenweber M.D. Medical Examiner.
Date signed Jan 4th, 1940

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64592 / 1940 Registered No. F 64592

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens + Caton Ave
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 36 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 322 N Hilton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Clarence Lepper

3 (b) If veteran, name war No
3 (c) Social Security Account No. 217-09-7439
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. married
6 (b) Name of husband or wife Florence Lepper
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 2 1876
8. AGE: Years 63 Months 4 Days If less than one day hr. min.
9. Birthplace New York (Town, county, and state)
10. Usual Occupation Baker (Saleswoman)
11. Industry or business Auto

FATHER
12. Name Unknown Lepper
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Florence M. Lepper
(b) Address 322 N. Hilton St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md
18 (a) Funeral director William Cook
(b) Address 127 St Paul St
(a) Huntington Williams, M.D. Registrar
JAN 6 1940 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-4-40 1940, at 4:05 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 1-4 1940, to 1-4 1940. and that I last saw him alive on 1-4 1940.

Immediate cause of death: Coronary thrombosis — Duration: 1 hr.
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles V. Sewell M. D.
Address St Agnes Hospital Date signed 1-4-40

VS 3

Please answer questions carefully and completely. Every item of information should be carefully supplied. It is especially important. Physicians: please write the causes of death clearly and legibly.

F 64593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

42-D Registered No. F 64593

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1220 E. North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
Street No. 1220 E. North Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth A. Jones

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Leon K. Jones
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 16th 1856

8. AGE: Years	Months	Days	If less than one day
83	10	18	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

FATHER
12. Name William T. Robinson
13. Birthplace Balto Md

MOTHER
14. Maiden Name Annie Wooden
15. Birthplace Balto Md

16 (a) Informant Sadie M. Jones
(b) Address 1220 E. North Ave
17 (a) Burial (Burial, ~~cremation~~, or ~~removal~~) (b) Date thereof 1/8/40 (month) (day) (year)
(c) ~~Cemetery or crematory~~ Balto
Location Balto Md
18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St
19 (a) JAN 6 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4th 1940, at 12 M
21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15 1939 to Jan 4 1940 and that I last saw h ~~is~~ alive on Jan. 4 1940.

Immediate cause of death	Duration
(a) Chronic Endocarditis	?
Due to (b) Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature J. H. Thomas M.D.
Address 314 Bonford Rd Date signed 1/4/1940 M. D.

VE 3

64594

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 64594

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3000 Ken Oak Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 23 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
Street No. 3000 Ken Oak Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Y. Parran D. Ashcom

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 213-09-2380

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Margaret Ashcom
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 17th 1877

8. AGE: Years	Months	Days	If less than one day
62	11	17	hr. min.

9. Birthplace St. Marys Co. Md
(Town, county, and state)
10. Usual Occupation Steel Worker
11. Industry or business Bethlehem Steel Co

FATHER
12. Name George Ashcom
13. Birthplace Md

MOTHER
14. Maiden Name Mary E. Sollers
15. Birthplace Md.

16 (a) Informant Margaret Ashcom
(b) Address 3000 Ken Oak Rd

17 (a) Burial (b) Date thereof 1/8/40
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery or crematory David Ridge
Location Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) JAN 6 1940 (b) Huntington Williamsport, Md.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4th 1940, at 10:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-30 1939 to Jan 4. 1940, and that I last saw ~~him~~ alive on Jan 4. 1940.

~~Immediate~~ cause of death — Duration

(a) Gastric Hemorrhage — 6 hrs
Due to Gastric ulcer.
(Perforation)
(b) Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James S Ashcom M. D.
Address 407 Pine Heights Ave Date signed 1-5-40

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-EF 64595

F 64595

1. PLACE OF DEATH
CITY OF BALTIMORE: City Volunteers of America Hosp. St., 19 W

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. da. Residence in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Maggie Howell

(a) Residence: No. 1523 W. Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of David Howell

6. DATE OF BIRTH (month, day, year) April 12 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Washington Co. Md.

FATHER

13. NAME Saras Knode

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lydia Brantner

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Martin L. Howell
(Address) 606 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 1/8 19 40

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED JAN 6 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1939 to Jan 5, 1940

I last saw her alive on Jan 4 1940 Death is said to have occurred on the date stated above, at 2 00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cecum	1939
Generalized Carcinomatosis	1939
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Leonard M. Hummel M. D.
(Address) 410 W. Lexington St

Vol. Homestead Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

64596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 64596

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3104 Woodhome Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laurence Wood

3 (b) If veteran, name war No

3 (c) Social Security Account No. 212-05-0570

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Louise H. Wood

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 13, 1915

8. AGE: Years 24 Months 10 Days 21 If less than one day hr. min.

9. Birthplace Sidney Ct New York (Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business Glenn Martin Plant

FATHER
12. Name G. B. Wood
13. Birthplace New York

MOTHER
14. Maiden Name Margaret Neff
15. Birthplace New York

16 (a) Informant Wife - Louise H.
(b) Address Same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Md.

18 (a) Funeral director Mathews & Sons
(b) Address 1247 W. Lexington St. Baltimore, Md.

19 (a) JAN 6 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/4 1940, at 4:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/29 1939 to 1/4 1940, and that I last saw him alive on 1/4 1940.

Immediate cause of death
Left Inguinal Hernia — Duration 6 days
Due to Pulmonary Embolism — 5 Min.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operation Left & Indirect Inguinal Hernia
Of autopsy Pulmonary Embolism

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Frederick Johnston Jr. M. D.
Address Maryland General Hospital Date signed 1/6/40

VS 1

64597

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. 64597

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1141 N Milton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1141 N. Milton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Augusta Schmidt

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: f | 5. Color or race: wh | 6 (a) Single, married, widowed, or divorced: m

6 (b) Name of husband or wife: August Schmidt
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Oct 25 1877

8. AGE: Years 62 | Months 2 | Days 10 | If less than one day: hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Gottlieb Eyring
13. Birthplace Germany

MOTHER
14. Maiden Name Helena (Unknown)
15. Birthplace Germany

16 (a) Informant August Schmidt
(b) Address 1141 N. Milton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1967 St. Paul St

19 (a) JAN 6 1940 (Date rec'd by registrar) (b) Hartington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jany 5th 1940 at 1 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 12 1939, to Jany 4 1940, and that I last saw her alive on Jan 4 1940.

Immediate cause of death: Pulmonary Edema & Diabetic Coma — Duration 1 da.

Due to Inactive Diabetes 8 yrs.

Due to Endarteritis Obliterans 4 wks. R foot (Gangrene)

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. V. Clift M. D.
Address 1011 No Charles St Date signed 1-5-40

VS 3

Please write plainly; avoid abbreviations. Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied. Items 1 to 19 are especially important.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64598 — 83-a — Registered No. F 64598

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1737 Park Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street 1737 Park Ave
(If rural give location)
17
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herman Wright Downing

3 (b) If veteran, name war: World
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Wht
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Willetta M. Downing
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Aug 14th 1893

8. AGE: Years 46 | Months 4 | Days 21/30 | If less than one day: hr. min.

9. Birthplace Delmar Del
(Town, county, and state)

10. Usual Occupation Owner
11. Industry or business Garage

FATHER
12. Name Levin Wesley Downing
13. Birthplace Delmar Del

MOTHER
14. Maiden Name Fannie A Hayman
15. Birthplace Pocomoke City Md

16 (a) Informant Hugh Downing
(b) Address 29½ London Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/40 (month) (day) (year)
(c) Cemetery or crematory National Cemetery
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) JAN 6 1940 (Date received by registrar) Huntington Phillipsen, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4th 1940, 8:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1939 to Jan. 4, 1940, and that I last saw him alive on Jan. 4, 1940.

Immediate cause of death — Duration

Due to Cerebral Hemorrhage

Due to Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur J. Gutheck M. D.
Address 724 W. North Ave Date signed 1/5/40

VS 8

Please write plainly, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64599

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 64599

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 12 E. Fort Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 12 E. Fort Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary L. Johnston

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife George E. Johnston
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23, 1854

8. AGE: Years	Months	Days	If less than one day
85	8	12	hr. min.

9. Birthplace Balto. Md
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name John W. Kellough
13. Birthplace Scotland

MOTHER
14. Maiden Name Mary Wilson
15. Birthplace Ireland

16 (a) Informant Mrs Margaret Kellough
(b) Address 107 N. Gilmor Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 8, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director A. Howard Evans & Son
(b) Address 1400-02 E. Lombard St.

19 (a) JAN 6 1940 (Date rec'd by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 5 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 12 1939, to Jan 5, 1940, and that I last saw h[illegible] alive on Jan 5 1940.

Immediate cause of death — Duration
Arteriosclerotic Heart Disease
Due to Senility
Due to Hypertrophic Polyarthritis
Other Conditions
Myocardial Insufficiency
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Vincent M. Messina M. D.
Address 1403 S. Charles St Date signed 1/5/40

V8 2

Please answer all questions. Answer "None" or "Unknown" where necessary. Be sure to give correct age in every case. Information must be furnished by informant. Physicians: please write the causes of death clearly and legibly.

F 64600

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C

Registered No. F 64600

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25-T
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel Co.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 209 Audrey Ave, Hyn (If rural give location)
(e) If foreign-born, how long in U. S. A.? — years

3 (a) FULL NAME HENRY CORMIER ~~CARMETER~~.

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-1508

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	w	Married

6 (b) Name of husband or wife Avis Cormier
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 8, 1889

8. AGE: Years	Months	Days	If less than one day
50	2	26	hr. min.

9. Birthplace Saginaw Michigan (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Rice Bakery

FATHER
12. Name Frank Cormier
13. Birthplace Canada

MOTHER
14. Maiden Name Mary Bisson
15. Birthplace Canada

16 (a) Informant Avis Cormier
(b) Address 209 audrey ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6, 1940 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location A. A. Co Md

18 (a) Funeral director A. Howard Evans
(b) Address 1400-02 St Paul St

19 JAN 6 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4 1940, at 5 35 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to death on the day stated above.

Immediate cause of death Fracture, 4th cervical vertebrae;

Due to

Due to

Other Conditions Lacerated spinal cord

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Jan 4th, 1940
(c) Where did injury occur? Old Annapolis Rd near city line (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public Place While at work? Yes (Specify type of place)
(e) Means of injury Coupe truck skidded and he fell out striking pavement

23. Signature [illegible] M.D. Medical Examiner.
Date signed Jan 4, 1940

VS 6

F 64601

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94a

Registered F 64601

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 631 Pierce St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 631 Pierce St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Curtis

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	married

6 (b) Name of husband or wife Louise Curtis
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace unknown
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace Harford County, Maryland

16 (a) Informant Louise Curtis
(b) Address 631 Pierce St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Memorial Pk
Location Balto, Md.

18 (a) Funeral director Archibald A. Gaudiosi
(b) Address 2410 W. Lafayette Ave

19 (a) JAN 6 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION 845P

20. DATE OF DEATH Jan. 2 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death Coronary occlusion — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Williams M.D.
Medical Examiner.
Date signed 1/3/40

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

64602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 64602 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 519 W. Saratoga Street. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jack Williams

3 (b) If veteran, name war WW

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Whitfield Williams

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22, 1896

8. AGE: Years 43 | Months 8 | Days 12 | If less than one day hr. min.

9. Birthplace Warsaw, North Carolina (Town, county, and state)

10. Usual Occupation Laborer-WPA

11. Industry or business

FATHER
12. Name Alfred William
13. Birthplace Warsaw, North Carolina

MOTHER
14. Maiden Name Cristiana Caldwell
15. Birthplace Warsaw, North Carolina

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 8, 1940 (month) (day) (year)
(c) Cemetery or crematory National Cemetery
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N Schroeder St.

19 (a) (Dispo'n'd by registrar) (b) Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 4, 1940, at 3:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 3, 1940 to Jan. 4, 1940, and that I last saw him alive on Jan. 4, 1940.

Immediate cause of death Hypertrophy and dilatation of heart — Duration: 1 month

Due to Tuberculosis pulmonary, chronic, fibrotic — Duration: Unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature I. M. [illegible], M.D.
Address U. S. Marine Hospital, Baltimore, Maryland. 1-5-40

Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

4603 E 64603

CERTIFICATE OF DEATH

33-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 19-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Milton Sewell

If U. S. Veteran specify WAR

(a) Residence: No. 207 S. Parrish St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/21/1933.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
6	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Severn Anne A. Co. Md

FATHER

13. NAME John T. Sewell

14. BIRTHPLACE (city or town) (State or country) Harmon Md

MOTHER

15. MAIDEN NAME Emma Eldridge

16. BIRTHPLACE (city or town) (State or country) Harmon Md

17. INFORMANT Emma Sewell

(Address) 207 S Parrish St

...IAL, CREMATION, OR REMOVAL

... Harmons, Md Date Jan 6, 19 40

...TAKER Mrs. Katie R. Williams

(Address) 322 N Schroeder St

... 19... Registrar

Hunting for Williams Funeral Home

JAN 6 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1940 to Jan 4, 1940

I last saw him alive on Jan. 3, 1940. Death is said to have occurred on the date stated above, at 3:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenzal Meningitis	Jan 3
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edith J. Glaser M. D.

(Address) University Hospital

64604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 64604 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 401 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 103 N. Carlton St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fannie Washington (40317)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 5, 1921

8. AGE: Years 18 | Months 3 | Days 28 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name John Washington
13. Birthplace ??

MOTHER
14. Maiden Name Sally Lee Blake
15. Birthplace ?

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan 8, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder Ste.

19 (a) JAN 6 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 3, 1940, at 9:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 27, 1938 to Jan. 3, 1940, and that I last saw her alive on Jan. 3, 1940

Immediate cause of death Tuberculosis of the lungs — Duration December 1938

Due to Tuberculosis of intestines

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Tuberculosis of lungs & intestines

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B A Pleasants
Address Date signed 1/24/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64605

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 64605

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1609 E 30th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1609 E 30th St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John George Koenig

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Anna Koenig

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 16 1873

8. AGE: Years 66 | Months 9 | Days 1920 | If less than one day ..... hr. ..... min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Barber

11. Industry or business

FATHER
12. Name Leonadth Koenig
13. Birthplace Germany

MOTHER
14. Maiden Name Rosina Keisel
15. Birthplace Germany

16 (a) Informant Anna R. Aehorn
(b) Address 1609 E 30th St Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 8 1940 (month) (day) (year)
(c) Cemetery or crematory St Paul
Location Arcadia Balto Co.

18 (a) Funeral director J. F. Shim & Sons
(b) Address Reisterstown, Md.

19 (a) ..... (b) .....
(Date received) (Registrar) Registrar

JAN 8 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 5. 1940 at 11.30 P.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 10. 1939, to Jan. 5. 1940, and that I last saw h[illegible] alive on Jan. 5 1940.

Immediate cause of death: Coronary Thrombosis. — Duration: #8 hrs

Due to: Myocarditis. — Duration: several months

Due to: — Duration:

Other Conditions: — Duration:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jon Lut. C. Blake, M.D.
Address Med-Arts Bldg Date signed 1-7-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64606 CERTIFICATE OF DEATH 93-D F 64606

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ~ Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles Baldwin If U. S. Veteran specify WAR

(a) Residence: No. 414 N. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 16th 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Samuel H. Baldwin

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma Niagara

16. BIRTHPLACE (city or town) (State or country) Ontario Canada

17. INFORMANT Sarah Trusty

(Address) 414 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date 1-6- 1940

19. UNDERTAKER Bedsole Harris & Wright

(Address) 1210 N. Calvert St.

FILED JAN 6 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-2- 1940

22. I HEREBY CERTIFY, That I attended deceased from 11/22 1939 to 1-2- 1940

I last saw him alive on 1-2 1940 Death is said to have occurred on the date stated above, at 4 55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	12-2-40
Other contributory causes of importance: Hypertensive heart disease	"

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) B J Sabatini M. D.

(Address) St Jos Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V0 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64607

CERTIFICATE OF DEATH

106-B

F 64607

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 22 Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 1 da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Phillip Dutton

If U. S. Veteran specify WAR _____

(a) Residence: No. near Bel Air, Md. St., _____ Ward. Harford Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) — — 1897

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
53 52	✓	✓	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. WPA (Road)

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME Wm Dutton

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Mary Bellows

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Charles Dutton

(Address) Bel Air R D

18. BURIAL, CREMATION, OR REMOVAL

Place Charles Chapel Date Jany 7, 1940

19. UNDERTAKER Degen & Jarboe

(Address) Bel Air Md

20. FILED JAN 6 1940 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1940 to Jan. 4, 1940

I last saw him alive on Jan 4, 1940. Death is said to have occurred on the date stated above, at 11 35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchus Lung Bilateral Lung Abscess Spontaneous Portal pneumothorax Rt.	Unknown

Other contributory causes of importance:

Emaciation, dehydration, Toxemia

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury —

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Joseph E. Muse Jr. M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 64608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131a F 64608

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2304 E. Oliver St. 8-4 Ward)

Length of residence in city or town where death occurred 50 yrs. ____ mos. ____ da. How long in U. S. If of foreign birth 50 yrs. ____ mos. ____ da.

2. FULL NAME Amelia ~~Dorothy~~ Koch

If U. S. Veteran specify WAR ____

(a) Residence: No. 2304 E. Oliver St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George W. Koch

6. DATE OF BIRTH (month, day, year) Dec 20 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	78	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME John Kopp.

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Marie Haefner

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT George W. Koch
(Address) 2304 E. Oliver St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 6 1940

19. UNDERTAKER Mrs. Mrs. John W. Gruber & Son
(Address) 601 N. Fayette St. Huntingdon Pennsylvania, Pa.

20. FILED JAN 6 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug. 21, 1931, to Dec 30, 1939

I last saw her alive on Dec 30, 1939. Death is said to have occurred on the date stated above, 3:29 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1928
Chronic Nephritis	1928
Arteriosclerosis	1928
Other contributory causes of importance: Cerebral Apoplexy (Hemorrhage)	1928
" "	1931

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Victor Solberg M. D.

(Address) 1514 N. Patterson Park Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 64609

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-ab

F 64609 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3035-Mathews Street
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3035-Mathews Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? ------ years

3 (a) FULL NAME John C. Getz

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Alice (Powers)

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 3/23/1874

8. AGE: Years 65 | Months 9 | Days 12 | If less than one day: hr. xxxxxxxx min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Bar Tender

11. Industry or business

FATHER
12. Name Joseph Getz
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant John Getz Jr.
(b) Address 3035-Mathews Street

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 1/8/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director George J. Ruth Inc.
(b) Address 1735-Harford Ave.

19 (a) JAN 6 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 5 1940 at 8 20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1940, to Jan 5 1940 and that I last saw h[illegible] alive on 19

Immediate cause of death: Cardiac Decompensation — Duration: 3

Due to: Arteriosclerosis

Due to:

Other Conditions: Coronary Sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? no While at work? no (Specify type of place)
(e) Means of injury

23. Signature Samuel Logan
Address 1761 Eastern Ave. Date signed 1/8/40

F 64610

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-D

F 64610 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 E 31st St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2025 E 31st St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME George Pensel
3 (b) If veteran, name war No. 3 (c) Social Security Account No. No.
4. Sex Male 5. Color or race White 6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife Anna
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 26 1872
8. AGE: Years 67 Months Days 8 If less than one day hr. min.
9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Ret.
11. Industry or business
FATHER 12. Name George Pensel
13. Birthplace Germany
MOTHER 14. Maiden Name Anna
15. Birthplace Germany
16 (a) Informant Anita Richardson
(b) Address 2025 E. 31st St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 8 40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Mem.
Location
18 (a) Funeral director Martin K.E. Doppel
(b) Address
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4 1940 at 5: P M
21. I certify that death occurred on the date above stated; that I attended deceased from 12-6-1939 to 1-4-1940 and that I last saw him alive on 1-4-1940.

Immediate cause of death: Chronic Endocarditis — Duration: about 5 years
Due to: Chronic myocarditis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Geo. B. Wheat M. D.
Address 2801 Harford Ave. Date signed 1-5-40

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 195-D

F 64611 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 23 North Glover St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GEORGE C SCHLIMM

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 13 1938

8. AGE: Years 1 | Months 8 9 | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name August Schlimm
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Anna Smith
15. Birthplace Baltimore Md

16 (a) Informant mother
(b) Address 23 N. Glover

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Frank V. Pipitone
(b) Address 28 E. Baltimore St

JAN 6 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4 1940, at 5 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Foreign body — piece of bread in larynx

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy see above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence January 4th, 1940
(c) Where did injury occur? 23 N. Glover St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work?
(e) Means of injury swallowed piece of bread

23. Signature J. Lee Wallenmeyer M.D. Medical Examiner.
Date signed Jan 5, 1940

F 64612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157-B

F 64612 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1818 N. Monroe St.
(c) Hospital or institution: Franklin Sq. Hosp -
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1818 N. Monroe
(If rural give location)
15
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Druen

3 (b) If veteran, name war ——

3 (c) Social Security Account No. ——

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife ——

6 (c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) January 4th 1940

8. AGE: Years	Months	Days	If less than one day
			hr. 5 min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Edward M. Druen

13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Catherine P. Klaus

15. Birthplace Baltimore, Md.

16 (a) Informant Hospital Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6th 1940 (month) (day) (year)

(c) Cemetery or crematory Lorraine

Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.

(b) Address North & Penna Aves.

19 (a) Jan 6 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION 40

20. DATE OF DEATH 1-4 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-4 1939 to 1-4 1939 and that I last saw h[illegible] alive on 1-4 1939.

Immediate cause of death Congenital Anomalies - Spina bifida Meningocele.

Due to

Due to

Other Conditions Bilat. Club feet

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Wolf

Address Fredk-Sq Hosp Date signed 1/5/40

VS 2

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64613

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64613 Registered No. 94-B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2924 Arunah Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2924 Arunah Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME John Albert Senderling

3 (b) If veteran, name war None | 3 (c) Social Security Account No. 216-09-6309

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Minnie J.
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Aug 1 - 1875

8. AGE: Years 64 | Months 5 | Days 4 | If less than one day: hr. ..... min.

9. Birthplace Blake Co Md
(Town, county, and state)

10. Usual Occupation Shipping Clerk

11. Industry or business Ship Chandlers

FATHER 12. Name Gabriel M. Senderling
13. Birthplace Blake Md

MOTHER 14. Maiden Name Elizabeth Jones
15. Birthplace Mary Land

16 (a) Informant Mrs Minnie Senderling
(b) Address 2924 Arunah Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Wm Tigner Sons
(b) Address North & Gilmor Sts

JAN 6 1940 (Date rec'd by registrar) Washington Williams Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1940, at 1 P AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1940 to Jan 5 1940 and that I last saw him alive on Jan 3 1940.

Immediate cause of death: Angina Pectoris — Duration

Due to

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature DeWalter Spurrier, M. D.
Address 3603 Edmondson Date signed 1/6/40

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64614

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194-a

F 64614 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2905 Hamilton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 2905 Hamilton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

27 C

3 (a) FULL NAME August William Roehner

3 (b) If veteran, name war —
3 (c) Social Security Account No. 213-01-1769

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Esther Falck Roehner
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Aug 24 1888

8. AGE: Years	Months	Days	If less than one day
51	3	109	hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Purchasing Ag.
11. Industry or business Steel

FATHER
12. Name Henry Roehner
13. Birthplace Balto

MOTHER
14. Maiden Name Margaret Denning
15. Birthplace Balto

16 (a) Informant Mrs Esther Roehner
(b) Address 2905 Hamilton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 8/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Baltimore

18 (a) Funeral director John Welsh
(b) Address 2008 Orleans St

JAN 6 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3 1940, at 3.04 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1940 to Jan 3 1940, and that I last saw him alive on Jan 3 1940.

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed

VS 2

The information requested on this certificate is required by law (Sec. 5, Art. 43, Code 1924). Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

64615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 145-7

F 64615
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1700 St. Paul St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Patrick Fogarty

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Ellen Lee Collins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1863

8. AGE: Years	Months	Days	If less than one day
76	5	13	hr. min.

9. Birthplace Virginia (town, county, and state)
10. Usual Occupation Street Car Operator
11. Industry or business Trans. Co.

FATHER
12. Name James Fogarty
13. Birthplace Ireland

MOTHER
14. Maiden Name Maria Carroll
15. Birthplace Ireland

16 (a) Informant Mrs. Gregory
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Baltimore

18 (a) Funeral director H. W. Means & Son
(b) Address 805 N. Calvert St.

19 (a) [illegible] (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 5 19 40 at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 2, 19 40 to Jan. 5 19 40 and that I last saw him alive on Jan. 4 19 40

Immediate cause of death	Duration
Carcinoma of jaw producing cachexia.	10 yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. Kammer M.D.
Address Mercy Hospital Date signed 1/6/40

VS 3

64616 F 64616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2518 N. Calvert St. 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... da. How long in U. S. If of foreign birth? 2 yrs. ... mos. ... da.

2. FULL NAME Elizabeth Andrews Moore

If U. S. Veteran specify WAR .....

(a) Residence: No. 2518 N. Calvert St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Stephen J Moore

6. DATE OF BIRTH (month, day, year) 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Dublin Ireland

FATHER

13. NAME Charles Patrick Andrews

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Carroll

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs May M Maguire

(Address) 2518 N Calvert St

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Cathedral Cemetery Date Jan 8 1940

19. UNDERTAKER H W Mears and Son

(Address) 80 N. Calvert St

Huntington Williams Mgr.

FILED JAN 6 1940 19....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 5 1940

22. I HEREBY CERTIFY, That I attended deceased from March 13 1931 to Jan. 5 1940

I last saw h... alive on Jan 5 1940 Death is said to have occurred on the date stated above, at 1:0 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1929
Other contributory causes of importance: Secondary Anaemia	1930
Hypostatic pneumonia	3 days

Was an operation performed? No Date of .....

For what disease or injury? .....

... of operation ..... Date of .....

What test confirmed diagnosis? Blood N.P.N. 4 Gram Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If ... how?

(Signed) Bates L. Baggott M. D.

(Address) 222 Eutaw Pl.

V.S. 2

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 64617

LB 51549

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-a F 64617 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 410 N. Streeper St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ? years

3 (a) FULL NAME
Joseph Kufel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Ida
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 13 1887
8. AGE: Years 52 | Months 10 | Days 21 | If less than one day hr. min.
9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 5-40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Ozarowski
(b) Address 930 Eastern Ave

19 (a) JAN 6 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4 1940, at 9:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 3 1940, to Jan. 4 1940, and that I last saw h. alive on Jan. 4 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration unknown

Due to:

Due to:

Other Conditions: Hypertension — unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Myron Lebherz M. D.
Address Balto City Hosp. Date signed 1-4-39

VE 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64618
LB 51518

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1/60 - Cert. F 64618

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 hrs. 36 min.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 704 N. Gilmor St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Pitts (Lottie)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/3/40

8. AGE: Years	Months	Days	If less than one day
0	0	0	15 hr. 36 min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation ----
11. Industry or business

FATHER
12. Name Richard Johnson
13. Birthplace Md.

MOTHER
14. Maiden Name Lettie Pitts
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Balto City Hospital (Burial, cremation, or removal) (b) Date thereof 1 - 5 - 40 (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 (a) JAN 6 1940 Huntington Williams, M.D. (Local registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3 1940 at 11.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1940 to Jan 3 1940 and that I last saw him alive on Jan 3 1940.

Immediate cause of death	Duration
(a) Atelectasis	
Due to (b) Postnatal Intra Pneumonic Hemorrhage	
Due to (c)	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Tentorial Tear-Hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Leonard Adam M. D.
Address Balto City Hosp. Date signed 1-3-40

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

Registered No. F 64619

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2245 W. Fayette Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2245 W. Fayette Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

20

3 (a) FULL NAME Mrs. JENNIE C. Mc ALLISTER

3 (b) If veteran, name war: NO.....

3 (c) Social Security Account No. NO.....

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Robert A.

6 (c) If alive, give age, .. years

7. Birth date of deceased (mo., day, yr.) Jan. 17, 1852

8. AGE: Years 87 | Months 11 | Days 18/17 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation House wife at

11. Industry or business Home

FATHER
12. Name John Cullison
13. Birthplace Harford County Md.

MOTHER
14. Maiden Name Elizabeth Tinnery
15. Birthplace Maryland

16 (a) Informant Miss. Virginia McAllist
(b) Address 2245 W. Fayette Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 6, 40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director C. D. Gilbert & Son
(b) Address 1300 Eutaw Place

19 JAN 6 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JANUARY 4 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 3 1935 to Jan 4 1940 and that I last saw her alive on Jan 3 1940.

Immediate cause of death: Arterio Sclerosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Williams & Triplett M.D.
Address 1326 W. Lombard Date signed 1/5/40

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

64620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No. 64620

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1747 E. Federal St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1747 E. Federal St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice L. Leonard.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: John Leonard.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 21 - 73 ?

8. AGE: 66 Years | Months | Days 13 If less than one day hr. min.
About 65 years

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business Housework

FATHER
12. Name Thomas M'Clone
13. Birthplace N. Y.

MOTHER
14. Maiden Name Margaret Heard.
15. Birthplace Md.

16 (a) Informant Mrs Florence Wills
(b) Address 1747 E. Federal St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Wendell E Humphreys
(b) Address 421 N. Broadway

19 (a) (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-4- 1940, at 1-30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/26 1939 to 1-4- 1940, and that I last saw h[illegible] alive on 1/4/ 1940.

Immediate cause of death: Cerebral hemorrhage — Duration: 10 day
Due to Arteriosclerosis
Due to
Other Conditions: Pulmonary oedema (terminal)
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jerd Saunders M.D.
Address 1517 E North Ave Date signed 1/5/40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64621 42 D Registered No. F 64621

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 908 W Franklin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 1
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1706 W Franklin St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillian E Cornish

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband ~~or wife~~ Solomon Cornish

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1870

8. AGE: Years 69 | Months 6 | Days 4 | If less than one day hr. min.

9. Birthplace Cambridge Md (Town, county, and state)

10. Usual Occupation House work

11. Industry or business

MOTHER / FATHER

12. Name Not known

13. Birthplace

14. Maiden Name Julia Roberts

15. Birthplace Dorchester Co Md

16 (a) Informant Allay Pratt

(b) Address 1708 W Franklin St.

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan 7, 1940 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Mrs Katie R. Julian

(b) Address 322 N. Schroeder St.

19 (a) JAN 6 - 1940 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 26 1939 to Jan 4 1940. and that I last saw her alive on Jan 6 1940.

Immediate cause of death

(a) Arteriosclerosis

Due to (b) Cardiac Endocarditis.

Due to (c) Myocarditis

Due to

Other Conditions Pulmonary Edema

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. F. Howell M.D.

Address 601 N Carrollton Ave Date signed 1/6/40

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64622

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-a

Registered No. F 64622

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days 3 mth.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4617 Eastern Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? 49 yrs. years

6-7

3 (a) FULL NAME Patrick Sullivan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	widowed

6 (b) Name of husband or wife Emma (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/26/60

8. AGE: Years	Months	Days	If less than one day
79	7	9	hr. min.

9. Birthplace South Wales, England (Town, county, and state)
10. Usual Occupation unknown
11. Industry or business

FATHER
12. Name Michael Sullivan
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Dorgan
15. Birthplace Ireland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 8-40 (month) (day) (year)
(c) Cemetery or crematory Herman Hill Road
Location Sacred Heart

18 (a) Funeral director Lilly & Zeiler Inc
(b) Address 403 2 Wolfe St.

19 JAN 6 1940 Huntington Phillips M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1940, at 6 55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 9 1939, to Jan 5 1940, and that I last saw h[illegible] alive on Jan 5 1940.

Immediate cause of death Broncho pneumonia — Duration 4 days

Due to

Due to

Other Conditions Tabes Dorsalis — unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 1-5-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

F 64623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 Registered No. F 64623

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 76 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 408 Chester Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Edward L. Funk Sr.
3 (b) If veteran, name war — —
3 (c) Social Security Account No. 215-03-8325

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Mary V. Funk
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 3/19/62

8. AGE: Years	Months	Days	If less than one day
57	9	15	hr. min.

9. Birthplace Baltimore (Town, county and state)
10. Usual Occupation Machinist
11. Industry or business Federal Tin Co

FATHER
12. Name Charles H. Funk
13. Birthplace Germany

MOTHER
14. Maiden Name Emily A. Vickery
15. Birthplace Baltimore

16 (a) Informant Edward L. Funk Jr.
(b) Address 629 Gorsuch Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Jan 6/40 (month) (day) (year)
(c) Cemetery or ~~cemetery~~ Druid Ridge Cem
Location Cylburn Md

18 (a) Funeral director Philip Harris Sons
(b) Address 2016 Orleans St.

19 (a) JAN 6 1940 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-4 1940, at 10:04 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-19 1939, to 1-4 1940, and that I last saw him alive on 1-4 1940.

Immediate cause of death Myocardial Damage - Coronary Thrombosis — Duration
Due to
Due to
Other Conditions Chronic Diffuse nephritis - Hypertension
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. C. Post M. D.
Address Maryland Gen. Hosp. Date signed 1-9-40

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64624

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54 a

F 64624 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3213 Gimbel Place
(c) Hospital or institution Bradel Cowdes Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2129 E Preston Pl (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph L. Miller Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-7929

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 7-21-1888

8. AGE: Years	Months	Days	If less than one day: hr.	min.
51	2	9	10	

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Insurance Agent

11. Industry or business Am Hancock Ins Co

FATHER
12. Name Joseph L. Miller
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Miller
15. Birthplace Germany

16 (a) Informant Frank Miller
(b) Address 3213 Gimbel Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Belair Road

18 (a) Funeral director Jos L Miller Inc
(b) Address 2425 E Oliver St

19 (a) (Date rec'd by registrar) JAN 9 1940 Huntington Williamsburg

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1940, at 9a M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 3 1939, to Jan 5 1940, and that I last saw h[illegible] alive on Jan 4 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to Tumor of Brain (Glioma sarcoma)	3 mo
Due to Cancer Pulmonary metastasis right	3 mo
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Tumor Brain
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. F. A. Stevens M.D.
M. D.
Address 2878 Harford Rd Date signed 1-9-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64625

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 64625 Registered No. 1/21

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution: St Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard Co.
(c) City or town Annapolis Junction (If outside city or town limits, write RURAL and give town)
(d) Street No. Treatment. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Master Harry Ronabaugh

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 8 8 37

8. AGE: Years	Months	Days	If less than one day
2	5	28	..... hr. ..... min.

9. Birthplace Balt, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Harry Ronabaugh,
13. Birthplace Va.

MOTHER
14. Maiden Name Mgt. Balch,
15. Birthplace Md.

16 (a) Informant Mrs. Harry Ronabaugh,
(b) Address Annapolis Junction
17 (a) Burial Howard Co. Cem. (Burial, cremation, or removal) (b) Date thereof 1-8-40. (month) (day) (year)
(c) Cemetery or crematory Savage
Location Savage, Md.
18 (a) Funeral director Floyd Kaiser
(b) Address Laurel, Md.
19 (a) Date rec'd by local reg. JAN 7 1940 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/6 1940, at 2 15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/3 1940 to 1/6 1940, and that I last saw h.im. alive on 1/6 1940.

Immediate cause of death	Duration
Ruptured appendix - generalized peritonitis	
Due to Hypostatic pneumonia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Ruptured appendix Generalized peritonitis
Of autopsy Peritonitis - Hypostatic pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Shepard
Address St. Agnes Hospital Date signed 1/6/40

VS 8

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64626 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 64626

CERTIFICATE OF DEATH 192-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3343 Cliftmont St. 26 Ward)

Length of residence in city or town where death occurred 58 yrs. mos. da. How long in U. S. If of foreign birth? 58 yrs. mos. da.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

2. FULL NAME Anna Strejcek

(a) Residence: No. 3343 Cliftmont St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Strejcek

6. DATE OF BIRTH (month, day, year) Oct. 10, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Joseph Horadovsky

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Sofia Talbott

(Address) 3343 Cliftmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 8, 1940

19. UNDERTAKER Frank Lerch & Son

(Address) 1906 Holland Ave.

Filed JAN 7 1940, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1939 to Jan 4, 1940

I last saw h alive on Jan 4, 1940 death is said to have occurred on the date stated above, at 2.30P m.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Uterine Regurgitation	Dec
Cerebral Hemorrhage	20
	1939

Other contributory causes of importance:

acute Cardiac Dilatation

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Ruzicka M. D.

(Address) 600 N. Caroline St.

Frank Ruzicka

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 5

F 64627

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D Registered No. F 64627

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5916 Edonia Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5916 Edonia Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine L. Becker

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Henry Becker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29-1860
8. AGE: Years 79 Months 7 Days 7 If less than one day hr. min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business —

FATHER
12. Name Geo. Knobel
13. Birthplace Ger.

MOTHER
14. Maiden Name Johanna —
15. Birthplace Ger.

16 (a) Informant Mrs. John Goldschmidt
(b) Address 5916 Edonia Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 7 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Baltimore

18 (a) Funeral director Philip Hennig Sons
(b) Address 2016 Eutaw St

19 (a) (Date received) JAN 9 1940 (Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 5 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 27 1939 to Jan 5 1940
and that I last saw h alive on Jan 5 1940.

Immediate cause of death	Duration
Chronic Myocarditis	7
Due to old age	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph L. Valentine, D
Address 6 No Broadway Date signed 6 1/2 1940

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64628

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-a F 64628

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 817 McC Kean Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 817 McC Kean (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wilhelmina Lena Snyder

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-07-7443

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 27-1868

8. AGE: Years	Months	Days	If less than one day
71	8	9	hr. min.

9. Birthplace Balto. (town, county, and state)

10. Usual Occupation File Clerk

11. Industry or business New Amsterdam Cas. Co

FATHER

12. Name Louis Snyder

13. Birthplace Ger.

MOTHER

14. Maiden Name Augusta Treff

15. Birthplace Ger.

16 (a) Informant Mrs. C. Schmitz

(b) Address 817 McC Kean Ave

17 (a) Cremated (Burial, cremation, or removal) (b) Date thereof 1 9 40 (month) (day) (year)

(c) Cemetery or crematory Lorraine

Location Balto.

18 (a) Funeral director Philip Herring Sons

(b) Address 2016 Eutaw St

19 (a) JAN 7 1940 (Date received by Registrar) (b) Hunter G. Hollins, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 5 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 29 1939 to Jan 5 1940, and that I last saw h[illegible] alive on Jan 1 1940.

Immediate cause of death	Cardiac Failure	Duration
Due to	Jan. 5th - 1940	
Due to	Chronic Carcinoma Pancreas	
Other Conditions	Bronchitis Acute	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Frances Jane Carpenter M. D.

Address 2220 Maryland Ave Date signed Jan. 6 40

Direct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64629

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

50784 F 64629

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitaal
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 540 Gutman Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Martenet

3 (b) If veteran, name war No

3 (c) Social Security Account No. 217-07-8577

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ella

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19, 1886

8. AGE: Years 53 | Months 5 | Days 15 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Clerical (Bookkeeper)

11. Industry or business Wholesale Meat

FATHER
12. Name Charles F. Martenet
13. Birthplace Balto. Maryland

MOTHER
14. Maiden Name Isabel Stockton
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/40 (month) (day) (year)
(c) Cemetery or crematory Westview
Location Balto Md.

18 (a) Funeral director Wm Cook
(b) Address 127 St Paul, st

19 JAN 7 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-4 1940, at 9:25 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-6 1939, to 1-4 1940 and that I last saw h[illegible] alive on 1-4 1940.

Immediate cause of death: Gas gangrene left leg — Duration: four days
Due to: Gangrene left foot — arteriosclerotic — one month
Due to: Diabetes mellitus — ?
Other Conditions: Pituitary dysfunction — ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Arteriosclerotic gangrene left foot
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 1-5-40

VS 8

CARE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64630

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

146-a

F 64630 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Madison St + Linden Ave

(c) Hospital or institution: Maryland General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2029 Wilkens Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry W. Rice

3 (b) If veteran, name war: No

(c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Blanche Rice

6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Oct 9th 1872

8. AGE: Years	Months	Days	If less than one day
67	2	27	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Retired Captain

11. Industry or business Balto. City Fire Dept

FATHER

12. Name Lawrence Rice

13. Birthplace Balto. Md.

MOTHER

14. Maiden Name Unknown

15. Birthplace Balto, Md.

16 (a) Informant Blanche Rice

(b) Address 2029 Wilkens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/40 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Balto Md

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

19 (a) JAN 7 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 6 1940, at 9:10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 22 1939, to Jan 6, 1940, and that I last saw him alive on Jan 6 1940.

Immediate cause of death Carcinoma of oesophagus. — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Robert J. Coffman M. D.

Address Md. General Hosp. Date signed 1/6/40

VS 3

PRINT PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

F 64631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

136-W Registered No. F 64631

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 600 N. Paul St
(c) Hospital or institution: 3rd floor, rear
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 600 St Paul St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas F. Higgins

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, ~~married~~, widowed, or ~~divorced~~
M	W	Widowed

6 (b) Name of ~~husband or~~ wife: Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 2 1859

8. AGE: Years	Months	Days	If less than one day
81			hr. min.

9. Birthplace: Ireland (Town, county, and state)
10. Usual Occupation: Bus Driver, Retired
11. Industry or business: Thompson Co

FATHER
12. Name: (Unknown) Higgins
13. Birthplace: "

MOTHER
14. Maiden Name: "
15. Birthplace: "

16 (a) Informant: A. Goddard
(b) Address: 226 E. Balto St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~: St. Matthews
Location: Balto Md

18 (a) Funeral director: William Cook
(b) Address: 1217 St Paul St

19 JAN 7 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION Early a.m.

20. DATE OF DEATH January 3 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said ~~I~~ (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary stricture
Due to: Attention
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: H. W. Vandegrift M.D.
Medical Examiner.
Date signed 1/3/40

PRINT OR WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64632

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 64632 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4012 Overlea Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4012 Overlea Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Florence Weber Nelker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Edward A. Nelker
6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) April 23, 1872

8. AGE: Years	Months	Days	If less than one day
67	7	12	..... hr. ..... min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name J. Henry Weber
13. Birthplace Shrewsbery, Pa.

MOTHER
14. Maiden Name Sophia Snyder
15. Birthplace Balto., Md.

16 (a) Informant Mr. Edward Nelker
(b) Address 4012 Overlea Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 8, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto., Md.

18 (a) Funeral director F. Leasenkow
(b) Address 7401 Belair Road

19 (a) Filed JAN 9 1940 (Date rec'd by Registrar) (b) Registered by Williams MD (Registrar)

VE 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 5 1940, at 6 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1st 1940, to Jan 5 1940, and that I last saw h alive on Jan 5th 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to Hypertension	2 yrs.
Due to Arterio-Sclerosis	5 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward Nelker M. D.
Address 4012 Overlea Ave. Date signed 1/6/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 192-B

F 64633 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 209 Grindall

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 209 Grindall (If rural give location)

(e) If foreign born, how long in U. S. A.? years

2443

3 (a) FULL NAME Christina H. Eckhardt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Alfred Eckhardt

6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) July 8, 1908

8. AGE: Years 31 | Months 5 | Days 28 27 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Max Gubert

13. Birthplace Germany

MOTHER 14. Maiden Name Maggie Erman

15. Birthplace Md.

16 (a) Informant Mr. Alfred Eckhardt

(b) Address 209 Grindall St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 8, 1940 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location E. North Ave., Baltimore, Md.

18 (a) Funeral director S. Howard Young

(b) Address 715 Light St.

19 JAN 7 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 5, 1940, at 9 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 4 1939 to Jan. 5 1940 and that I last saw her alive on Jan. 4 1940

Immediate cause of death: Acute dilatation of heart — Duration: 1 day

Due to: Mitral Regurgitation — Duration: Indef.

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature R. E. Campbell M. D.

Address 1644 Hanover St Date signed 1-6-40

F 64634

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64634

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4307 Reisterstown Rd (Ward) 6XV

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth, yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Esther Katz Cohen

(a) Residence: No. 3940 Reisterstown Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Michael Cohen

6. DATE OF BIRTH (month, day, year) 5/6

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Von Kraus

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Von Kraus

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs D Cohen

(Address) 3940 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 1-7-40 19

19. UNDERTAKER Jos. L. Levin Sons

(Address) 1439 E. Baltimore St

20. FILED JAN 7 1940 Horatio G. Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939 to Jan 6, 1940

I last saw h alive on Jan 6, 1940. Death is said to have occurred on the date stated above, at 2:15 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerotic C V disease	10 years
Cerebral Hemorrhage	1 week

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Manuel Levin M. D.

(Address) 4818 Reisterstown Rd

IMPORTANT—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 64635

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 64635 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1423 Laurens st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 3423 Holmes Ave (If outside city or town limits, write RURAL and give town)
(d) Street No. Balt Md (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Chasuk

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Wh | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Rae

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 68

8. AGE: Years 42 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county and state)

10. Usual Occupation Tavern Keeper

11. Industry or business

FATHER 12. Name Joseph Chasuk

13. Birthplace Russia

MOTHER 14. Maiden Name Pearl ?

15. Birthplace Russia

16 (a) Informant Rae Chasuk

(b) Address 3423 Holmes Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-40 (month) (day) (year)

(c) Cemetery or crematory Mt Carmel

Location Old Sermon Hill Rd

18 (a) Funeral director Jack Lewis Inc.

(b) Address 1439 E. Baltimore St.

19 (a) JAN 7 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6 1940, at 1:35 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Cardio vascular renal disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Vandegrift M.D. Medical Examiner.

Date signed 1/7/40

F 64636

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 64636 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2a days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 101 N. Eutaw St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 33 years

3 (a) **FULL NAME** Mrs anna Simon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Hyman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 75-80 yrs | Months: 3 | Days: ? | If less than one day: hr. min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation: none

11. Industry or business

FATHER
12. Name: Benjamin
13. Birthplace: Russia

MOTHER
14. Maiden Name: Not Known
15. Birthplace: Russia

16 (a) Informant: Joseph Rosenbush
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-40 (month) (day) (year)
(c) Cemetery or crematory: Rosedale
Location: Part Rolt Bowleys Lane

18 (a) Funeral director: Jack Levin Inc
(b) Address: 1439 E. Balto St

19 (a) (Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/6/40 19 at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/5/ 1940 to 1/6/ 1940.
and that I last saw h[illegible] alive on 1/6/ 1940.

Immediate cause of death: Cardio - Vascular Collapse — Duration: 4 hours
Due to: Lobar Pneumonia — 6 days
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature: Robert C. Crawford
Address: Union Memorial Hospital Date signed: 1/6/40

N 7 VS 3 1940

F 64637

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 64637 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3411 Kennish Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3411 Kennish Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Joseph H Jean

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife Mary E. Jean
6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Jan. 11, 1856

8. AGE: Years	Months	Days	If less than one day
83	11	26	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name George Jean
13. Birthplace Relay, Maryland

MOTHER
14. Maiden Name Susan Anderson
15. Birthplace Alexandria Va.

16 (a) Informant Mr. Wm. J. Jean
(b) Address 3411 Kennish Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 8, 1940 (month) (day) (year)

(c) Cemetery or crematory London Park
Location Baltimore

18 (a) Funeral director London M. Brooks
(b) Address Sparks, Md

JAN 7 1940
(Date rec'd by registrar)

(b) [illegible] Williams M.D.
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 6 1940, at 1145 AM

21. I certify that death occurred on the date above stated; that I attended deceased from October 1939 to Jan 5th 1940, and that I last saw h[illegible] alive on Jan 5th 1940.

Immediate cause of death Bronchial Pn.
Arteriosclerotic Cardiovascular disease — Duration 2 days

Due to — Duration 7 years

Due to

Other Conditions Renal Lithiasis — Duration 3 years
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Langston L. Hawkins M.D.
M. D.

Address 1938 London Ave. Date signed 1/6/40

F 64638

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94

Registered No. F 64638

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 605 So Bond St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) No. 605 So Bond St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Mack Correct Name: John Mech

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Hattie May Mech

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4 1882

8. AGE: Years	Months	Days	(If less than one day) hr.	min.
57	5	1		

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John Mech
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Rutkowski
15. Birthplace Germany

16 (a) Informant Hattie May Mech
(b) Address 605 S. Bond St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-'40 (month) (day) (year)
(c) Cemetery or crematory Lakewood Cem
Location Edmonds Md.

18 (a) Funeral director Wendell Hupfel
(b) Address 1405 S. Bond St

JAN 7 1940 (Date received by registrar) Hattie May Mech Registrar

VS 6

MEDICAL CERTIFICATION 11 PM

20. DATE OF DEATH January 5 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. M. Vandelburgh M.D.
Medical Examiner.

Date signed 1/6/40

64639 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 64639

CERTIFICATE OF DEATH ✓ 131-a

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Registered No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1506 McCulloh St. 11-2 Ward)

Length of residence in city or town where death occurred 69 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME John F. Sewall — If U. S. Veteran specify WAR _____

(a) Residence: No. 1506 McCulloh St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Delia Sewall.

6. DATE OF BIRTH (month, day, year) Jan 17-1870

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
69	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) Leonardtown (State or country) St Mary's Co. Md.

FATHER

13. NAME James H. Sewall

14. BIRTHPLACE (city or town) St Marys Co (State or country) Md.

MOTHER

15. MAIDEN NAME Marguerite Cole

16. BIRTHPLACE (city or town) St Marys Co. (State or country) Md

17. INFORMANT Delia Sewall (Address) 1506 McCulloh

18. BURIAL, CREMATION, OR REMOVAL. Place New Cathedral Cem. Date 1/8 1940

19. UNDERTAKER Mgr. Geo. H. Hulland (Address) 1631 Druid Hill Ave.

20. FILED JAN 8 1940 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1935 to Jan 4, 1940

I last saw him alive on Jan 3, 1940 Death is said to have occurred on the date stated above, at 5.15 A.m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Hemiplegia	5 yrs
Other contributory causes of importance: Arteriosclerosis & Chronic Nephritis	1927.

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation none

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) Thos. H. Wright M. D.

(Address) 1209 Madison Ave

M. D. R. 1938-9

64640

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64640

CERTIFICATE OF DEATH

131-B

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4423 Craddock Ave St. 27-10 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mary Ellen Wilson

(a) Residence: No. 4423 Craddock Ave St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Negro	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry O. Wilson

6. DATE OF BIRTH (month, day, year) May 31, 1889

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
50	9	5	4

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

FATHER

13. NAME Barnet Russel Callaco Sr

14. BIRTHPLACE (city or town) Eastville, Va
(State or country)

MOTHER

15. MAIDEN NAME Addie Credit

16. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

17. INFORMANT Harry O. Wilson Jr.
(Address) 4423 Craddock Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem Date 1-7 1940

19. UNDERTAKER Mrs. Geo. H. Hodand
(Address) 1634 Druid Hill Ave

FILED JAN 7 1940 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-5, 1940

22. I HEREBY CERTIFY, That I attended deceased from December, 1934, to January 5, 1940

I last saw her alive on January 5, 1940 Death is said to have occurred on the date stated above, at 6.10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis-Chronic	Dec. 1939
Uremia	Dec. 31 '39
Right Heart Failure.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ___, 19___

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Louise Towne M. D.

(Address) 1120 Druid Hill Ave.

F 64641

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B Registered No.

F 64641

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1902 Arundell Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Grace Stanley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Wm Edward

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1880

8. AGE: Years 59 | Months 7 | Days 30 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name George Thomas
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name ? ? ?
15. Birthplace Baltimore, Md.

16 (a) Informant Father Stanley
(b) Address 1012 City Park Ave. Toledo Ohio

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-40 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Pk
Location Balto Co. Md.

18 (a) Funeral director Markey H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) (Date rec'd by registrar) (b) Registrar

JAN 9 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-6-1940 at 1.20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-27-1939 to 1-6-1940 and that I last saw her alive on 1-6-1940.

Immediate cause of death	Duration
Hypertensive Cardio Vascular disease	?
Due to Mitral Insufficiency	?
Due to —	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No Autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. F. Mahoney M. D.
Address Provident Hospital Date signed 1-6-40

F 64642

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133-B

Registered No. F 64642

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Resd

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Harmon Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Randolph Brown

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	colored	widow

6 (b) Name of husband or wife Susan Brown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1874

8. AGE: Years	Months	Days	If less than one day
65	11		hr. min.

9. Birthplace Anne Arundel Co (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Brown
13. Birthplace Anne Arundel Co. Md

MOTHER
14. Maiden Name Eliza
15. Birthplace Anne Arundel Co Md

16 (a) Informant Pearl Montgomery
(b) Address Anne Arundel Co. Md

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan 7, 19[illegible] (month) (day) (year)
(c) Cemetery or crematory Harmans, Md
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) (Filed) (b) Registrar

JAN 7 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1940, at 8:64 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-4 1940, to 1-5 1940
and that I last saw him alive on 1-5 1940.

Immediate cause of death	Duration
Arteriosclerotic Gangrene of left foot + leg	2 months
Due to Edema of left foot + leg.	
Due to	
Other Conditions Nephritic abscess Left Hypertrophy + Dilatation of Heart	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Arteriosclerotic Gangrene

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. Hamilton Phillips M. D.
Address 1514 Division Date signed 1-5-40

F 64643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C Registered No. F 64643

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Woodlawn Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Windsor Mill Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? —— years

3 (a) FULL NAME CALVIN H. SMOOT

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 12, 1927

8. AGE: Years: 12 | Months: — | Days: 25 | If less than one day: hr. min.

9. Birthplace Woodlawn, Maryland
(Town, county, and state)

10. Usual Occupation Delivery Boy. School Boy

11. Industry or business Dairy business - Coal

FATHER 12. Name John W. Smoot
13. Birthplace Virginia

MOTHER 14. Maiden name Lola Ida Reeder
15. Birthplace Maryland

16 (a) Informant John W. Smoot
(b) Address Woodlawn Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn Md.

18 (a) Funeral director Easton Sons
(b) Address Ellicott City

19 (a) (Date received by registrar) Huntington Williams, M.D.

JAN 7 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6 1940, at 11 45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

Immediate cause of death: Shock, traumatic — Duration

Due to: Fracture, base of skull

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence January 6, 1940
(c) Where did injury occur? Windsor Mill Rd near Rockwood Lane, Woodlawn (Civil town) Md (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public place While at work? Yes
(Specify type of place)
(e) Means of injury struck by auto while crossing street

23. Signature H. W. Williams M.D.
Medical Examiner.

Date signed Jan 7 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MORGUE

F 64644 HEALTH DEPARTMENT—CITY OF BALTIMORE F 64644

CERTIFICATE OF DEATH

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital (St.) (Ward)

Registered No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 14 ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Charlotte Elizabeth Royer If U. S. Veteran, give war or service

(a) Residence: No. New Windsor, Md. St. Carroll County Ward. No. 212-01-8606
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Dec 24 - 1909

7. AGE: Years 30 | Months 0 | Days 12 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Operator (Machine)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Clothing Factory

10. Date deceased last worked at this occupation (month, day, year): Dec 15 1939

11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (city or town) (State or country): Westminster Carroll Co. Md.

FATHER

13. NAME: Mervin J. Royer

14. BIRTHPLACE (city or town) (State or country): Westminster Carroll Co. Md.

MOTHER

15. MAIDEN NAME: Bessie Woods

16. BIRTHPLACE (city or town) (State or country): Uniontown Carroll Co. Md.

17. INFORMANT: Mervin J. Royer
(Address): New Windsor Md.

18. BURIAL, CREMATION, OR REMOVAL: Meadow Branch Cem. Date Jan 9 1940

19. UNDERTAKER: H. H. Hartzler & Sons
(Address): New Windsor, Md.

20. FILED JAN 7 1940 19____ [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/6 1940

22. I HEREBY CERTIFY, That I attended deceased from 12/23 1939 to 1/6 1940

I last saw he alive on 1/6 1940 Death is said to have occurred on the date stated above, at 10:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Tuberculous Meningitis	1/10/39
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1/2/40

For what disease or injury? Tuberculous meningitis

Name of operation Ventricular puncture

What test confirmed diagnosis? ____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) C. Frederick Johnston Jr. M. D.

(Address) Md General Hospital

F 64645

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64645

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7518 E Preston St. E 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Michael J. Pfaff

If U. S. Veteran specify WAR

(a) Residence: No. 7518 E. Preston St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Pfaff

6. DATE OF BIRTH (month, day, year) Sept. 14 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 44 yrs ago

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Pfaff

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Clara Pfaff

(Address) 7518 E Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 1/8/40

19. UNDERTAKER John A. Moan

(Address) 3000 E. Baltimore St

20. FILED ... Huntington Williams M.D.

JAN 7 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 5, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1937 to June 5, 1940

I last saw ~~him~~ alive on June 4, 1940 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 days
Chronic Nephritis Hypertension	3 yrs
Lobar Pneumonia	3 days
Other contributory causes of importance: Chronic Interstitial Nephritis	3 yrs

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation None

What test confirmed diagnosis? Microscopic & Autopsy Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thos. F. A. Stevens M. D.

(Address) 7878 Stafford Rd.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 64646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-13 Registered No.

F 64646

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 S. Athol Ave.
(c) Hospital or institution: General German Aged Peoples Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 S. Athol Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary A. Kistler

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Late Henry Kistler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 13, 1858

8. AGE: Years	Months	Days	If less than one day
81	3	21	hr. min.

9. Birthplace Switzerland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Nicholas Balliger
13. Birthplace Switzerland

MOTHER
14. Maiden Name Veronica Wiederkehr
15. Birthplace Switzerland

16 (a) Informant General German Aged Peoples Home
(b) Address 22 S. Athol Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 8/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road.

18 (a) Funeral director Harry H. Kutzler
(b) Address 4101 Edmondson Ave.

19 (a) (Registrar's signature) (b) Hunter Williams, M.D. Registrar

JAN 7 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 4/40 19 , at 8 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1/40 19 , to Jan. 4/40 19 , and that I last saw her alive on Jan. 4/40 19 .

Immediate cause of death	Duration
Angina Pectoris	4 days.
Due to Arterio Sclerosis.	Unknown.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Woods Edwards M. D.
Address 933 Hanover ST. Date signed Jan. 7/40

F 64647

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 64647
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address West Fayette St.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 59 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1307 W Baltimore St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Isabell Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Mr. Frank Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 13, 1879

8. AGE: Years	Months	Days	If less than one day
60	10	22	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Nicholson
13. Birthplace Md.

MOTHER
14. Maiden Name Ridgeway
15. Birthplace Md.

16 (a) Informant Walter F. Jennings
(b) Address 1307 W. Balto. St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 9 / 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location 2330 Frederick Rd

18 (a) Funeral director Harry A. Mitchell
(b) Address 4101 Edmondson Ave

19 (a) Date rec'd by Local Registrar JAN 9 1940 (b) Signature of Local Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 5 1940, at 1:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-7 1939, to 1-5 1940, and that I last saw h[illegible] alive on 1-5 1940.

Immediate cause of death: Carcinoma Breast c metastasis to Lungs & Stomach — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Cullen M.D.
Address Bon Secours Hospital Date signed 1-5-40

F 64648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 64648 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution:
Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Rural - Ellicott City
(If outside city or town limits, write RURAL and give town)
(d) Street No. Ellicott City
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Henry Presgraves Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/6/40

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Ellicott City, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles Henry Presgraves
13. Birthplace Va

MOTHER
14. Maiden Name Margaret Ashby
15. Birthplace Va

16 (a) Informant Charles Presgraves
(b) Address Ellicott City Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-39 (month) (day) (year)
(c) Cemetery or crematory Harmony
Location near Catonsville Md

18 (a) Funeral director J. Stanley Gotthardt Jr.
(b) Address Ellicott City Md

19 (a) Filed JAN 7 1940 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/6 1940, at 6 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/6 1940 to 1/6 1940, and that I last saw h/m alive on 1/6 1940.

Immediate cause of death	Duration
Prematurity - (6 1/2 - 7 mo. Fetus)	
Due to Cause Prematurity	
Due to Not Known.	
Other Conditions Atelectasis Lungs, Bilateral	1 day

(Include pregnancy within 3 months of death)

Major findings:
Of operations None.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph M. Cordi M. D.
Address Howard Mem. Hosp. Date signed 1/6/40

F 64649

Jiricek

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-A F 64649 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 84 day
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1622 Ben Hill St (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 Yr. years

3 (a) FULL NAME VACLAV Jiricek

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Anna wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG 18, 1868

8. AGE: Years	Months	Days	If less than one day
71	4	16	hr. min.

9. Birthplace Checkoslovakia (Town, county, and state)
10. Usual Occupation Brick Layer
11. Industry or business

FATHER
12. Name Vaclav J.
13. Birthplace Checkoslovakia

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant wife
(b) Address 1622 Ben Hill St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 8 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Cross, Location Annapolis Blvd.

18 (a) Funeral director C. E. Sabimunek
(b) Address 2601-03 E. MADISON. ST

19 (a) JAN 7 1940 (b) Attorney for Williams M.D.
(Date rec'd by registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7 1940, at 9:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-11 1939, to 1-5 1940, and that I last saw h[illegible] alive on 1-3 1940.

Immediate cause of death	Duration
terminal Bronchopneumonia	84 days
Due to Fracture right femur	
Due to Fall & stroke	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 10-9-39
(c) Where did injury occur? Baltimore, Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury fall from bed

23. Signature Philip W. Kratz M. D.
Address S. Balto Gen'l Hosp. Date signed 1-4-40

371 F 64650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

147-B

F 64650 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County Charles
(c) City or town BRYANTOWN (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rosalie Shorter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1924

8. AGE: Years	Months	Days	If less than one day
16			hr. min.

9. Birthplace MD (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Bernard Shorter
13. Birthplace MD

MOTHER
14. Maiden Name Mary Butler
15. Birthplace MD

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/40 (month) (day) (year)
(c) Cemetery or crematory Cemetery St. Marys
Location Bryantown Md

18 (a) Funeral director Hewett & Royce
(b) Address Waldorf, Md.

19 (a) JAN 7 1940 Courtney Tompkins Phillips M.D.
(Signature of person who viewed body) (Address) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN - 7 1940 at 2.35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov - 20 1939 to JAN 7 1940 and that I last saw her alive on JAN 7 1940.

Immediate cause of death — Duration
Abscesses of Liver — ?6 wks
Due to Pelvic thrombophlebitis — 6 wks
Due to Puerperal infection — 6 wks

Other Conditions Pregnancy (Delivered 11-4-39)
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Confirms

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Courtney Tompkins Phillips M. D.
Address Johns Hopkins Hosp Date signed 1-7-40

F 64651

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 181

F 64651 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address /
(c) Hospital or institution: University Hospital Maryland Emerg.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1923 Linden Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME BRUCE HOLLAND

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mary Holland
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 10, 1907

8. AGE: Years	Months	Days	If less than one day
32	4	28	hr. min.

9. Birthplace Luke, Maryland (Town, county and state)
10. Usual Occupation Electrician
11. Industry or business

FATHER
12. Name Thomas T. Holland
13. Birthplace Winchester Va

MOTHER
14. Maiden Name Mamie Morrison
15. Birthplace Burlington W. Va.

16 (a) Informant Mamie Holland
(b) Address 1923 Linden Ave

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 1-9-40 (month) (day) (year)
(c) Cemetery or crematory Philos Cem.
Location Westernport to Md.

18 (a) Funeral director John Howard Eyler
(b) Address 901 E Baltimore St

19 JAN 7 1940 (b) Huntington Williams, Registrar
Date rec'd by registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 1940, at 1:35 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquest) thereon and from the evidence obtained by said inquest (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death Burns, 1st, 2nd and 3rd degree — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence January 1st, 1940
(c) Where did injury occur? 1923 Linden Ave (City or town) (County) (State)
House or Store
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? No
(e) Means of injury Fire & Explosion of gasoline from carburetor

23. Signature [illegible] M.D. Medical Examiner.
Date signed Jan 7, 1940

F 64652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

10

F 64652 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 16 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 611 E. 30th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Audrey Marie Gessner

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 20, 1923

8. AGE: Years	Months	Days	If less than one day
16	8	16?	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Joseph Gessner
13. Birthplace Baltimore

MOTHER
14. Maiden Name Anna Jenkins
15. Birthplace Baltimore

16 (a) Informant Mother
(b) Address 611 E. 30th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9, 1940 (month) (day) (year)
(c) Cemetery or crematory Balto
Location Balto Md

18 (a) Funeral director Wm. Cook
(b) Address St. Paul & Preston Sts.

19 (a) Huntington Williams (Date received by registrar) JAN 8 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 1940, at 1:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/6 1940, to 1/7 1940, and that I last saw him alive on 1/3 1940.

Immediate cause of death: Heart Failure — Duration: 6 hours
Due to: Diphtheria — Duration: 7 days?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mat Bauer
Address Sydenham Date signed 1/9/40

F 64653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 152

F-64653 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1142 E. North Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1142 E. North Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY ANNA DEINLEIN

3 (b) If veteran, name war: No
3 (c) Social Security Account No. NONE

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: George
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16, 1864

8. AGE: Years 75 | Months 5 | Days 20 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name (Maiden name) Doetzer
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Anthony V. Deinlein
(b) Address 1142 E. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 Filed [illegible] by [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/6/40 19 , at 11 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from November 1939, to Jan 1940. and that I last saw her alive on 1/5/40 1939.

Immediate cause of death: Cardiac failure — Duration
Due to
Due to
Other Conditions Cellulitis & ulceration of right leg.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. E. Proctor M. D.
Address 1123 St. Paul St. Date signed 1/7/40

F 64654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

55-2 F 64654

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 8-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick W. Schleicher

If U. S. Veteran specify WAR

(a) Residence: No. 3109 Clifmont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Not Known

6. DATE OF BIRTH (month, day, year) Nov 16th 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	1	10 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto Glass Business

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Schleicher

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mabel V. Patterson
(Address) 3109 Clifmont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Park Date 1/9 19 40

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED JAN 8 1940 19 Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1st 1940 to Jan. 6 1940

I last saw him alive on Jan. 6th 1940 Death is said to have occurred on the date stated above, at 8:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis, bilateral;	Dec. 1939 (a)
Cystitis	
Uremia	Jan 3, 1940
Hypostatic broncho-pneumonia, bilateral	Jan 5, 1940
Other contributory causes of importance:	
Carcinoma Thyroid	1934
Hypertrophic arthritis	1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B. O. Thomas Jr. M. D.

(Address) University Hospital

N. B.—Physicians should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be given in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 64655

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-1

F 64655 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1325 Linden Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George J. Dukehart

3 (b) If veteran, name war No

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife Beatrice

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6, 1877

8. AGE: Years 62 | Months 9 | Days 01 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Contractor

11. Industry or business Self

FATHER
12. Name Anthony (Fritz) Dukehart
13. Birthplace Ill. (Germany)

MOTHER
14. Maiden Name Marie (Mary) Kraus
15. Birthplace Unknown (Germany)

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 1/10/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

JAN 8 vs 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 1940, at 12 39 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 20 1939, to Jan. 7 1940, and that I last saw h[illegible] alive on Jan 7 1940.

Immediate cause of death
Carcinoma of the Lung

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Carcinoma & metastasis

Duration between onset and death:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murray Kefauver M. D.
Address Balto City Hosp. Date signed 1-7-40

F 64656

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56-B

F 64656 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton e Wilkins Ave
(c) Hospital or institution:
St Agnes Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 3625 Sloanfield Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Ella Jane Landgraf

3 (b) If veteran, name war ____ | 3 (c) Social Security Account No.? none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Walter Landgraf
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) July 7 1897

8. AGE: Years	Months	Days	If less than one day
92	6	0	____ hr. ____ min.

9. Birthplace ~~Dayton~~ Dayton Va Rockingham Co (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name John Clinedinst
13. Birthplace Staunton Va

MOTHER
14. Maiden Name Maude McCleod
15. Birthplace Dayton Va

16 (a) Informant Walter Landgraf
(b) Address 3625 Sloanfield Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 01/10/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) JAN 8 1940 (Date rec'd by registrar) (b) Huntingtown Williamsport Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7 1940, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 19__ to Jan 7 1940 and that I last saw her alive on Jan 7 1940

Immediate cause of death Fibroids of Uterus — Duration

Due to ____

Due to ____

Other Conditions ____
(Include pregnancy within 3 months of death)

Major findings: Of operations Fibroids of uterus
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? ____
(e) Means of injury ____

23. Signature Robert Sheppard
Address St. Agnes Hospital Date signed 1/7/40

VS 3

F 64657

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97 Registered No. F 64657

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave
(c) Hospital or institution: Edgewood Sanitorium
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) Toyo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1733 Gosnold Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

97

3 (a) FULL NAME Estelle M. McLelland

3 (b) If veteran, name war: No
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, ~~married~~, widowed, or ~~divorced~~: Widowed
6 (b) Name of ~~husband or wife~~: Earl E. McLelland
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 21st 1849

8. AGE: Years	Months	Days	If less than one day
90	3	15	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Josephus Suter
13. Birthplace Unknown

MOTHER
14. Maiden Name " Robinson
15. Birthplace "

16 (a) Informant Mattie L. Clyde
(b) Address 1733 Gosnold Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1219 St. Paul St

19 (a) JAN 8 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6th 1940; 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/17 1939, to 1/6 1940., and that I last saw her alive on 1/4 1940.

	Duration
Immediate cause of death Uremia	3 days
Due to Arteriosclerosis	unknown
Due to	
Other Conditions ----	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. Fenger Hoyt M.D.
Address 401 E. 25th. Sts. Date signed 1/7/40

VS 8

M. D. B. 1203-9

F 64658

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64658

CERTIFICATE OF DEATH

929

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611 McCulloh St. 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha Madora Johnson

(a) Residence: No. 1611 McCulloh St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Johnson

6. DATE OF BIRTH (month, day, year) May 18[illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME George Thomas

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

MOTHER

15. MAIDEN NAME Martha Hand

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

17. INFORMANT Samuel Jones

(Address) 1611 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 1-8- 19 40

19. UNDERTAKER Thomas E. Nelson

(Address) 1323 Presstman St

20. FILED JAN 8 19 40 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1939 to Jan 5, 1940.

I last saw her alive on Jan 3, 1940. Death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	?
Other contributory causes of importance: Cerebral Hemorrhage	12/26/39

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. William Frey M. D.

(Address) 1928 Penna Ave.

F 64659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 108 ✓ F 64659 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Co. (If outside city or town limits, write RURAL and give town)
(d) Street No. 75 Eastern Ave & Back River Neck Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME MARY (BEUDEL) BUEDEL X

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Alphons Buedel
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Sept. 24-1892

8. AGE: Years	Months	Days	If less than one day
47	3	11 10	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name John M. Lewis
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Catherine Helen
15. Birthplace Kentucky

16 (a) Informant Mr. Alphons Buedel
(b) Address Eastern Ave Rd & Back River Bridge

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave. Rd.

18 (a) Funeral director John G. Connelly
(b) Address Govt Md.

JAN 8 1940 (Date received by Registrar) (b) Municipal Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4 1940, at 8 50 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Pneumonia, lobar
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Wollenweber M.D. Medical Examiner.
Date signed Jan 5th, 1940

VS 6

F 64660

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51111 SD F 64660

93-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Victor Blottenberger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Widowed

6 (b) Name of husband or wife Pansy (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/25/1860

8. AGE: Years	Months	Days	If less than one day
79	10	9	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Benjamin Blottenberger
13. Birthplace Maryland

MOTHER
14. Maiden Name Martha Collow (d)
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 8 1940 (month) (day) (year)
(c) Cemetery or crematory St. Marys
Location Hampstead

18 (a) Funeral director Theodore V. Donovan
(b) Address 3615-17 Eastern Ave.

19 (a) (Date received by registrar) (b) Registrar

JAN 9 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4 1940, at 11:29 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 18 1939 to Jan 4 1940, and that I last saw him alive on Jan 4 1940.

Immediate cause of death Coronary Arterio-sclerotic Heart Disease — Duration Unknown

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Wagelstein M. D.
Address Balto City Hosp. Date signed 1-6-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

64661

CERTIFICATE OF DEATH

64661

30-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 E. Benvale St. St., 8-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. ANNA ELIZABETH EMORY

If U. S. Veteran specify WAR

(a) Residence: No. 1711 E. Benvale St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas Emory

6. DATE OF BIRTH (month, day, year) Aug. 12. 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Herman Grünewald

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Pieper

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Joseph Biegler (Sister)
(Address) 2720 Matthews St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Paul's 5th Ref. Cem. Date Jan. 8. 1940

19. UNDERTAKER HENRY SANDER & SONS, INC.
(Address) Baltimore & Broadway.

20. FILED JAN 8 1940 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6. 1940

22. I HEREBY CERTIFY, That I attended deceased from V/9 1938 to 1/6 1940

I last saw her alive on 1/5 1940 Death is said to have occurred on the date stated above, at 8.15 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystic Cardio Vascular Disease	?
Other contributory causes of importance: Chronic nephritis	?
Syphilis	?

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? PE Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Joseph S. Blum M. D.
(Address) 1326 E. Preston St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V2.5

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64662

CERTIFICATE OF DEATH

931

F 64662

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3302 N. Hilton St. 15-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John George Lamp

(a) Residence: No. 3302 N. Hilton Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Katherine S. Lamp

6. DATE OF BIRTH (month, day, year) June 18, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	6	17 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wholesale Meat dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired- Ship Chandler

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Lamp

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. W. R. Swann (daughter)
(Address) 3302 N. Hilton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Jan 8 1940

19. UNDERTAKER H. SANDER & SON INC
(Address) BALTIMORE & BROADWAY

20. FILED JAN 8 1940 21. Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4 1940

22. I HEREBY CERTIFY, That I attended deceased from 12/15 1939 to 1/4 1940

I last saw ... alive on 1/4/40 1940 Death is said to have occurred on the date stated above, at 3:35 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular	?
Disease- Hypertrophic Chronic	
Coronary Thrombosis (acute)	12/15/39

Other contributory causes of importance:

Was an operation performed? ... Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Clinical and autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify

(Signed) Louis E. Little M. D.

(Address) 926 N. Charles St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 64663 HEALTH DEPARTMENT—CITY OF BALTIMORE F 64663

93-D

CERTIFICATE OF DEATH

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3735 Eastern Ave. St. 56-9 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 3 mos. da. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME Mrs. ELLEN BELL

If U. S. Veteran specify WAR _____

(a) Residence: No. 3735 Eastern Ave. St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Bell

6. DATE OF BIRTH (month, day, year) July 18.1895

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	44	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME William Estes

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Ida ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mr. George Bell (Husband)
(Address) 3735 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL
Mt. Carmel Cem. Date Jan. 8. 1940
Place

HENRY SANDER & SONS. INC.
19. UNDERTAKER
(Address) Baltimore & Broadway.

20. FILED JAN 8 1940, 19__ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4. 1940. 19__

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19.39. to Jan 4, 1940
I last saw h[illegible] alive on Jan 4 1940 Death is said to have occurred on the date stated above, at 11.00 P. M.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Chronic myocarditis.	10 years.
Other contributory causes of importance:	

Was an operation performed? No Date of ____

For what disease or injury? ____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) John J. Gouch M. D.

(Address) 147 N. East Ave.

F 64664

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131 — Registered No. F 64664

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 654 Washington Blvd. (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME Barera Feorentino

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 705-09-6452

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elizabeth Allison

6 (c) If alive, give age: 53 years

7. Birth date of deceased (mo., day, yr.): July 22, 1887

8. AGE: Years 52 | Months 5 | Days 14 | If less than one day: hr. min.

9. Birthplace: Italy (Town, county, and state)

10. Usual Occupation: Trucker - B.&O. Railroad

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Italy

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Italy

16 (a) Informant: Records-U. S. Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 9, 1940 (month) (day) (year)
(c) Cemetery or crematory: U. S. National
Location: Frederick Road.

18 (a) Funeral director: Howard N. Bright, Jr.
(b) Address: 4914 Belair Road.

19 (a) (Signature of registrar) Hattie M. Williams M.D.
(b) 8 NVI
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 6, 1940, at 12:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 3, 1930 to Jan. 6, 1940 and that I last saw him alive on Jan. 6, 1940.

	Duration
Immediate cause of death: Coronary thrombosis	10 days
Due to: Cardiovascular renal disease	Unknown
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: I. M. D. Anderson M.D.
Address: U. S. Marine Hospital, Baltimore, Md. Date signed: 1-8-40

F 64665

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 64665 Registered No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2days
(e) Length of stay in Baltimore (yrs., mos., or days) 11 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 545 Burgundy St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Helen Kelly

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 3, 1939

8. AGE: Years	Months	Days	If less than one day
	11	1	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Clarence Kelly
13. Birthplace Baltimore

MOTHER
14. Maiden Name May Scott
15. Birthplace Maryland

16 (a) Informant Mother
(b) Address 545 Burgundy St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 1 8 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore Md

18 (a) Funeral director Isaiah R Brown Son
(b) Address 1086 Montgomery St

19 (a) (Registrar's signature) (b) Baltimore Md
JAN 8 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4 1940, at 5.55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/2 1940, to 1/4 1940, and that I last saw h. alive on 1/4 1940.

Immediate cause of death
Pneumonia
~~Pertussis~~
Due to Pertussis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
4 days
1 month

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Max Baum, M.D.
Address Sydenham Hospital Date signed 1/4/40 M. D.

F 64666

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-C

F 64666 ✓ Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 212 North Arlington Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME MARIE ~~MATH~~ LEE MATTHEWS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Married

6 (b) Name of husband or wife Wilbur Matthews
6 (c) If alive, give age 24 years

7. Birth date of deceased (mo., day, yr.) Nov 1 1918

8. AGE: Years	Months	Days	If less than one day
21	2	4	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Bernard Brown
13. Birthplace Balto Md

MOTHER
14. Maiden Name Hilda LEE
15. Birthplace Balto Md

16 (a) Informant Hilda Simpson 212 North Arlington Ave
(b) Address Balto Md

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof 1 8 40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore Md

18 (a) Funeral director Sarah R Brown Dow
(b) Address 10 P W Monty Way Ft Williams, Md.

JAN 8 1940 (Date rec'd by registrar) (b) Hunter Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1940, at 2a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Fracture, 5th cervical	
Due to Vertebra	
Hemorrhage, subdural	
Due to Spinal cord	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence January 5th, 1940
(c) Where did injury occur? Holabird Ave Baltimore Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public place While at work? No (Specify type of place)
(e) Means of injury Accident of car wheel crushed

23. Signature Dr. L. Wallenmeyer M.D. Medical Examiner.
Date signed Jan. 5th, 1940

VS 6

64667

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64667
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1821 N. Chester St.
(c) Hospital or institution: At Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1821 N Chester St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Michael J. Hopkins

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife (nee Maloney): Mary A. Hopkins
6 (c) If alive, give age: 66 years
7. Birth date of deceased (mo., day, yr.): Nov. 15, 1865
8. AGE: Years 74 | Months 8 | Days 21 | If less than one day: hr. min.
9. Birthplace: Friendship Md. (Town, county, and state)
10. Usual Occupation: Retired Tinsmith
11. Industry or business: Stevenson Co.

FATHER
12. Name: Michael Hopkins
13. Birthplace: Friendship Md

MOTHER
14. Maiden Name: Mary Vogley
15. Birthplace: Baltimore Md

16 (a) Informant: Mrs. Mary A. Hopkins
(b) Address: 1821 N. Chester St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 9th 1940 (month) (day) (year)
(c) Cemetery or crematory: Mount Holly Cemetery
Location: 4600 Belair Rd.

18 (a) Funeral director: Edward W. Conklin Co.
(b) Address: 924 E. Eager St.

JAN 8 1940 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 6th 1940, at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 29 1939 to Jan 6 1940, and that I last saw h[illegible] alive on Jan 6 1940.

Immediate cause of death	Duration
(a) Uremia arteriolar sclerosis cardiac vascular renal disease	7
Due to (b) Pneumonia	6 days
Due to (c)	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Edward P. Sukowsky, M.D.
Address: 1929 Eutaw Place Date signed: 1/8/40

VS 3

4668 ✓X F 64668

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address West Balto. Gen. Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A A Co
(c) City or town Severna Park
(If outside city or town limits, write RURAL and give town)
(d) Street No. 16-6
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Marie Haninger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Joseph J. H
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28 1917

8. AGE: Years	Months	Days	If less than one day
22	6	9	hr. min.

9. Birthplace Pasadena Md
(Town, county, and state)
10. Usual Occupation Housework at home
11. Industry or business

FATHER
12. Name William R Conley
13. Birthplace Va

MOTHER
14. Maiden Name Mary a Appleton
15. Birthplace Md

16 (a) Informant Mr. Joseph J. Haninger
(b) Address Severna Park Md

17 (a) Burial (b) Date thereof Jan 9 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Meadow ridge Mem. Pk
Location Washington Blvd.

18 (a) Funeral director William M Mareck
Address 715 Light St

19 (a) JAN 8 (b) Huntington Williams Md
(Date rec'd by Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6 1940 12:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to Jan 6 1940, and that I last saw her alive on Jan 6 1940.

Immediate cause of death Atrophy of liver (Hepatic insufficiency)

Due to Cirrhosis of liver (Chronic?)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Small cirrhotic liver.

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J R Shear
Address W. B. & A. Date signed 1/6/40

GKG

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64669

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108

F 64669 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct. Each is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 41
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1611 Mc Henry St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Fred Pearmon — Frederick W. Pearman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 11, 1939

8. AGE: Years	Months	Days	If less than one day
0	10	27	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Frederick Pearman
13. Birthplace Md

MOTHER 14. Maiden Name Elizabeth Pagano
15. Birthplace Md.

16 (a) Informant Frederick Pearman
(b) Address 1611 Mc Henry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 8/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director Harry H. Mitzfe
(b) Address 4101 Edmondson Ave. Huntington Williams

19 (a) (b) Registrar
(Date rec'd by registrar)

1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 5 1940, at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 26 1939, to Jan 5 1940
and that I last saw h.i.m alive on Jan 5 1940.

Immediate cause of death: Empyema - rt. lung
Pneumococcic septicemia XVIII
Due to Lobar Pneumonia type XVIII

Duration: 41 day

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Dec 9, 1939
Of operations Thoracotomy - (open) Empyema. four quarts pus
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J M Collins M D M. D.
Address Bon Secours Hospital Date signed 1-5-40

F 64670

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-7

F 64670 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 222 S. Norris St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 222 S Norris St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANNA RECKARD

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex Female

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John W. Reckard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/30/82

8. AGE: Years 55 | Months 4 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Julius Houck
13. Birthplace Maryland.

MOTHER
14. Maiden Name Alberta Covell
15. Birthplace Maryland

16 (a) Informant John W. Reckard
(b) Address 222 S. Norris Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location

18 (a) Funeral director Harry H. Witzke
Address Lombard St. at Gilmor

19 (a) JAN 8 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4, 1940, at 10 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death: Pulmonary edema, acute	
Due to: Hypertensive heart disease	
Due to:	
Other Conditions:	
(Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy: —	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Wallenmeier M.D.
Medical Examiner.
Date signed Jan 5, 1940

F 64671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 64671

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 W. Lafayette Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 W. Lafayette Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank A. Handley,

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-5404

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 7, 1887

8. AGE: Years 52 | Months 11 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business Restaurant

FATHER
12. Name Amos E. Handley,
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Margaret M. Unmuth,
15. Birthplace Baltimore Md.

16 (a) Informant Miss Julia V. Handley,
(b) Address 2211 W. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof JAN 9 1940 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore City

18 (a) Funeral director Geo W. Little
(b) Address 2700 Edmondson Ave.

19 (a) JAN 8 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 6 1940 19 at 4.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1940 to Jan 6 1940, and that I last saw h[illegible] alive on Jan 6 1940.

Immediate cause of death: Coronary Thrombosis — Duration 1 day

Due to: Arteriosclerotic Heart Disease — Duration 2

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert J. Hordust M. D.
Address 2302 Edmondson Ave Date signed Jan 7, 1940

VS 8

Please write plainly; use ink or indelible pencil; do not use lead pencil. Give full name of deceased. Fill in all blanks for which information is available. Be careful that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

930

F 64672

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1603 Bloomingdale Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 47 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1603 Bloomingdale Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1.16

3 (a) FULL NAME Emma S. Rowland

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Gilbert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 13 1853

8. AGE: Years 86 | Months 4 | Days 21 | If less than one day hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Thomas Stacey

13. Birthplace England

MOTHER 14. Maiden Name Jefferson

15. Birthplace Unknown

16 (a) Informant Miss Ethel Rowland

(b) Address 1603 Bloomingdale Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 8 '40 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville Md

18 (a) Funeral director Wellington J. Jackson & Son

(b) Address North & Pennsylvania Ave. Baltimore, Md.

19 JAN 8 1940 (b) (Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1939 to Jan 4 1940 and that I last saw h alive on Jan 4 1940.

Immediate cause of death

Pulmonary Oedema

Due to Myocarditis

Fibrillation Heart

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration
3 days
20 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Howard Kalen

Address 2027 N Bath St Date signed 1/8/40

The cause of death must be entered legibly. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 64673

COK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

1811 F 64673

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 211 N. 24th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Nason

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1866

8. AGE: Years	Months	Days	If less than one day
73	1	10	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER
12. Name William
13. Birthplace Boston

MOTHER
14. Maiden Name Louise Miller
15. Birthplace N.Y.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Funeral (Burial, cremation, or removal) (b) Date thereof Jan 8-1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Wm J Jenkins & Sons
(b) Address 1940 N. Fulton Ave Baltimore, Md.

19 (a) JAN 8 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1940 at 3:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 22 1936 to Jan. 5 1940 and that I last saw him alive on Jan. 5 1940

Immediate cause of death	Duration
Bronchopneumonia	4 days
Due to	
Due to	
Other Conditions Arterial Hypertension	5 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac Applebaum M. D.
Address Balto City Hosp Date signed 1-5-40

VS 3

Please write plainly, with pen or indelible pencil. Do not use typewriter or pencil. Do not fold. Use no abbreviations. Give exact place of death and residence. Fill all blanks for which you have information. Be careful and accurate, especially in regard to statements of age and cause of death. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64674

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64674 Registered No. 170-C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days 15 min
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2105 N. Calvert St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Raymond Rea

3 (b) If veteran, name war No | 3 (c) Social Security Account No 216-09-1947

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Gertrude

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/26/03

8. AGE: Years 36 | Months 0 | Days 6 | If less than one day hr. min.

9. Birthplace Crozet, Virginia (Town, county, and state)

10. Usual Occupation Butcher

11. Industry or business Atlantic + Pacific Tea Co

FATHER 12. Name Thomas W Rea

13. Birthplace Va.

MOTHER 14. Maiden Name Catherine Warren

15. Birthplace Va.

16 (a) Informant Mrs Gertrude Rea

(b) Address 2105 N Calvert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/40 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Timonium, Md.

18 (a) Funeral director Wm J Pickerodt Sons

(b) Address North + Pa Aves

19 (a) JAN 8 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 6 1940, at 1:45 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said I find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death: Fracture dislocation of atlas-occiput articulation

Due to: Subarachnoid hemorrhage

Due to: Edema of Brain

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Edema of Brain stem

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 12/31/39
(c) Where did injury occur? Gilpin Ave Road, Timonium, Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Road (Specify type of place) While at work? No
(e) Means of injury Autogan skidded + overturned

23. Signature [illegible] M.D. Medical Examiner.

Date signed 1/8/40

VS 6

Fold along this line. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

64675

HEALTH DEPARTMENT—CITY OF BALTIMORE

64675

CERTIFICATE OF DEATH

83-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-N Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 10 ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mathew Doyle

If U. S. Veteran specify WAR Carroll Co.

(a) Residence: No. 26 Walnut St. St., ___ Ward. Westminster, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland.
(State or country)

FATHER

13. NAME Matthew Doyle

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Donnelly

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Wm. F. Doyle Brother
(Address) 26 Walnut St-West, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster Md Date Jan 11, 1940

19. UNDERTAKER John R. Byers
(Address) Westminster Md

20. Jan 8 1940 Huston-Tom Hill Funeral Home, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-8-1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 30th, 1939, to Jan 8th, 1940.

I last saw him alive on Jan 8th, 1940. Death is said to have occurred on the date stated above, at 12:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary cerebral accident (or)	12/30/39
Terminal pneumonia	1/6/40
Other contributory causes of importance:	

Was an operation performed? No Date of ___

For what disease or injury? ___

Name of operation ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ___

(Signed) E. E. Doyle M. D.

(Address) Summit Point

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 64676

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164-c

F 64676 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 839 Belgian Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 839 Belgian Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Elmer Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No. 163-05-9573

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Anna Callahan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 30 1907

8. AGE: Years	Months	Days	If less than one day
32	0	16	hr. min

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation chauffeur

11. Industry or business Sun Oil Co.

FATHER 12. Name James Wilson
FATHER 13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Margaret F Murray
MOTHER 15. Birthplace Balto Md.

16 (a) Informant Mrs. Anna M. Wilson
(b) Address 839 Belgian ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-9-1940 (month) (day) (year)

(c) Cemetery or crematory New. Cathedral Cem.
Location Edmondson ave.

18 (a) Funeral director Henry Stocks & Sons Inc
Address 1301 E. Eager St.

19 (a) JAN 8 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1940 at 9 am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.

Immediate cause of death

Due to Shot gun wound of head

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 1/6/40
(c) Where did injury occur? 839 Belgian St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Shot gun

23. Signature [signature] M.D.
Medical Examiner.

Date signed 1/6/40

F 64677

LB 51503

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108

F 64677
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 min. 20 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 59 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 210 Otterbein St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME
Isaac Ross

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	widowed

6 (b) Name of husband or wife Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17, 1879

8. AGE: Years	Months	Days	If less than one day
60	9	16	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Joseph Ross
13. Birthplace Md.

MOTHER
14. Maiden Name Eliza Elizabeth (?)
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-40 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cemetery
Location Baltimore Maryland

18 (a) Funeral director Archibald A. Gadsby
(b) Address 1900 N. McCulloh St.

JAN 8 1940 (Date rec'd by registrar) (Huntington Williams, M.D.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3 1940, at 11:52 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 2 1940, to Jan 3 1940, and that I last saw him alive on Jan. 3 1940.

Immediate cause of death Hypertensive cardiovascular disease — Duration unknown

Due to

Due to

Other Conditions Resolving lobar pneumonia — unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Resolving pneumonia, heart failure

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Emanuel Lebowitz M. D.
Address Balto City Hosp. Date signed 1-3-40

correct age is especially important. Physicians: please fill in the causes of death clearly and legibly.

VS 3

64678

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 64678

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 16 Yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1554 Boyle St (If rural, give location)
(e) If foreign born, how long in U. S. A.) 16 Yr. years

3 (a) FULL NAME George Frederick Edwards.

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-6422

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Hannah Edwards
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 3 1897

8. AGE: Years	Months	Days	If less than one day
42 43	1	3	hr. min.

9. Birthplace Eng Land (Town, county, and state)
10. Usual Occupation Iron Worker
11. Industry or business Sugar Refinery

FATHER
12. Name Wm. Edwards
13. Birthplace Eng.

MOTHER
14. Maiden Name Lucy Hill
15. Birthplace Eng.

16 (a) Informant Mrs. Jack Edwards
(b) Address 1354 Boyle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Pennsylvania Road.

18 (a) Funeral director J. F. McCarthy
Address 130 E. Fort Ave Baltimore, Md.

19 (a) 8 (Date received by registrar) (b) Registered 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-6 1940, at 9:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1 1940, to 1-6 1940, and that I last saw h alive on 1-6 1940.

Immediate cause of death	Duration
Bronchopneumonia	
Due to Ruptured Peptic (Gastric) Ulcer (Perf. of)	
Due to	
Other Conditions Peritonitis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Exploratory incision and peritonitis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philip W. Kinsley, M. D.
Address S. Balto Gen'l Hosp Date signed 1-6-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64679

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

22-a

F 64679

Registered No. 87553

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: St. Agnes Hospital
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkins Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County Greece
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. SS Tavis (If rural give location)
(e) If foreign born, how long in U. S. A.? ? years

251

3 (a) FULL NAME George Sokos

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1896

8. AGE: Years	Months	Days	If less than one day
44 4-7			hr. min.

9. Birthplace Hellis - Greece (Town, county, and state)

10. Usual Occupation

11. Industry or business S. S. Tavis

FATHER
12. Name Andrew Sokos
13. Birthplace Greece

MOTHER
14. Maiden Name Unknown
15. Birthplace Greece

16 (a) Informant Records of
(b) Address St. Agnes Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9th, 1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Md.

18 (a) Funeral director M. Donovan
(b) Address 1005 E. Baltimore St.

19 (a) (Date rec'd by registrar) Harrington for Williams M.D. Registrar

JAN 8 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1940, at 2:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 26 1939, to Jan 5 1940, and that I last saw h cm alive on Jan 4th 1940.

Immediate cause of death Pneumonia — Duration Dec. 29th

Due to Postoperative tbc (cold)

Due to Bilateral inguinal hernia plasty

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Herniorrhophy - Dec. 28th
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. S. Sadove M. D.

Address St Agnes Date signed 1/5/40

F 64680

F 64680

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution: St. Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 261 McCurley St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Louis Beneze Louis G. Beneze

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.:

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife:
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) September 2, 1887

8. AGE: Years 52 54 | Months 4 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation machinist
11. Industry or business U. S. Navy Yard

FATHER
12. Name Charles L. Beneze
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Hoffmeister
15. Birthplace Germany

16 (a) Informant Mr. Henry H. Beneze
(b) Address 3211 Frederick Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 10, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director J. Donovan
(b) Address 1005 E. Baltimore St.

19 (a) Date received by registrar JAN 8 1940 (b) Registrar Hunter for Williams, M.D.

V8 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7, 1940, at 5 02 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 25 1939, to Jan. 7 1940, and that I last saw h'm alive on Jan 7 1940

Immediate cause of death	Duration
Respiratory failure	
Due to Cerebral thrombosis	
Due to Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles V. Lenart M. D.
Address St. Agnes' Hosp. Date signed 1-7-40

F 64681

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registration No. F 64681

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 609 S. Charles St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 609 S. Charles St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Walter

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 9th 1874

8. AGE: Years	Months	Days	If less than one day
65	11	26	hr. min.

9. Birthplace Delaware Co. Pa.
(Town, county, and state)
10. Usual Occupation Proprietor
11. Industry or business Tobacco Store

FATHER
12. Name Jacob Walter
13. Birthplace France

MOTHER
14. Maiden Name Henrietta Dunlach
15. Birthplace Germany

16 (a) Informant Elizabeth Buckler
(b) Address 609 S. Charles St

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan 9th 1940 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location

18 (a) Funeral director E. Schlosman & Son
(b) Address 1039 Hanover St.

19 (a) (Signature of person who received body) (b) Registered

JAN 8 1940

Hunting to Holabird, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 5 1940, at 10:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 16 1939, to Jan 5 1940 and that I last saw him alive on Jan 3 1940.

Immediate cause of death	Duration
Carcinoma of Lungs	1938
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State) —
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward F. Miller M. D.
Address 682 W. Saratoga St. Date signed 1-8-40

Please answer all questions. Information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64682

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 64682 Registered No.

Please write plainly in ink. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2106 Homewood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2106 Homewood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Jennie V. McCubbin

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Divorced

6 (b) Name of husband or wife Geo. N. McCubbin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 20th 1870

8. AGE: Years	Months	Days	If less than one day
69	3	17	hr. min.

9. Birthplace Harford Co. Maryland (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name William Bartgell
13. Birthplace Maryland

MOTHER
14. Maiden Name Amanda Cullum
15. Birthplace Maryland

16 (a) Informant Mrs. Robert E. Cullum
(b) Address 2106 Homewood Ave Balto. Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9-1940 (month) (day) (year)
(c) Cemetery or crematory Baker's
Location Aberdeen Md Harford Co

18 (a) Funeral director Henry Fanning Sons
(b) Address Aberdeen Md

19 (a) (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

JAN 6 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7, 1940, at 5 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 20 1939, to Jan 7 1940, and that I last saw h[illegible] alive on Jan 6 1940.

Immediate cause of death	Duration
Myocarditis	2 weeks
Due to Coronary Sclerosis	
Due to Fatty Degeneration of Myocardium	10 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas J Bateman M. D.
Address 218 N. Calhoun St Date signed 1-7/40

F 64683

3734

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

92- CF 64683 Registration No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3833 Liberty Heights Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dorothy Ray Harris

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-3608

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years	Months	Days	If less than one day
41	4		hr. min.

9. Birthplace Pa (Town, county, and state)
10. Usual Occupation Stenographer
11. Industry or business

FATHER 12. Name Simon Harris
13. Birthplace Russia

MOTHER 14. Maiden Name Jenny Klompas
15. Birthplace Russia

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-39 (month) (day) (year)
(c) Cemetery or crematory Forrani Cem.
Location Windsor Mill Rd

18 (a) Funeral director Jos. Lenz Inc
(b) Address 1439 E. Balto St

19 (a) JAN 8 1940 (Date rec'd by registrar) Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7 1940 at 12 Noon M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 28 1939 to Jan 7 1940, and that I last saw her alive on Jan 7 1940.

Immediate cause of death: Subacute Bacterial Endocarditis — Duration: 7 mos
Due to: Strep. Salivarius.
Due to:
Other Conditions: Rheumatic Heart Disease. mitral stenosis. ? aortic insufficiency
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John S. Hunt M. D.
Address Johns Hopkins Hosp Date signed 1-7-40

VS 3

F 64684

F 64684

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1713 Presstman st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1713 Presstman st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15

3 (a) FULL NAME Mary Elizabeth Crawford

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Infant

6 (b) Name of husband or wife ---

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2, 1939

8. AGE: Years	Months	Days	If less than one day
	6	4	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Crawford
13. Birthplace Maryland

MOTHER
14. Maiden Name Gladys Thomas
15. Birthplace Maryland

16 (a) Informant William Crawford
(b) Address 1713 Presstman St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cemetery
Location Baltimore, Maryland

18 (a) Funeral director Thomas E. Kelson
(b) Address 1303 Presstman Street

19 (a) (b)
(Signature of registrar)

JAN 8 1940

Huntington Perkins, M.D.

MEDICAL CERTIFICATION

6 hrs

20. DATE OF DEATH Jan. 6 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

Immediate cause of death	Duration
(a) Tubular pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. B. Huntington Medical Examiner. M.D.
Date signed 1/8/40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M. D. R. 1268-8

64685 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 64685

CERTIFICATE OF DEATH

V83-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 538 Dolphin St. 17-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John H. Owens

(a) Residence: No. 538 Dolphin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ella Owens.

6. DATE OF BIRTH (month, day, year) 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Undertaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME John Owens.

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Ella Ringgold

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Ella Owens
(Address) 538 Dolphin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Cem. Date 1/8 19 40

19. UNDERTAKER Walter B. Fahy & Son
(Address) 1201 Hanover St.

20. FILED 1/9 19 40 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4 - 19 40

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 - 19 39 to Jan 4 - 19 40

I last saw him alive on Nov 15 - 19 39. Death is said to have occurred on the date stated above, at 3P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	
Cerebral hemorrhage	1 day

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. J. Keller M. D.

(Address) 722 W. Baltimore St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64686 — 117-B — Registered No. F 64686

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1630 Orleans St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1630 Orleans St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Diggs.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: Widower.

6 (b) Name of husband or wife: Eliza Diggs.

6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) December 25 1867

8. AGE: Years 72 | Months 0 | Days 9 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county and state)

10. Usual Occupation Teamster

11. Industry or business

FATHER
12. Name Benjamin H. Diggs.
13. Birthplace Annapolis Md

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Marcellina Jones
(b) Address 1630 Orleans St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 8, 1940 (month) (day) (year)

(c) Cemetery or crematory Arbutus Memorial Park
Location

18 (a) Funeral director Robert L. Young
(b) Address 804 N. Caroline St

19 (a) Filed by JAN 8 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4 1940 at 12:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1940 to Jan 4 1940.
and that I last saw him alive on Jan 3 1940.

Immediate cause of death: Perforated duodenal ulcer — Duration: 1 day

Due to:

Due to:

Other Conditions: Cardiac decompensation & Intestinal Hemmorrhage — 2 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. J. Young
Address 1429 E Monument St Date signed 1/8/40

F 64687 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 131-a F 64687

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 16 Charlcote Pl. St., 27-11 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME William L Cooney

If U. S. Veteran specify WAR _____

(a) Residence: No. 16 Charlcote Place. St., _____ Ward. _____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M Cooney

6. DATE OF BIRTH (month, day, year) Feb 2 1870

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
69	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) July 1939

11. Total time (years) spent in this occupation 38 yrs

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME William J. T. Cooney

14. BIRTHPLACE (city or town) Anne Arundel Co (State or country) Maryland.

MOTHER

15. MAIDEN NAME Agnes Holton

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland.

17. INFORMANT Son

(Address) 16 Charlcote Place

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 1/10 1940

19. UNDERTAKER George A. Fogler

(Address) Fayette & Fulton

20. FILED JAN 8 1940 Thurlington Tidhams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 1940

22. I HEREBY CERTIFY, That I attended deceased from July 15 1939 to Jan 7 1940

I last saw him alive on Jan 7 1940. Death is said to have occurred on the date stated above, at 4:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1929
Hypertension	Unknown
Chronic Interstitial Nephritis	1939

Other contributory causes of importance:

None

Was an operation performed? no Date of _____

For what disease or injury? —

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) Francis M Kluck M. D.

(Address) 715 Park ave

Shaw Field & Cumberland Coal Co.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 64688

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1600 F Registered No. F 64688

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 336 Macon St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Francis Xavier Erlbeck

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 23, 1939

8. AGE: Years	Months	Days	If less than one day
—	—	13	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Francis Erlbeck
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Catherine Getz
15. Birthplace Baltimore, Md.

16 (a) Informant Francis Erlbeck
(b) Address 336 Macon St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 8 '40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Blvd.

18 (a) Funeral director Johnny L. Miller
(b) Address 2334 Jefferson St.

JAN 8 1940 (Date received by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 6 1940, at 7:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 23 1939, to Jan. 6 1940, and that I last saw him alive on Jan. 6 1940

Immediate cause of death: Intracranial Hemorrhage — Duration 13 days
Due to Prolonged Labor + difficult delivery
Due to
Other Conditions Dehydration
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frederick O. Vollmer M. D.
Address Mercy Hospital Date signed 1-6-40

VS 3

Sec. 42 is especially important. Physicians: please write the causes of death clearly and legibly.

F 64689

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1/14

F 64689 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6119 Pimlico Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mrs. Ella F. Roche

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female
5. Color or race: W
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife: John J. Roche
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) — 1875
8. AGE: Years 65 | Months | Days | If less than one day hr. min.
9. Birthplace Texas Balto Co Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Edward Fitzgerald
13. Birthplace Ireland

MOTHER
14. Maiden Name Johanna Buckley
15. Birthplace Ireland

16 (a) Informant John J. Roche
(b) Address 6119 Pimlico Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville

18 (a) Funeral director H. W. Maas & Son
(b) Address 505 N. Calvert St

19 (a) Filed JAN 8 1940 (b) Registrar
Hunter H. Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/7/40 1940 at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-14 1939 to 1-7- 1940, and that I last saw h alive on 1-7- 1940.

Immediate cause of death: Tuberculous meningitis — Duration

Due to: Tuberculosis of lumbar vertebrae

Due to:

Other Conditions: Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Collins M. D.
Address Bon Secours Hospital Date signed

Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

F 64690 HEALTH DEPARTMENT—CITY OF BALTIMORE F 64690

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mt. St. Agnes Convent, Mt. Washington St. or Ward)
Registered No. 27-16
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 33 yrs. mos. da. How long in U. S. If of foreign birth? 25 yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Sister Mary Ursula Mullin

(a) Residence: No. Mt. St. Agnes Convent St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) - - - — 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	- - -	- - -	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Mullin

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sister Mary Magdalen
(Address) Mt. Washington

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Mt. St. Agnes Cem Date 1/9/ 1940

19. UNDERTAKER H W Mears & Son
(Address) 905 N Calvert St

20. FILED JAN 8 1940 19 Huntington Pittsfield, Mass. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1940 to Jan. 6, 1940
I last saw h. alive on Jan. 6, 1940 Death is said to have occurred on the date stated above, at 2:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	
Broncho-pneumonia.	

Other contributory causes of importance:
2nd. ~~Congestive Heart failure~~
Pulmonary Edema

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jules Gilbert, M. D.
(Address) South Rd. & Valley Ave.

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 64691

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

34-E Registered No. F 64691

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Unknown (If outside city limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
44			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation 0087

11. Industry or business Unknown

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL JAN 8 - 1940
Location Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore Huntington Williams, M.D.

19 (a) JAN 8 1940 (date rec'd by registrar) 5398 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/31/39 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Central nervous system syphilis — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. M. Vandegrift M.D.
Medical Examiner.
Date signed 1/1/40

VS 6

Correct figures especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

64692

CERTIFICATE OF DEATH 195

Registered No. F 64692

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D. of A. City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 901 Fell St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Valentine Bruce (Brzozowicz)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 50 | Months | Days | If less than one day: hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation 8087
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL JAN 8 - 1940
Location

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) JAN 8 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Enquiry) obtained by said Autopsy find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death	Duration
Fractured skull	
Laceration of brain	
Due to acute alcoholism	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident or homicide
(b) Date of occurrence Dec 31 1939
(c) Where did injury occur? Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury Unknown

23. Signature [illegible] M.D. Medical Examiner.
Date signed 1/1/40

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64693

CERTIFICATE CORRECTED 10-[illegible]

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 64693

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 17 Pearl St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME MIKE ~~ONDERS~~ Onders

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1840

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location JOHNS HOPKINS MEDICAL SCHOOL JAN 8 - 1940

Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore, Jr.

19 (a) JAN 8 1940 (b) Registered number 5309 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1st 1940, at 7:45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Carbon monoxide poisoning	
Due to illuminating gas	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide verdict
(b) Date of occurrence January 1st, 1940
(c) Where did injury occur? 17 Pearl St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? —
(e) Means of injury illuminating gas - jets

23. Signature N. Lee Allen Jr Huntington Williams, M.D.
Medical Examiner.
Date signed Jan 1st 1940

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

64694

BALTIMORE CITY HEALTH DEPARTMENT

51570 SD F 64694

CERTIFICATE OF DEATH 30-E

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 705 Scott Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Ridgell

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-07-1277

4. Sex: M

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Lillian

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Aug. 22, 1884

8. AGE: Years 55 | Months 4 | Days 16 15 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Shipping Clerk

11. Industry or business

FATHER
12. Name Frank
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Wise
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director Ambrose, Inc.
(b) Address 4417 W. Cross St.

19 (a) JAN 8 1940 (Date rec'd by Registrar) Hunting ton Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 1940, at 12 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 4 1940, to Jan. 7 1940, and that I last saw h alive on Jan. 7 1940.

Immediate cause of death: Syphilitic Heart Disease — Duration unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Aortic insufficiency, Congestive failure

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard Kelly M. D.
Address Balto City Hosp. Date signed 1-7-40

F 64695

F 64695

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4404 Groveland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life 78

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4404 Groveland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — Yrs. years

3 (a) FULL NAME LOUIS HEIDERICH

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Josephine Heiderich
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Dec 10 1864
8. AGE: Years 75 | Months 0 | Days 27 | If less than one day: hr. min.
9. Birthplace: Baltimore (Town, county, and state)
10. Usual Occupation: Retired Supervisor
11. Industry or business: Farm & Tapestries
FATHER 12. Name: Anton Heiderich
FATHER 13. Birthplace: Germany
MOTHER 14. Maiden Name: Spoch
MOTHER 15. Birthplace: Germany
16 (a) Informant: Mrs Opie
(b) Address: 4404 Groveland Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 10/40 (month) (day) (year)
(c) Cemetery or crematory: Lochearn
Location: Old Frederick Road
18 (a) Funeral director: Chas. F. Evans & Son
(b) Address: 118 N. Mt. Royal Ave
19 (a) [illegible] (b) Registrar: H. Williams Registrar

JAN 8 1940

Date Registrar: Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7th 1940, at 11 1/2 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Acute cardiac failure
Due to: Hypertensive heart disease
Due to: arteriosclerosis general
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: H. L. Wallenmeier M.D. Medical Examiner.
Date signed: Jan 7, 1940

1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64696

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2106 N. Howard St. 12-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Elizabeth Nichols

(a) Residence: No. 2106 N. Howard St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarke Nichols

6. DATE OF BIRTH (month, day, year) 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Churchtown Md

FATHER

13. NAME Frederick Gray

14. BIRTHPLACE (city or town) (State or country) West River Md

MOTHER

15. MAIDEN NAME Eliza Butler

16. BIRTHPLACE (city or town) (State or country) West River Md

17. INFORMANT Augusta Fairbury (Address) 1625 Eutaw St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Cem. Date 1/8/ 1940

19. UNDERTAKER Mrs. Katie A. Williams (Address) 322 W. Saratoga St.

Jan 8 1940 Huntington Williams Mgr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5 1940

22. I HEREBY CERTIFY, That I attended deceased from May 4 1939 to Nov 15 1939

I last saw her alive on Nov 21 1939. Death is said to have occurred on the date stated above, at 5:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal Disease	7
Generalized Arteriosclerosis	7

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Maurice L Cohen M. D.

(Address) 312 E 23rd St.

Attending Physician

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

64697

F 64697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-0 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1615 E. Madison St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 E. Madison St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Nichols

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	C	Married

6 (b) Name of husband or wife Samuel Nichols
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years	Months	Days	If less than one day
54	11	24	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation House work
11. Industry or business

FATHER
12. Name unknown
13. Birthplace —

MOTHER
14. Maiden Name unknown
15. Birthplace —

16 (a) Informant Samuel Nichols
(b) Address 1615 E. Madison St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 9 1940 (month) (day) (year)
(c) Cemetery or crematory Asbury Cemetery
Location Balto Md.

18 (a) Funeral director Mrs Ida A Bailey
(b) Address 1421 Jefferson St

19 (a) JAN 8 1940 (Date received by Registrar) Huntington Williams (Signature of Registrar)

VS 3

MEDICAL CERTIFICATION

P.

20. DATE OF DEATH 1-5 1940, at 3:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/1 1939 to 1-5 1940 and that I last saw her alive on 1-2 1940

Immediate cause of death	Duration
Coronary Thrombosis	1-5/40
Due to chronic myocarditis	several yrs
Due to chronic interstitial nephritis	" "
Other Conditions arterio-sclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M.D.
Address 1300 E. Madison St Date signed 1/6/40

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64698

CERTIFICATE OF DEATH

107

F 64698

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers of America 5500 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Baby Girl Wisniewski

If U. S. Veteran specify WAR

(a) Residence: No. rear 1321 Edmondson Ave

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: W.

5. Single, Married, Widowed, or Divorced (write the word): S.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Jan 1, 1940

7. AGE: Years | Months | Days: 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Henry Wisniewski

14. BIRTHPLACE (city or town) (State or country): Balto, Md.

MOTHER

15. MAIDEN NAME: Louise Kiessling

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: mother

(Address) 1321 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL: Cemetery Bay

Place: JOHNS HOPKINS MEDICAL SCHOOL Date: JAN 8 1940

Commissioner of Health

19. UNDERTAKER: Per H. A. Moore

(Address)

20. FILED: JAN 8 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 8, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1940 to Jan 8, 1940

I last saw h[illegible] alive on Jan 8, 1940 Death is said to have occurred on the date stated above, at 2:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	1/5/40
Congenital Cystic Hygroma Neck	1/1/40

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward N. Zellmann M.D.

(Address) 401 N. Broadway

Vol. Hospital Corps

OCCUPATION is very important. See Instructions on back of certificate.

5315

F 64699

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-A Registered No. F 64699

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: MERCY HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 200 East Read St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME EMANUEL MAYO

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	—

6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
65	?	?	hr. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " "

MOTHER
14. Maiden Name " "
15. Birthplace " "

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Baltimore, Md.

18 (a) Funeral director H. W. Tipton & Son
(b) Address 805 N. Calvert St.

19 JAN 8 1940 Huntington Williams, M.D. (Date rec'd by registrar)

VS c

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1940, at 12 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Arteriosclerosis, general	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. T. Lee Ollemacher M.D. Medical Examiner.
Date signed Jan 5th, 1940

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

64700

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B F 64700

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3000 Belmont Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. Md. 3000 Belmont Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Wjite	married

6 (b) Name of husband or wife Wm. F. Willaims

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/4/64

8. AGE: Years	Months	Days	If less than one day
75	8	3	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name John Nolding
13. Birthplace Germany

MOTHER
14. Maiden Name ----
15. Birthplace Germany

16 (a) Informant Mrs. C. W. Bower
(b) Address 2914 Belmont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/40 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Windsor Mill Rd. Balto. Co. Md.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) [illegible] (b) Filed for Williams M.D.
(Date received by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 7, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1935 to Jan 7 1940
and that I last saw her alive on Jan 6 1940

Immediate cause of death Cerebral Thrombosis — Duration

Due to Arterio-sclerosis

Due to with embolic

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) (While at work)
(e) Means of injury

23. Signature [illegible] 4710 Liberty Hts. Ave.
Address Date signed 1/8/40 M.D.

64701

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64701

Registered No. 94-w

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Roland Park
(b) Street address 609 Somerset Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 609 Somerset Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

2 yrs 4 M

3 (a) FULL NAME Sara N. Tinsley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widow

6 (b) Name of husband or wife James Edward Tinsley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/17/62

8. AGE: Years	Months	Days	If less than one day
77	10	19	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Edgar J. Norris
13. Birthplace Md.

MOTHER
14. Maiden Name Mary J. Dufur
15. Birthplace State of N. Y.

16 (a) Informant George J. Tinsley
(b) Address 609 Somerset Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Fred. Ave. Balto. Md.

18 (a) Funeral director John O. Mitchell Sons Co Inc
(b) Address 1900 Eutaw Place.

19 (a) (Date rec'd by registrar) Huntington Pittman, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 6, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1940, to Jan 6th 1940, and that I last saw her alive on Jan 6 - 1940.

Immediate cause of death	Duration
Coronary Thrombosis	3 mo
1st Collapse	
Due to Arteriosclerosis	4 yrs
Due to Angina	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. B. Gamble M. D.
Address Warrington Apts. Date signed

VS 3

Dr. C. B. Gamble Jr. 1.30.40

64708 28
3 13

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 30-D

F 64702
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County
(c) City or town New York (If outside city or town limits, write RURAL and give town)
(d) Street No. 220 W. 98th (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fred Z Kean

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Edith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-30-90

8. AGE: Years	Months	Days	If less than one day
49	7	9	hr. min.

9. Birthplace N.Y. (Town, county, and state)
10. Usual Occupation Teacher
11. Industry or business

FATHER
12. Name Michael Kean
13. Birthplace Russia

MOTHER
14. Maiden Name Adella Kean
15. Birthplace Russia

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Jan 9 '40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Rd.

18 (a) Funeral director John C. Mitchell & Son
(b) Address 1900 Eutaw Place

19 (a) JAN 8 1940 (Date rec'd by registrar) (b) Huntington Hillsboro Md. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN-8 1940 at 355 A M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 3 1940 to JAN 8 1940 and that I last saw HIM alive on JAN 8 1940.

Immediate cause of death: Ruptured of dissecting aneurysm of aorta

Due to Generalized arterio-sclerosis

Due to Hypertensive cardio-vascular disease & arterio-nephrosclerosis & uremia

Other Conditions Bronchial asthma
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy Dissecting aneurysm aorta ruptured

Duration
6-12hrs.
?
1-2yrs?
4 mos.
30 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edgar G. Mueller
Address Johns Hopkins Hospital Date signed 1/8/40

F 64703

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No. F 64703

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 814 W. Pratt St
(c) Hospital or institution:
D. S. A. Franklin Sq. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 D
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1916 Mc Henry St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME William A. Tucker

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 1885

8. AGE: Years	Months	Days	If less than one day: hr.	min.
54	8			

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Produce Dealer

11. Industry or business

FATHER — 12. Name Unknown

13. Birthplace "

MOTHER — 14. Maiden Name Unknown

15. Birthplace "

16 (a) Informant Mrs Effie E Long

(b) Address 1916 Mc Henry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/40 (month) (day) (year)

(c) Cemetery or crematory Western

Location Edmondson Ave & Longwood St

18 (a) Funeral director Henry H Wilhelm

(b) Address 4101 Edmondson Ave

19 JAN 8 1940 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6 1940, at 5 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration .....

Due to ..... — Duration .....

Due to ..... — Duration .....

Other Conditions ..... — Duration .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature H. Brandenburg M.D.
Medical Examiner.
Date signed 1/8/40

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

64704 √131a F 64704

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 1933. E. 30. St. 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis O. Herbst — If U. S. Veteran specify WAR

(a) Residence: No. 1933 E. 30 St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lydia C. Herbst

6. DATE OF BIRTH (month, day, year): January 30 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired. Superintendent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Gas Co

10. Date deceased last worked at this occupation (month and year): 1935

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland.

FATHER

13. NAME: George Herbst

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Louis Herbst
(Address): 1933 E 30 St

18. BURIAL, CREMATION, OR REMOVAL
Place: Burial Dulaney Valley Date: Jan 10 19 40

19. UNDERTAKER: John Ulrich
(Address): 2008 Mc Elderry

20. FILED JAN 8 1940 Huntington Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 6, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 6 1934 to January 6 1940

I last saw him alive on Jan 6, 1940. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Bronchio Pneumonia	3 dys.
Arteriosclerosis	1 yr
Uremia	6 dys
Other contributory causes of importance: Chronic Interstitial Nephritis	1 yr

Was an operation performed? No Date of

For what disease or injury?

Name of operation: None

What test confirmed diagnosis? Urinalysis, Blood Chemistry & Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Thos. E. A. Strauss M. D.

(Address) 2878 Harford Rd

F 64705

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

161

Registered No. F 64705

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert Street
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2914 Montebello Terrace (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Ethel N. Nobb

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widow

(b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6, ? 1864

8. AGE: Years	Months	Days	If less than one day
75	7	2	hr. min.

9. Birthplace Maryland (Town, county and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name George W. Callum
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Jane Whitely
15. Birthplace Maryland

16 (a) Informant Mrs. Helen B. Hevner
(b) Address 2914 Montebello Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 10/40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 2008 Orleans

19 (a) JAN 8 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/7 1940, at 11:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/6 1940, to 1/7 1940 and that I last saw h[illegible] alive on 1/7 1940.

Immediate cause of death: Intestinal Obstruction — Duration: 3 days

Due to

Due to Cause undetermined

Other Conditions Hypertension w/ Cystitis Senile Heart Disease - Diabetes Chronic Nephritis

(Include pregnancy within three months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Mc G. Beck M. D.

Address Mercy Hospital Date signed 1/7/40

VS 3

F 64706

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 467

Registered No. F 64706

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3214 Berkshire Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 72/0/11

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3214 Berkshire Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANDREW V. VOGEL

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced.: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1867

8. AGE: Years 72 | Months 0 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Hatter
11. Industry or business

FATHER
12. Name Frederick M. Vogel
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret A. Vogler
15. Birthplace Germany

16 (a) Informant Wm. V. Vogel
(b) Address 3214 Berkshire Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 9/40 (month) (day) (year)
(c) Cemetery or crematory Mount Carmel
Location Baltimore

18 (a) Funeral director John Ullrich & Co.
(b) Address 2008 Allegheny Ave Towson, Maryland

19 (a) JAN 8 1940 (Registrar's number to be given by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1940 at 5 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 14 1938 to Jan 6 1940 and that I last saw him alive on Jan 5 1940:

Immediate cause of death: Carcinoma of Rectum — Duration: 2 years
Due to —
Due to
Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury None

Signature A. A. Gordy M.D. M. D.
Address 5106 Harford Rd Date signed 1-6-40

VS 3

F 64707

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 94 - a

Registered No. F 64707

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore & Eaton Sts (Schulenberg - Herald Parkway)
(c) Hospital or institution:
D. L. A. St. Josephs Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A. A. Co.
(c) City or town Pasadena
(If outside city or town limits, write RURAL and give town)
(d) Street No. 94
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elisha Carback

3 (b) If veteran, name war

3 (c) Social Security Account No. -

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Annie E. Carback

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years 73 | Months | Days | If less than one day hr. min.

9. Birthplace Balto County, Md.
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name John Carback
13. Birthplace Balto Co.

MOTHER
14. Maiden Name Georgiana York
15. Birthplace

16 (a) Informant Wm. Carback
(b) Address 423 a Sheldon ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/40 (month) (day) (year)
(c) Cemetery or crematory Edgewood Cemetery
Location Edgewood Md

18 (a) Funeral director J. A. Moran
(b) Address 3000 E. Balto St.

19 (a) JAN 8 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

11 3/4 a

20. DATE OF DEATH Jan. 6 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. M. Vandersluis M.D.
Medical Examiner.
Date signed 1/8/40

VS 6

F 64708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 N Registered No. F 64708

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 512 E 27th St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
94 (d) Street No. 512 E 27th St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME FRANK R. SELBY

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Annie M. Selby
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Feb. 17, 1868

8. AGE: Years	Months	Days	If less than one day
71	10	20	hr. min.

9. Birthplace Woodsmill Carroll Co Md
(Town, county, and state)
10. Usual Occupation Engineer B&O
11. Industry or business Railroad

FATHER
12. Name Louis Selby
13. Birthplace Md.

MOTHER
14. Maiden Name Jeffries
15. Birthplace Md.

16 (a) Informant Annie M. Selby
(b) Address 512 E 27th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 9 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto.

18 (a) Funeral director A. Howard Evans
(b) Address 1400 Lov St Charles St

19 (a) JAN 8 1940 (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 1940, at 2:25 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration
Due to Arteriosclerosis, general
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. T. L. Wollenweber M.D.
Medical Examiner.
Date signed Jan 7th, 1940

F 64709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 64709

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Savage (If outside city or town limits, write RURAL and give town)
(d) Street No. 54 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Sadie Zepp

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Lee Owens
13. Birthplace Md.

MOTHER
14. Maiden Name Georgianna Bidley
15. Birthplace Md.

16 (a) Informant Virgie Luber
(b) Address Savage Md

17 (a) [redacted] 1/11/40
(Burial, cremation, or removal) (day) (year)
(c) Cemetery or crematory [redacted]
Location [redacted]

18 (a) Funeral director [redacted]
(b) Address [redacted]

19 (a) JAN 8 1940
(Date rec'd by registrar) Registrar for Williamsburg, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/7/1940 at 7 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/6 1940 to 1/7 1940.
and that I last saw h e alive on 1/7 1940

Immediate cause of death Diabetes Coma — Duration 1 day

Due to Diabetes Mellitus — Duration 2 years

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [redacted] M. D.
Address St Agnes Hosp Date signed 1-7-40

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

64710

CERTIFICATE OF DEATH

74-F 64710

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise Haslup

If U. S. Veteran specify WAR

(a) Residence: No. Laurel Md St., Ward. Prince Geo. Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
[redacted]	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emory Haslup

6. DATE OF BIRTH (month, day, year) July 18, 1895

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
44	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurel Md

FATHER

13. NAME Theo Baldwin

14. BIRTHPLACE (city or town) (State or country) Laurel Md

MOTHER

15. MAIDEN NAME Carrie Voglits

16. BIRTHPLACE (city or town) (State or country) Laurel Md

17. INFORMANT Emory Haslup

(Address) Laurel Md

18. BURIAL, CREMATION, OR REMOVAL Natl Memorial Laurel Md Date 1/10, 1940

19. UNDERTAKER Floyd Ranier

(Address) Laurel Md

20. FILED JAN 8 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1940 to Jan 8, 1940

I last saw her alive on Jan 8, 1940. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage due to	6 hrs.
Acute Myeloid Leukemia	6-39
Acute respiratory distress.	

Other contributory causes of importance:

Severe Anemia due to multiple hemorrhages from multiple sites

Was an operation performed? Yes Date of 1-3-40

For what disease or injury? Uterine Bleeding ovsl

Name of operation Hysterectomy + Bilateral Salpingectomy, Diagnostic

What test confirmed diagnosis? Microscopic Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry A Brigle M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

Soc Sec. - 178-10-9061

HEALTH DEPARTMENT—CITY OF BALTIMORE

64711 CERTIFICATE OF DEATH 195-B 64711

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles Beri

If U. S. Veteran specify WAR

(a) Residence: No. 22 First Ave. Hallethorpe Md St., Ward. Baltimore

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marguerite Beri

6. DATE OF BIRTH (month, day, year) Sept 4, 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bus driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewistown Pa

FATHER

13. NAME Charles Mathieu Beri

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Claudia Lloyde

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Margaret Beri (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Northumberland Date Jan 11 1940

19. UNDERTAKER Bladen Elder (Address) 4907 York Road Baltimore Md

FILED JAN 9 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1940 to Jan 8, 1940

I last saw him alive on Jan 8, 1940. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Died during administration of Gas & Ether Anesthetic	

Other contributory causes of importance: Operation for Incarcerated Umbilical Hernia postpone of 4-5 months

Was an operation performed? Yes Date of Jan 8 1940

For what disease or injury? Strangulated Umbilical Hernia postponed

Name of operation Gangrenectomy

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Benway B. Thomas M. D.

(Address) University Hosp. Balt

Harold F. Anderson M. D. Chief Clinical Examiner.

OCCUPATION is very important. See instructions on back of certificate.

64712

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

131-a

F 64712

Reg. Dist. No.

1. PLACE OF DEATH:
County Baltimore
City or town Baltimore
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Edgewood Nursing Home
Stay in hospital or inst. (yrs., or mos., or days) 8 mds.
Stay in this community (yrs., or mos., or days) 10 mos

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Frederick
City or town Middletown Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Estie O Toms

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	white	Widowed

6 (b) Name of husband or wife Edward P. Toms
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 3 187[illegible]

8. AGE: Years	Months	Days	If less than one day
68	11	6	hrs. min.

9. Birthplace Middletown, Md. (Town, county, and state)
10. Usual occupation House wife
11. Industry or business

FATHER
12. Name Samuel D. Gover
13. Birthplace Middletown. Md.

MOTHER
14. Maiden name Louisa Unverzagt
15. Birthplace Middletown. Md.

16. Informant Mrs Willard L Bowman
Address 709 Glen Allen Drive Baltimore Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 11, 1940 (month) (day) (year)
Cemetery or crematory Reformed Cemetery
Location Middletown. Md.

18. Funeral director Gladhill Co.
Address Middletown. Md.

19. 1940 Hunting Tow Hundred, Md.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9 1940 at 2:05 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 1939 to Jan 9 1940 and that I last saw h[illegible] alive on Jan 8 1940

Immediate cause of death	DURATION
Uraemia	2 wks.
Due to Generalized arteriosclerosis	
Due to Hypertension & chronic nephritis	Several yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE M Bowman Hood M. D.
M. D. or other
Address 2200 Garrison Blvd Date signed 1/9/40

64713

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64713

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope & Petrea St. 28-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Christian Ebert

If U. S. Veteran specify WAR .....

(a) Residence: No. Mount Hope & Petrea St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 3 - 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

FATHER

13. NAME Casper Ebert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Hellmann

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Frank Hessler

(Address) Preston Md

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Jan. 11 1940

19. UNDERTAKER Lilly & Zeiler INC.

(Address) 403 S. Wolfe St.

JAN 9 1940

20. FILED ... Hunter for Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/8 1940

22. I HEREBY CERTIFY, That I attended deceased from April 1938 to Jan 8 1940

I last saw ... alive on Jan 8 1940 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
General Arterio sclerosis	12 yrs
Dementia Presenile	3 yrs

Other contributory causes of importance:

Coronary Thrombosis	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Gregory P. Magee M.D.

(Address) 336 Fredericks Ave

1940 2-26

F 64714

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 64714

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 425 Chapel Gate Lane
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 60yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 425 Chapel Gate Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Augusta Lubbers

3 (b) If veteran, name war W

3 (c) Social Security Account No. 209-E

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or ~~divorced~~ Widowed

6 (b) Name of husband ~~or wife~~ Adolph Lubbers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 20 1857

8. AGE: Years 82 | Months 8 | Days 16 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Unknown Heine
13. Birthplace Germany

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Lawrence Lubbers
(b) Address 425 Chapel Gate Lane

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/9/40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Western
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1617 St. Paul St

19 (a) JAN 9 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1937 to Jan 6 1940, and that I last saw her alive on Jan 5 1940

Immediate cause of death Coronary Thrombosis — Duration 10 days

Due to Arteriosclerosis & — Duration Unknown

Due to Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence No
(c) Where did injury occur? No (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? No (Specify type of place) While at work? No
(e) Means of injury None

23. Signature [signature]
Address 705 Med Arts Date signed 1/9/40 (M. D.)

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64715

CERTIFICATE OF DEATH

108 F 64715

1. PLACE OF DEATH St. Joseph's Hosp.

Registered No.

CITY OF BALTIMORE: (No. Caroline & Oliver St. 8-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Anna Plock

If U. S. Veteran specify WAR

(a) Residence: No. 1806 N. Collington Ave (Usual place of abode) Ward. S. S. No. 214-01-7207 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 13th 1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Label Assorter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printing

10. Date deceased last worked at this occupation (month and year) Dec 1939

11. Total time (years) spent in this occupation 5yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Plock

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Pfister

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm H. Plock Father

(Address) 3104 Willoughby Ave Apt 1st

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date 1/11 1940

19. UNDERTAKER Wm Carl

(Address) 1217 Paul St

20. FILED JAN 9 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-8 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 4th 1940 to Jan 8th 1940

I last saw her alive on Jan 8th 1940 Death is said to have occurred on the date stated above, at 5 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia, Entire Rt Side	
Broncho-Pneumonia, Lft	
Other contributory causes of importance: Respiratory Failure	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury,

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harry Kelmenson M. D.

(Address) St. Joseph's Hosp.

OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 64716

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-7

F 64716 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 608 McCabe Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Victor H. Edwards

3 (b) If veteran, name war —— no

3 (c) Social Security Account No. none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Helena H. Edwards

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8th 1871

8. AGE: Years 68 | Months 6 | Days 0 | If less than one day hr. min.

9. Birthplace Balto Md (town, county, and state)

10. Usual Occupation Retired

11. Industry or business E. H. Bennett Co

FATHER
12. Name Wm Brown Edward
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Helena Edwards
(b) Address 608 McCabe Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

19 (a) JAN 9 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-8 1940, at 9:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-4 1940 to 1-8 1940.
and that I last saw h alive on 1-7 1940.

Immediate cause of death: Myocardial insufficiency — Duration: 5 days
Due to: Hypertensive Cardio-Vas. disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edred Roberts M. D.
Address 6010 York Rd. Date signed 1-8-40

VS 8

F 64717

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 64717 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 527 E 20th St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 527 E 20th St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H. Schmidtman

3 (b) If veteran, name war —
3 (c) Social Security Account No. NHE

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Lena Schmidtman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15 1861

8. AGE: Years 78 | Months 5 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Bookkeeper Retired

11. Industry or business

FATHER
12. Name August Schmidtman
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara (Unknown)
15. Birthplace Germany

16 (a) Informant Lilla Schmidtman
(b) Address 527 E 20th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 10 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Wilson Co
(b) Address 1217 E Fort Ave

19 JAN 9 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 1940. Md Co

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 12 1939 to Jan 8 1940 and that I last saw him alive on Jan 8 1940.

Immediate cause of death Pulmonary Edema — Duration acute

Due to Chronic Myocarditis — Duration 4 years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Nathaniel Munroe Bosh M. D.
Address 2727 N. Charles St. Date signed

VS 3

F 64718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

127-a

F 64718

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 838 N. Fulton Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 838 N. Fulton Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hester T. Bowen

3 (b) If veteran, name war: W

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, ~~widowed, or divorced~~: Married

6 (b) Name of husband ~~or wife~~: Benjamin J. Bowen

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) May 4th 1874

8. AGE: Years 65 | Months 8 | Days 2 | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER

12. Name John T. Joyce

13. Birthplace Md.

MOTHER

14. Maiden Name Mary Ann Peacock

15. Birthplace Md

16 (a) Informant Benjamin J. Bowen

(b) Address 838 N. Fulton Ave

17 (a) Final (Burial, ~~cremation, or removal~~) (b) Date thereof Jan 9/40 (month) (day) (year)

(c) Cemetery or crematory Stony Chapel Location Odenton Md

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

19 (a) JAN 9 1940 (Date of day registered) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6th 1940, at 4 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1940 to Jan 6 1940, and that I last saw her alive on Jan 6 1940.

Immediate cause of death: Prim. Bronchio-pneumonia — Duration: 6 days

Due to

Due to

Other Conditions: Chr. Cholecystitis (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Homer L. Todd M.D.

Address 735 N. Fulton Ave Date signed 1/8/40

VS 3

F 64719

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 64719 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 107 N. Carey St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 107 N. Carey St
(If rural give location)
16
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ethridge Wilburn

3 (b) If veteran, name war: W
3 (c) Social Security Account No. none

4. Sex: Male
5. Color or race: White
6 (a) Single, ~~married, widowed, or divorced~~: Single
6 (b) Name of husband or wife:
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 12th 1870

8. AGE: Years 69 | Months 4 | Days 25 | If less than one day: hr. min.

9. Birthplace A. A. Co. Md.
(Town, county, and state)
10. Usual Occupation Retired Car Carpenter
11. Industry or business Pa R. R.

FATHER
12. Name Zachariah Wilburn
13. Birthplace Prince Georges Co Md

MOTHER
14. Maiden Name Anaic Rebecca Brown
15. Birthplace A. A. Co. Md

16 (a) Informant W. F. Wilburn
(b) Address Benning Sta. D. C Route #1

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Baldwin Memorial
Location A. A. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 E. Pratt St

19 (a) JAN 9 1940 (Local registrar) Huntington for Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7th 1940 at 7 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to 19 ; and that I last saw h alive on Jan 1 1940

Immediate cause of death Pneumonia
Myocarditis
Arthritis
Due to Scleroses of Coronary
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward A Morgan M. D.
Address 1214 N. Fremont Ave Date signed 1/8-40

N. L. Tuell number MD - Certified for Cardiac Arthritis

F 64720

F 64720

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-40 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden Ave.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 hrs 50 min
(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2001 Brentwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Horace M James

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Emily Matilda James
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct 10 1873

8. AGE: Years 66 | Months 2 | Days 24 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore - Maryland (Town, county, and state)

10. Usual Occupation Retired - Salesman Keeper

11. Industry or business

FATHER 12. Name William T James
13. Birthplace England

MOTHER 14. Maiden Name Ellen Selloway
15. Birthplace England

16 (a) Informant Harry James
(b) Address 2001 Brentwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 10 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd

18 (a) Funeral director Edward Jonson
(b) Address 2359 Washington Blvd.

JAN 9 1940 (Date rec'd by registrar) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1940, at 1:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1940, to Jan 6 1940, and that I last saw him alive on Jan 6 1940.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to Hypertension	
Due to Arteriosclerosis	
Other Conditions Chronic Nephritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J B Whitworth M. D.
Address W Gen Hosp Date signed 1/6/40

Howard D. Mehrling M.D. Chief Medical Examiner
per B. Wilkes

64721

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 64721

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1525 Gorsuch Ave.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 Weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Glen Arm (If outside city or town limits, write RURAL and give town)
(d) Street No. Stony Batter Rd., (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Jane Dilworth

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Howard C. Dilworth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1873

8. AGE: Years	Months	Days	If less than one day
66	7	1	hr. min.

9. Birthplace Baltimore Co., Md. (Town, county, and state)
10. Usual Occupation House-wife
11. Industry or business

FATHER
12. Name George Bears
13. Birthplace Baltimore Co., Md.

MOTHER
14. Maiden Name Elizabeth Blakeley
15. Birthplace Baltimore Co. Md.

16 (a) Informant Mrs. Elsie Snyder
(b) Address 1525 Gorsuch Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9, 1940 (month) (day) (year)
(c) Cemetery or crematory Fork M.E. Church Cem.
Location Glen Arm, Md.

18 (a) Funeral director H. Howard Strong.
(b) Address 715 Light St.,

19 (a) JAN 9 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. 2746 Alameda Blvd.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 6, 1940 at 3.05 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from October 7 1939 to Jan 6 1940 and that I last saw her alive on Jan 6 1940

Immediate cause of death: Arterio Sclerotic Cardio-Vascular Disease — Duration: Oct 7, 1939
Due to
Due to
Other Conditions: Coronary Thrombosis — Jan 6 1940
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas. D. Edwards M. D.
Date signed 1/6/40

VS 2

F 64722

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97-C

F 64722 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3145 Ravenwood Ave.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3145 Ravenwood Ave., (If rural give location)
(e) If foreign born, how long in U. S. A.? years

84

3 (a) FULL NAME Grover C. Hammond

3 (b) If veteran, name war	3 (c) Social Security Account No.
World War	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary E. Hammond
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1887

8. AGE: Years	Months	Days	If less than one day
52	4	21	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Brakeman
11. Industry or business B.&.O. R.R.

FATHER
12. Name William Hammond
13. Birthplace Md.

MOTHER
14. Maiden Name Emma King
15. Birthplace Md.

16 (a) Informant Mrs. Mary E. Hammond
(b) Address 3145 Ravenwood Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9, 1940 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave., Balto. Md.

18 (a) Funeral director H. Howard Strong
(b) Address 715 Light St.

19 (a) JAN 9 1940 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 5, 1940, at 10:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-20-1939 to 1-5-1940, and that I last saw him alive on 1-4-1940.

Immediate cause of death	Duration
Paralysis Agitans	21 yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. B. Ehlert M. D.
Address 2802 Harford Ave. Date signed 1-6-40

F 64723

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49-6 Registered No. 63

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Belmont & Hubbard
(c) Hospital or institution: Sinai
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 26

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1705 N. Bentalou St (If rural give location)
(e) If foreign born, how long in U. S. A.? 26 years

3 (a) FULL NAME Helen Ricklin

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-28-1910

8. AGE: Years	Months	Days	If less than one day
29 30	8	10	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

MOTHER / FATHER
12. Name Max Ricklin
13. Birthplace Russia
14. Maiden Name Bessie Fagan
15. Birthplace Russia

16 (a) Informant Hosp Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-35 (month) (day) (year)
(c) Cemetery or crematory Pikesville
Location Phil Rd & Hamilton Ave

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto St

19 (a) JAN (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-8- 1940, at 4 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-19 1939 to 1-8 1940, and that I last saw her alive on 1-8 1940.

Immediate cause of death	Duration
Cardiac failure	2 days
Due to Pleural effusion	
Due to metastasis to pleura	2 months
Carcinoma of ovaries	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alvan L. Wolfe M.D.
Address Sinai Hospital Date signed 1-8-40

VS 8

64724 HEALTH DEPARTMENT—CITY OF BALTIMORE 64724

CERTIFICATE OF DEATH 483

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 563 Dolphin St. 17-W Ward)

Registered No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eliza Hayward

If U. S. Veteran specify WAR _____

(a) Residence: No. 563 Dolphin St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed or divorced HUSBAND of (or) WIFE of: John Hayward

6. DATE OF BIRTH (month, day, year): Apr 17 1881

7. AGE: Years 58 | Months 9 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private
10. Date deceased last worked at this occupation (month and year): _____
11. Total time (years) spent in this occupation: _____

12. BIRTHPLACE (city or town) (State or country): Calvert Co Md

FATHER

13. NAME: Jacob Gross
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: not known
16. BIRTHPLACE (city or town) (State or country): _____

17. INFORMANT: Elvira Hayward (Address) 563 Dolphin St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Calvary Date: 1-9-40

19. UNDERTAKER: Mrs Frankie A. Hemsley (Address) 57 E. W. Saratoga St

20. FILED JAN 9 1940 19__ Henrietta [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 6, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1939 to Jan 6, 1940

I last saw her alive on Jan 6, 1940 Death is said to have occurred on the date stated above, at 2.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	about 6-1-39

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Physical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) J. McLac M. D.

(Address) 1626 Druid Hill Ave

OCCUPATION is very important. See instructions on back of certificate.

F 64725

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E F 64725 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd + Calvert.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 74 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3615 Seven Mile Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Helen Doeplitz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 12, 1865

8. AGE: Years 74 | Months | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Home

11. Industry or business

FATHER
12. Name Soloman Doeplitz
13. Birthplace Germany

MOTHER
14. Maiden Name Clara Block
15. Birthplace Germany.

16 (a) Informant Mrs. E. Doeplitz
(b) Address 3615 Seven Mile Lane

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1/10/40. (month) (day) (year)
(c) Cemetery or crematory Ft Lincoln,
Location Bladensburg, Md.

18 (a) Funeral director Hurd Sindeman & Son
(b) Address 1902 Eutaw Place

19 JAN 9 1940 (Date rec'd by registrar) (b) Registrar's signature: Virginia M. Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8, 1940, at 4:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to Jan 8 1940, and that I last saw her alive on Jan. 8, 1940.

Immediate cause of death Cardiac failure. — Duration

Due to Generalized debility

Due to

Other Conditions Abdominal tumor. — Duration: over

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. D. Gurdon, M.D.
Address Union Memorial Date signed 1/8/40

VS 3

F 64726

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-P ✓ Registered No. F 64726

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Belmont & Rutland
(c) Hospital or institution:
Old Folks Home of Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Sinai Aged Home (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fannie Cahn (Fannie Cahn)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) About 1865

8. AGE: Years	Months	Days	If less than one day
About 75			hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Friedrich Cahn
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr. M. Henschel,
(b) Address New York City.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1/9/40 (month) (day) (year)
(c) Cemetery or crematory Fort Lincoln
Location Washington, Md.

18 (a) Funeral director David Goodman & Son
(b) Address 1902 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Registrar

JAN 9 1940 Hunting, Col Hillsboro, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-8 1940 at 12:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-29 1939 to 1-8 1940, and that I last saw her alive on 1-8 1940.

Immediate cause of death
Pulmonary edema
Due to Cerebral thrombosis & arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
1 yr.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney Schanker M. D.
Address Sinai Hospital Date signed

F 64727

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-A

F 64727 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2223 Linden Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2223 Linden Ave. (If rural give location)
(e) If foreign born, how long in U. S. A. about 50 years

3 (a) FULL NAME Lena Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Wm. Harris

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 26 1857

8. AGE: Years 82 | Months 8 | Days 11/10 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Carl Trimble
13. Birthplace Germany

MOTHER
14. Maiden Name Carlina
15. Birthplace Germany

16 (a) Informant Mrs. L. Harris,
(b) Address 2223 Linden Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/10/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Washington Hebrew
Location Anacosta, Va.

18 (a) Funeral director David Sondheim & Son
(b) Address 1902 Eutaw Place

19 (a) 9 1940 (b) (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 1940 at 7 15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1939 to Jan 8 1940 and that I last saw her alive on Jan 8 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 day
Due to: Arteriosclerosis (hypertension) — 5 yrs
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Frederick Lentz M. D.
Address Temple Garden Apts. Date signed 1-8-40

F 64728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 64728

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3108 Beantown Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME HAYWARD POPE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12 | 1 | 39

8. AGE: Years	Months	Days	If less than one day
	1	7	hr. min.

9. Birthplace Winnsboro, South Carolina (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name Hayward Pope

13. Birthplace South Carolina

MOTHER 14. Maiden Name Sarah Archer

15. Birthplace South Carolina

16 (a) Informant Father - Hayward Pope

(b) Address 3108 Beantown Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cemetery

Location

18 (a) Funeral director T. E. Kelson

(b) Address 1303 Presstman St

19 (a) (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 8 1940, at 11½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

Immediate cause of death Bronchopneumonia following Coma

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
—

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Wallenmeyer M.D. Medical Examiner.

Date signed Jan 8, 1940

VS 6

64729

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-D

F 64729 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3912 Foster Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits write RURAL and give town)
(d) Street No. 3912 Foster Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

26

3 (a) Full Name Hattie Hedwig C. Ebert

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 17-1883

8. AGE: Years 56 | Months 2 | Days 20 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Carl "Zealke
13. Birthplace Germany

MOTHER
14. Maiden Name Dont. Know
15. Birthplace Germany

16 (a) Informant Clara Tepper
(b) Address 408 N. Bouldin

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/40 (month, day, year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd.

18 (a) Funeral director John A. Myers
(b) Address 3000 E. Baltimore

19 (a) JAN 9 1940 (Date rec'd by reg.) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sat. Jan 6 1940 at 7 00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 20 1939 to 1-6-1940 and that I last saw her alive on 1-5-1940.

Immediate cause of death	Duration
Arteriosclerosis heart disease and hypertension	Unknown
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm B. Ebert M. D.
Address 2802 Harford Ave signed 1-8-40

64730

HEALTH DEPARTMENT—CITY OF BALTIMORE

64730

CERTIFICATE OF DEATH

131-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1631 Calhoun St. 15-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Walter Jefferson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1631 Calhoun St., S. S. No. 216-10-9539 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Emma Jefferson

6. DATE OF BIRTH (month, day, year) April 15, 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Brake Shoe Co

10. Date deceased last worked at this occupation (month and year) Aug 1939

11. Total time (years) spent in this occupation 22 yrs

12. BIRTHPLACE (city or town) (State or country) Goochland Co. Va

FATHER

13. NAME Jacob Jefferson

14. BIRTHPLACE (city or town) (State or country) Goochland Va

MOTHER

15. MAIDEN NAME Elvira Jayson

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mrs Emma Jefferson
(Address) 1631 Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Jan 7 19 40

19. UNDERTAKER Thos. E. Nelson & Sons
(Address) 1303 E. Baltimore St.

20. FILED ..... 19 .....
Registrar.

JAN 9 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-7-, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-1-, 1940 to 1-7-, 1940

I last saw him alive on 1-6-, 1940 Death is said to have occurred on the date stated above, at 1:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset (approx.)
Nephritis	

Other contributory causes of importance:

Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Laboratory Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank A Saunders M. D.

(Address) 1029 Stricker St.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of ... is required by law, and property classified. Any ... in any ... will be ...

VS 3

64731

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D

F 64731

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 months
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1603 Presbury St. (If rural give location)
(e) If foreign born, how long in U. S. A.) ..... years

3 (a) FULL NAME Lillie Mack.

3 (b) If veteran, name war —

3 (c) Social Security Account No. at home

4. Sex F

5. Color or race Ed

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Oscar

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years 48 47 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Prince Hes. Co. Md (Town, county, and state)

10. Usual Occupation domestic.

11. Industry or business

FATHER
12. Name Saul Claggett
13. Birthplace Md

MOTHER
14. Maiden Name Olina ?
15. Birthplace Md.

16 (a) Informant Susie Waters
(b) Address 210 3 Howard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 | 9 | 40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location .....

18 (a) Funeral director Sha E. Kelson
(b) Address 1303 Presbyman

19 (a) JAN 9 1940 (Date rec'd by registrar) Hunter & Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-7-1940 at 2:28 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-7-1940 to 1-7-1940 and that I last saw h.... alive on 1-7-1940.

Immediate cause of death	Duration
Mitral Insufficiency	1
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide /
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature Edith Maloney M. D.
Address Provident Hospital Date signed 1/9/40

VS 3

64732

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64732

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH 1838 Lorraine St 15-2

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Randolph

If U. S. Veteran specify WAR .....

(a) Residence: No. 1838 Lorraine St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col.	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1882.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Wm. Randolph

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Albert Randolph

(Address) Penn Hotel

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1/10 1940

19. UNDERTAKER T. E. Kelson

(Address) 1303 Presstman st.

20. FILED ..... 19.... .....

Registrar.

JAN 9 1940

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1939 to Jan 7 1939

I last saw him alive on Jan 6 1940 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 5
Other contributory causes of importance: Hypertensive Cardio-Vascular Renal Dis.	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) M Kelson M. D.

(Address) 803 N Fremont Ave

OCCUPATION is very important. See instructions on back of certificate.

F 64733

OK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

51663 F 64733

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1011 Carlton St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Pettie Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married (Sep)

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. ?, 1890

8. AGE: Years	Months	Days	If less than one day
49 50	?	?	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan 9 1940
(Month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location City

18 (a) Funeral director Thos. E. Kelson
(b) Address 303 Presstman St

19 (a) (Date rec'd by registrar) (b) Permit for burial or removal

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 1940, at 4:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 6 1940, to Jan. 7 1940, and that I last saw h[illegible] alive on Jan 7 1940

Immediate cause of death: Cerebral hemorrhage — Duration: 36 hours

Due to

Due to

Other Conditions generalized arteriosclerosis — unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy yes as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Murray Lebaldin M. D.
Address Balto City Hosp. Date signed 1-7-40

F 64734 HEALTH DEPARTMENT—CITY OF BALTIMORE F 64734

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 Rutland Ave St., 7th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Greene

If U. S. Veteran specify WAR

(a) Residence: No. 922 Rutland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widowed

3a. If married, widowed, or divorced (or) WIFE of Howard Greene

6. DATE OF BIRTH (month, day, year) March 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	9 10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fluvanna Co. Virginia

FATHER

13. NAME Wilson Jones

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Willis ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Burton Greene

(Address) 922 Rutland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date 1-11 1940

19. UNDERTAKER Sam'l M. Gelston & Son

(Address) 512 N. Eutaw St.

20. FILED JAN 9 1940 Huntington Robinson, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov., 1936 to Jan 8, 1940

I last saw her alive on Jan 8, 1940 Death is said to have occurred on the date stated above, at 9:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	1/6/40
Myocarditis	

Other contributory causes of importance:

Senility

Generalized Debility

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert L. Lefevre, M. D.

(Address) 512 N. Eutaw St

OCCUPATION is very important. See instructions on back of certificate.

F 64735

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-1

F 64735
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2301 Callow ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 46 years

3 (a) FULL NAME Dora Goldrich

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: W.
6 (b) Name of husband or wife: Late Isaac
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1866
8. AGE: Years 73 | Months | Days | If less than one day: hr. min.
9. Birthplace: Russia (Town, county, and state)
10. Usual Occupation: Housework
11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Russian

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Russia

16 (a) Informant: Barney Goldrich
(b) Address: 2317 Liberty Heights ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 9/40 (month) (day) (year)
(c) Cemetery or crematory: Pikesville Herring Run
Location: Phelps Road
18 (a) Funeral director: Sol S. Wimpol & Bros
(b) Address: 1124-26 W. North ave
19 (a) 1940 (Date of filing by registrar) Clinton L. Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 8 1940 at 5 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 8 1940 to Jan 8 1940, and that I last saw her alive on Jan 8 1940.

Immediate cause of death: Pulmonary Edema
Cardiac Failure — Duration: 1 day

Due to: Ac. Interstitial Nephritis — 3 days

Due to: Probable Carcinoma Both Lungs

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Nelson D. Rosenau M.D.
Address: Sinai Hospital Date signed 1-8-40

VS 2

F 64736

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-a Registered No. F 64736

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2207 Elsinor Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2207 Elsinor Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

168

3 (a) FULL NAME Fannie Rebecca Weber

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Benjamin
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov 6 1863
8. AGE: Years: about 76 | Months: 2 | Days: - | If less than one day: hr. min.
9. Birthplace: Baltimore (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Washington Hobbs
13. Birthplace: Maryland

MOTHER
14. Maiden name: Margaret Spence
15. Birthplace: Maryland

16 (a) Informant: Miss Myrtle Weber
(b) Address: 2207 Elsinor Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-40 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn
Location: Woodlawn Md

18 (a) Funeral director: Williams Tuckey & Son
(b) Address: North & Pennsylvania Aves

19 JAN 9 1940 (Date rec'd by Registrar) (b) Interring at Baltimore, Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1940 at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 30 1937 to Jan 6 1940 and that I last saw her alive on Jan 4 1940.

Immediate cause of death: Hypostatic bronchopneumonia
Duration: 3 Day
Contributory, write recurrent
Date of onset 12-29-1939
Due to (a) Acute lobar pneumonia, right upper lobe
(b)
Other Conditions: None
(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature: J. Wesley Cole
Address: 22 S. Harrison Date signed 1/9/40

F 64737

F 64737

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 716 E Preston St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 716 E Preston St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clara Ruth Butzler

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 28 1863

8. AGE: Years 76 | Months 2 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation None.

11. Industry or business

FATHER 12. Name John Butzler

13. Birthplace Bavaria Germany

MOTHER 14. Maiden Name Augusta Jungto

15. Birthplace Berlin Germany

16 (a) Informant Mr. J. Milton Brandt

(b) Address 304 E. Fitting

17 (a) London (Burial, cremation, or removal) (b) Date thereof Jan 10 1940 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Baltimore Md

18 (a) Funeral director Milligan & Jenkins + Sons

(b) Address North + Appleby Aves

19 (a) [illegible] (b) [illegible]

JAN 9 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 21 1939, to Jan 7 1940, and that I last saw h-r alive on Jan 5, 1940.

Immediate cause of death
Coronary thrombosis
Myocardial degeneration

Due to
Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

Duration
4 hrs
?
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel Schenker M. D.

Address 714 E. Preston Date signed 1/9/39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64738

CERTIFICATE OF DEATH

51-B F 64738

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hospital (St., or Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Hunt

If U. S. Veteran specify WAR

(a) Residence: No. 1222 Battery Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Clara L. Bahlman

6. DATE OF BIRTH (month, day, year) July 5, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Surveyor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Hunt

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rose Fleta

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Frances Bluyess

(Address) 1222 Battery Ave

18. BURIAL, CREMATION, OR REMOVAL Holy Cross, Brooklyn Date 1/10 '40

19. UNDERTAKER John J. Fahey & Sons

(Address) 1237 Light St.

20. JAN 9 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26 1939 to Jan 6 1940

I last saw him alive on Jan 6 1940 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	
Metastatic involvement of Liver	
Other contributory causes of importance: Renal insufficiency	

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bernard S. Kleinman, M. D.

(Address) St. Joseph's Hosp.

V2.2

Instructions on back of certificate. See instructions on back of certificate.

F 64739

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X F 64739 Registered No.

161-C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Fairmount Ave.
(c) Hospital or institution:
Church Home & Infirmary.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 dy.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 dy.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Calvert (corrected)
(c) City or town Sunderland
(If outside city or town limits, write RURAL and give town)
(d) Street No. None
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Baby Girl Cox.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single.

6 (b) Name of husband or wife —

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan. 7, 1940.

8. AGE: Years	Months	Days	If less than one day
—	—	1	____ hr. ____ min.

9. Birthplace C.H. & I., Balto., Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Herman H. Cox.
13. Birthplace Calvert Co., Md.

MOTHER
14. Maiden Name Dorothy Bowen
15. Birthplace Maryland.

16 (a) Informant Mrs. Dorothy Cox.
(b) Address Sunderland, Calvert Co., Md.

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (month) (day) (year)
(c) Cemetery or crematory Mt. Harmony.
Location Calvert Co. Md.

18 (a) Funeral director W. Harry Hutchins Jr.
(b) Address Owings Md.

JAN 9 1940 Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8 1940, at 4:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 7 1940, to Jan. 8 1940, and that I last saw h IR alive on Jan. 8 1940.

Immediate cause of death Hyperinsulinism ? — Duration 7 hrs.

Due to maternal diabetes ?

Due to ____

Other Conditions Adrenal hemorrhage.
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy Adrenal hemorrhage.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____
(Specify type of place)
(e) Means of injury ____

23. Signature W. Hohman Grayson M. D.
Address Church Home & Inf. Date signed 1-8-40.

VS 3

F 64740

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108

F 64740 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1042 N. Dunbar Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 41 years years

3 (a) FULL NAME John Slivecky

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 218-09-0640

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	Married

6 (b) Name of husband or wife: Anna Slivecky
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Dec 22, 1880

8. AGE: Years	Months	Days	If less than one day
59		22 16	hr. min.

9. Birthplace: Bohemia (Town, county, and state)
10. Usual Occupation: Laborer
11. Industry or business

FATHER
12. Name: John Slivecky
13. Birthplace: Bohemia

MOTHER
14. Maiden Name: Francis Krupa
15. Birthplace: Bohemia

16 (a) Informant: Anna Slivecky
(b) Address: 1042 N. Dunbar St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-40 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Baltimore Md.

18 (a) Funeral director: Frank Crockson
(b) Address: 1906 Cathedral

19 (a) 1940 (Date received by registrar) Washington Md. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-8- 1940, at 2:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-7- 1940 to 1-8- 1940, and that I last saw him alive on 1-8- 1940.

Immediate cause of death: Lobar pneumonia — Duration: 2

Due to:

Due to:

Other Conditions: acute urinary retention — 2 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: J M Collins M. D.
Address: Bon Secours Hospital Date signed

F 64741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 64741 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2702 Mosher St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2702 Woodbourne St
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick W. Mayenschein

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Caroline
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 14 1858

8. AGE: Years	Months	Days -	If less than one day
81	3	23	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name John Mayenschein
13. Birthplace Germany

MOTHER 14. Maiden Name Emma Semson
15. Birthplace Germany

16 (a) Informant Frances Mayenschein
(b) Address 2702 Mosher St

17 (a) Burial (b) Date thereof Jan 10 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave

18 (a) Funeral director F. Vernon Kuehnes
(b) Address 2301 E Edmondson Ave

19 (c) Huntington Williams Md.
(Filed) (Registrar)

JAN 9 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1940, at 9:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940 to Jan 6 1940, and that I last saw h[illegible] alive on Jan 6 1940.

Immediate cause of death	Duration
Pulmonary Oedema	4 hrs
Due to Myocarditis	
Due to Arterio Sclerosis — Senility	10 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard Kahn
Address 2027 N Bethel Date signed 1/8/40

64742

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64742

CERTIFICATE OF DEATH

93-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 629 W. Lee St. 22-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Carrie Wilson

If U. S. Veteran specify WAR

(a) Residence: No. 629 W. Lee St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Wilson

6. DATE OF BIRTH (month, day, year): July 2, 1891

7. AGE: Years 48 | Months 6 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: George H Kane

14. BIRTHPLACE (city or town) (State or country): md

MOTHER

15. MAIDEN NAME: Mary J Johnson

16. BIRTHPLACE (city or town) (State or country): md

17. INFORMANT: Rosa Green

(Address): 629 W. Lee St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Calvary Date: Jan 10 1940

19. UNDERTAKER: James A Adams

(Address): 1411 Pennsylvania Ave

20. Filed: Jan 9 1940 by Huntington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 7, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1940 to Jan 7 1940

I last saw her alive on Jan 7 1940 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	1/1/40
Other contributory causes of importance: None	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Dr Yoke Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr Hurtt D Green M. D.

(Address) 611 N. Bacon St

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

64743

F 64743

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2913 Pinewood Ave
(c) Hospital or institution: Mrs Bruenger's Home Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town ..... (If outside city or town limits, write RURAL and give town)
(d) Street No. ..... (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME William F Mayfort

3 (b) If veteran, name war — no | 3 (c) Social Security Account No. — none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Mar 15 - 1873

8. AGE: Years	Months	Days	If less than one day
66	10	23	hr. ..... min.

9. Birthplace Baltimore (town, county and state)
10. Usual Occupation Retired Butcher
11. Industry or business Self

FATHER
12. Name Martin Mayfort
13. Birthplace Germany

MOTHER
14. Maiden Name Stricker
15. Birthplace Germany

16 (a) Informant Mrs A Bretzdorf
(b) Address 3916 York Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location East North Ave
(a) Funeral director Geo Schilling & Sons
(b) Address 424-426 E Monument St

19 (a) (Date received) (b) Registrar Huntington Williams M.D.

JAN 9

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/7/40 19 ..... at 4P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1939 to 1/7 1940 and that I last saw h[illegible] alive on 1/7 1940.

Immediate cause of death Uremia Myocarditis (Infarct)

	Duration
Due to —	
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Kyle W Talley M. D.
Address 520 Harford Ave Date signed 1/9/40

F 64744

F 64744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95-C

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1507 W. Baltimore St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street address 1307 W. Baltimore St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martin M. Miller

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 213-01-8588

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Divorced

6 (b) Name of husband or wife: Grace Miller

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29th, 187?

8. AGE: Years	Months	Days	If less than one day
62	9	7	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Barber

11. Industry or business Self

FATHER
12. Name Henry Miller
13. Birthplace Germany

MOTHER
14. Maiden Name Johanna Kilmyer
15. Birthplace Baltimore, Md.

16 (a) Informant George W. Miller
(b) Address 1307 W. Baltimore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Frederick A. Dolz
(b) Address 1400 W. Lombard St.

19 JAN 9 1940 (Date rec'd by Registrar) (b) Huntington Hill (Registrar) Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7th, 1940, at 7:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-27-39 1939, to Jan 7 1940, and that I last saw h[illegible] alive on Jan 7 1940.

Immediate cause of death: Hypertrophied Heart — Duration: 4 mos

Due to: Possible to Enlarged Thyroid

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John N Evans M. D.
Address 622 N 40 St Date signed

VS 1

64745

HEALTH DEPARTMENT—CITY OF BALTIMORE 64745

CERTIFICATE OF DEATH

133-a

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ____ St. 4-2 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 4 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Ralph W. Lee.

If U. S. Veteran specify WAR None

(a) Residence: No. University Hospital St., ____ Ward. Easly-Mo. Carter

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Scott Lee

6. DATE OF BIRTH (month, day, year) Nov-23-1888

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
51	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electrical

10. Date deceased last worked at this occupation (month and year) about or May 38

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Spartanburg S. C.

FATHER

13. NAME John W. Lee

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Jeannie A. McDermott

16. BIRTHPLACE (city or town) (State or country) Charleston S. C.

17. INFORMANT Mrs Jeanie Lee Warner (sister)

(Address) 1723 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Richmond Va Date Jan 10 1940

19. UNDERTAKER STEWART & MOWEN COMPANY

(Address) (W. F. MOWEN SUC.) 106 W. NORTH AVENUE

AND 1940 Public for Kitty ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9, 1940.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5 1940 to Jan. 9 1940.

I last saw him alive on Tuesday Jan 8 1940 Death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Uremia	1/3/40
Other contributory causes of importance: Pyelonephritis, left Kidney	Dec. 37

Was an operation performed? Yes Date 10/4/37

For what disease or injury? Pyelonephritis, left Kidney

Name of operation Left nephrectomy

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) R. B. Stevens M. D.

(Address) University Hospital

P/C

F 64746

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-F ✓ Registered No. F 64746

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2504 Fleet St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Ward No. 3 2504 Fleet St (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Kathrine Kalkowska (or) Leicke

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex: F
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Joseph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1860

8. AGE: Years 79 | Months 7 | Days | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation
11. Industry or business At Home

FATHER
12. Name Jacob Szymanski
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace Germany

16 (a) Informant Clara Kluth
(b) Address 2504 Fleet St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11 40 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem. Rd.
Location Holy Cross Sec.

18 (a) Funeral director Math. F. Dugal
(b) Address 37 S. Ann St.

19 (a) JAN 9 1940 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 1940, at 3 50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1939 to Jan 8 1940, and that I last saw her alive on Jan 8 1940

Immediate cause of death: Myocardial Insufficiency — Duration: 6 mos.
Due to: Contusion of Gall Bladder — 2 yrs.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John V. Szymbrich M. D.
Address 1802 Eastern Ave. Date signed 1-9-1940

VS 8

F 64747

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C Registered No. F 64747

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1116 So Carey St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Fuchs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Unknown

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE—Years 72 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Frederick C. Kniese
(b) Address 818 Washington Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 10 - 40 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location Baltimore City

18 (a) Funeral director Pratt & B. M. Walter
(b) Address Pratt & Stricker Sts

19 (a) JAN 9 1940 (Date rec'd by Registrar) (b) [illegible] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 8 1940 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Fracture of both Legs, Compound	
Due to: Aspiration pneumonia	
Due to:	
Other Conditions:	
(Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1/7/40
(c) Where did injury occur? Pratt near Poppleton (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street While at work? [illegible] (Specify type of place)
(e) Means of injury Pedestrian struck by automobile

23. Signature [illegible] Vanderhoof M.D. Medical Examiner.
Date signed 1/9/40

64748 HEALTH DEPARTMENT—CITY OF BALTIMORE 64748

CERTIFICATE OF DEATH

95-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2002 Homewood Av St., 9-8 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Elizabeth Fuld

If U. S. Veteran specify WAR _____

(a) Residence: No. 2002 Homewood Ave St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Isaac Fuld

6. DATE OF BIRTH (month, day, year): May 7 1866

7. AGE: Years 73; Months 7; Days 29; If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Martin L. Gruneese
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: ? Crouse
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mr. Stuart Fuld
(Address) 2002 Homewood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: Jan 9, 1940

19. UNDERTAKER: Albert W. Garagan
(Address) 740 E North Ave

20. FILED: JAN 9 1940 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 6, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1940 to Jan 6, 1940
I last saw h alive on Jan 6, 1940 Death is said to have occurred on the date stated above, at ___ m.

The principal cause of death and related causes of importance were as follows:

Gangrene of legs from Embolic occlusion of Both Popliteal arteries.

Date of onset

Other contributory causes of importance:
Arteriosclerosis. Arteriosclerosis.

Was an operation performed? — Date of
For what disease or injury? —
Name of operation —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Chas. Krumb M. D.
(Address) 4702 Harford Road

F 64749

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 64749

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3400 Southern Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3400 Southern Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah R. Lemberger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: W

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Samuel M. Lemberger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-17-1886

8. AGE: Years 53 | Months 7 | Days 19 | If less than one day hr. min.

9. Birthplace Carroll Co. Md
(Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER
12. Name John T. Picking
13. Birthplace Unknown

MOTHER
14. Maiden Name Katie V. Bloom
15. Birthplace Md

16 (a) Informant Samuel M. Lemberger
(b) Address 3400 Southern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-40 (month) (day) (year)
(c) Cemetery or crematory Jerusalem
Location

18 (a) Funeral director Lloyd J. Rusk
(b) Address 5305 Harford Rd.

19 (Date filed by registrar) JAN 9 1940

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1939 to 1/6 1940, and that I last saw her alive on 1/6 1940

Immediate cause of death: Chronic Interstitial nephritis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard Gilday M. D.

Address 5703 Harford Rd Date signed 1/8/40

64750 HEALTH DEPARTMENT—CITY OF BALTIMORE 64750

CERTIFICATE OF DEATH ✓ 46-F

1. PLACE OF DEATH 100 East 23rd Street

CITY OF BALTIMORE: (No. Dr. Beck's Clinic St. 1-5 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Dr. Charles S. NEER

If U. S. Veteran specify WAR _____

(a) Residence: No. 408 S. Patterson Park Ave. St., _____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Angie Myers Neer

6. DATE OF BIRTH (month, day, year): Oct. 3. 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	69	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Medical Doctor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: _____

10. Date deceased last worked at this occupation (month and year): Dec. 1939

11. Total time (years) spent in this occupation: 44 yrs

12. BIRTHPLACE (city or town) (State or country): Park Ridge, New Jersey

FATHER

13. NAME: Dr. Henry C. Neer

14. BIRTHPLACE (city or town) (State or country): Summit, New York

MOTHER

15. MAIDEN NAME: Louisa Ann Terpenning

16. BIRTHPLACE (city or town) (State or country): Summit, New York

17. INFORMANT (Address): Mrs. Angie M. Neer (Wife), 408 S. Patterson Park Ave.

18. BURIAL, CREMATION, OR REMOVAL: Park Ridge N.J. (Place) Jan. 10. 1940 (Date)

19. UNDERTAKER (Address): HENRY SANDER & SONS. INC, Baltimore & Broadway.

JAN 9 1940 Registrar. Hunting for Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-8, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1. 1932 to Jan. 8. 1940

I last saw him alive on Jan 8. 1940 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Carcinoma of the liver with metastasis to spine,	2
Uremia	Jan. 1940
Other contributory causes of importance:	

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Henry B. Bean M. D.

(Address) 11 Paul 7 2 3 of St

F 64751

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-C F 64751 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Madison & Linden Aves

(c) Hospital or institution: Maryland General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County — 77-7

(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 2827 Bauerwood St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Vogt.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Infant.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 5, 1940

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Baltimore, Md. (town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER 12. Name Sherman Charles Vogt.

13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Eartha Estelle Bauer

15. Birthplace Baltimore, Md

16 (a) Informant Mr. Sherman Vogt.

(b) Address 2827 Bauerwood St

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Jan. 7 1940 (month) (day) (year)

(c) Cemetery or crematory

Location Maryland General Hospital

18 (a) Funeral director

(b) Address Madison & Linden Aves.

19 (a) (Date received by registrar) (b) Filed by [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 1940 at 5 41 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/5 1940 to 1/7 1940 and that I last saw h[illegible] alive on 1/7 1940.

Immediate cause of death	Duration
Anencephalic	2 days
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Irene P. Klemkowski

Address Md. Gen. Hosp. Date signed 1/8/39

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64752

CERTIFICATE OF DEATH

131-a F 64752

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 753 Vine St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jacob Hall

If U. S. Veteran specify WAR

(a) Residence: No. 753 Vine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widower.

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Hall.

6. DATE OF BIRTH (month, day, year) 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jacob Hall.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Clarence Hall. Son
(Address) 214 Colvin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cemetery Date 1/9/ 1940

19. UNDERTAKER Mrs Kate R. Williams
(Address) 322 N. Schroeder St.

20. FILED JAN 9 1940 Kate R. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5th, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 2nd, 1940 to Jan 5th, 1940

I last saw him alive on Jan 5, 1940. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	?
Other contributory causes of importance: Uraemia	1/4/40

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. H. Carroll M. D.
(Address) 911 Warner St.

OCCUPATION is very important. See instructions on back of certificate.

V8 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64753 — Registered No. 77-C — F 64753

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 820 Bradley St
(c) Hospital or institution: D.O.A. Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt (If outside city or town limits, write RURAL and give town)
(d) Street No. 820 Bradley St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1923

3 (a) FULL NAME Harry Butler

3 (b) If veteran, name war | (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	divorced.

6 (b) Name of husband or wife Madeline Butler.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Harry Butler.
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Bertha Butler
15. Birthplace Balto Md.

16 (a) Informant Walter H. Butler
(b) Address 717 W Lanvale St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1/9/1940. (month) (day) (year)
(c) Cemetery or crematory Laurel Cemetery.
Location Balto Md.

18 (a) Funeral director Mrs Katie P. Williams
(b) Address 322 N. Schroeder St.

19 (a) JAN 9 1940 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION Early a.

20. DATE OF DEATH January 6 1940 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said I. (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Acute alcoholism	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W H Vandegrift M.D. Medical Examiner.
Date signed 1/7/40

VS 6

F 64754

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

Registered No. F 64754

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 809 McHenry St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 809 McHenry St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rachel Lee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Joseph Lee
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1894

8. AGE: Years	Months	Days	If less than one day
45	1	22	hr. min.

9. Birthplace Cockeysville Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Fred Snyder
13. Birthplace Cockeysville Md

MOTHER
14. Maiden Name Annie Taylor
15. Birthplace Cockeysville Md.

16 (a) Informant Joseph Lee
(b) Address 809 McHenry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 10, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem.
Location Anne Arundel Co Md.

18 (a) Funeral director Thos. R. G. Elliott & Daughter
(b) Address 1129 N. Caroline Street

19 (c) (Huntington Williams M.D.)

Registered by JAN 9 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 1940, at 9:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 19 40 to Jan 7 19 40 and that I last saw h alive on 19

Immediate cause of death Cerebral vascular accident

Due to Hypertensive Cardio-Vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

Duration
More Than 2 years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature WB McAllister Jr M. D.
Address Date signed Jan 9-40

64755

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-A Registered No. F 64755

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 521 S Milton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 521 S Milton Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Stephen Zaleski
3 (b) If veteran, name war No
3 (c) Social Security Account No. 212-10-1924

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Zaleska
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1885

8. AGE: Years	Months	Days	If less than one day hr.	min.
54 55	4			

9. Birthplace Poland
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Copper Works

FATHER
12. Name John Zaleski
13. Birthplace Poland

MOTHER
14. Maiden Name Unk
15. Birthplace Poland

16 (a) Informant Mary Zaleski
(b) Address 521 S Milton ave

17 (a) Burial (b) Date thereof Jan 10-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Baltimore

18 (a) Funeral director Fred W Ozarowski
(b) Address 1940 Eastern Ave.

19 (a) JAN 9 1940 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 7 1940 at 1 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1939 to Jan. 7 1940 and that I last saw him alive on Jan. 7 1940

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Arterio-Sclerosis & Hypertension	3 yrs
Due to	
Other Conditions Myocardial Insufficiency	1 yr.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thom E. Wilson M. D.
Address 3 W Biddle Street (Do not write below this line)

VS 3

F 64756

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937 Registered No. F 64756

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3727 Elm Ave.
(c) Hospital or institution:

13-7

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3727 Elm Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George F. Geasler

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Elizabeth Geasler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25-1851

8. AGE: Years 88 | Months — | Days 13 | If less than one day hr. min.

9. Birthplace Loudon Co. Virginia (Town, county and state)

10. Usual Occupation Farmer

11. Industry or business Retired 20 years

FATHER 12. Name James Geasler
13. Birthplace Virginia

MOTHER 14. Maiden Name Amanda Hoff
15. Birthplace Virginia

16 (a) Informant Mrs. Frederick L. Dixon
(b) Address 3727 Elm Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 10-1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 (a) (Date received by registrar) (b) Filed by Registrar Williams, M.D.

JAN 9 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8 1940, at 8:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 24 1939 to Jan 8 1940 and that I last saw h[illegible] alive on Jan 7 1940.

Immediate cause of death
Uraemia - Sclerosis
Hypostasis
Due to advanced age.
Due to
Other Conditions —
(Include pregnancy within 3 months of death)

Duration 10 yrs 3 mos.

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address 846 W 36 St. Date signed 1/9/40

MAMIE JONES

F 64757

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓108

Registered No. F 64757

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Baltimore Md
(b) Street address 1222 penna. Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1222 Pennsylvania Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mamie Jones

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years	Months	Days	If less than one day
35	—	—	hr. min.

9. Birthplace Raleigh N. Carolina (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Josh - Harris
13. Birthplace Richmond Va.

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Rachael J Harris
(b) Address Raleigh - N. Carolina

17 (a) Shepard (Burial, cremation, or removal) (b) Date thereof 4/12/40 (month) (day) (year)

(c) Cemetery or crematory
Location Raleigh - N. C.

18 (a) Funeral director James M. Skinner
(b) Address 92 E. N. Mount St

19 (a) JAN 9 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 1940 at 3:40 PM

21. I certify that death occurred on the date above stated, that I attended deceased from Dec 31 1939 to 1-8 1940 and that I last saw h alive on 1/8 1940.

Immediate cause of death
Pneumonia & Flu

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
6 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. N. Hatcher M. D.
Address 1752 Vine Date signed 1/9/40

VS 8

64758

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 108

Registered No. F 64758

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Ruxton
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME John Fawcett Brady

3 (b) If veteran, name war World War

3 (c) Social Security Account No. 214-18-2912

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	married

6 (b) Name of husband or wife Mrs. J. F. Brady
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Sept 12 1883

8. AGE: Years	Months	Days	If less than one day
56	3	30	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Security Salesman
11. Industry or business

FATHER
12. Name Kate Hunter
13. Birthplace New Jersey

MOTHER
14. Maiden Name Mrs. James Brady
15. Birthplace Maryland

16 (a) Informant Hospital Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto Md

18 (a) Funeral director Henry W. Jenkins Sons
(b) Address 201 Cullen & Orchard Sts

19 (a) Filed JAN 9 1940 (b) Registrar (Name to be signed by registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 9 1940, at 7:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 7 19 41 to Jan 9 19 40 and that I last saw him alive on Jan. 9 19 40

Immediate cause of death	Duration
Lobar pneumonia, left	
Due to pleurisy and peritonitis	
Due to	
Other Conditions Salivary cysts of both kidneys (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Dr. Schaupp	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. F. Peirce M. D.
Address Union Memorial Date signed 1/11/40

F 64759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 F 64759

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 N. Pearl St. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME David Filmore

If U. S. Veteran specify WAR

(a) Residence: No. 418 N. Pearl St., S. S. No. 224-05-3679 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): 6-26-1913

7. AGE: Years 26 | Months 6 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): S. C.

FATHER

13. NAME: Ezekiel Campbell

14. BIRTHPLACE (city or town) (State or country): S. C.

MOTHER

15. MAIDEN NAME: Mary Filmore

16. BIRTHPLACE (city or town) (State or country): S. C.

17. INFORMANT: Annie Crafton (Address) 418 N. Pearl St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Calvary Date: 1-10-40

19. UNDERTAKER: Williams & Jackson (Address) 418 Pearl St

Huntingtown Prince Georges Co. Md.

20. FILED: JAN 9 1940 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 7, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1939 to Jan 7, 1940

I last saw alive on Jan 5, 1940 Death is said to have occurred on the date stated above, at 2P m.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac dilatation

Date of onset: March 23 1939

Other contributory causes of importance: Bronchial Pneumonia

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) J. Stewart M. D.

(Address) 318 Pennsylvania

DR - STEWART

F 64760

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

175a

F 64760

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs 40 min
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt
(c) City or town Elkridge
(If outside city or town limits, write RURAL and give town)
(d) Street No. Benson Mills Lane
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Wh	married

6 (b) Name of husband or wife Mary E Smith
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Jan 31 - 1891

8. AGE: Years	Months	Days	If less than one day
48	11	9	hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name George F. Smith Sr.
13. Birthplace Bangor Maine

MOTHER
14. Maiden Name Anna L. Hanson
15. Birthplace Baltimore, Md

16 (a) Informant Ralph Smith
(b) Address Glatherpe Rd

17 (a) Burial (b) Date thereof 1/12/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Lorraine
Location Woodlawn mill Rd. Balto

18 (a) Funeral director Frank H. Purnell
(b) Address Pikesville Md

JAN 9 1940 (b) Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 8 1940, at 11:40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Crushing injury to mandible	
Due to Compound fracture of left humerus	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1/8/40
(c) Where did injury occur? Home Baltimore Lane
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? No
(e) Means of injury Struck by splinters from broken circular saw

23. Signature H. Williams M.D.
Medical Examiner.

Date signed 1/9/40

VS 6

F 64761

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 64761

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Ill (b) County
(c) City or town Mount Morris
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elmer Baker

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ida Baker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-19-74

8. AGE: Years	Months	Days	If less than one day
65	7	20	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name Samuel Baker
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah ?
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-9-40 (month) (day) (year)
(c) Cemetery or crematory
Location Mount Morris Ill

18 (a) Funeral director John O. Mitchell Sons
(b) Address Ottawa Ill.

19 (a) JAN 9 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9 1940 at 9 15 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1940 to Jan 9 1940, and that I last saw him alive on Jan 9 1940.

Immediate cause of death	Duration
Meningitis	one
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Meningis Disease
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Peckham M. D.
Address J. H. H. Date signed 1-9-40

VS 3

51000 - RB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64762 — 95-B — Registered No. F 64762

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1115 S. Potomac St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter Sigai

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 21, 1900

8. AGE: Years	Months	Days	If less than one day
39	6	15	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business Unemployed about 1 yr.

FATHER
12. Name Joseph Sigai
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Lena Szafranska
15. Birthplace Prussia

16 (a) Informant Records
(b) Address Balto. City Hospa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/40 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore, Md

18 (a) Funeral director Durward D. Carrington
(b) Address 21 W. 25th St.

19 (a) JAN 9 1940 Huntington Williams M.D. Registrar
(Date filed by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-6- 1940, at 9:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-14- 1939, to 1-6- 1940, and that I last saw h~~im~~ alive on 1-6- 1940.

Immediate cause of death	Duration
(a) Cardiac failure	2 mos.
Pulmonary emboli	1 mo.
Due to (b) Rheumatic heart disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 1-7-40

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

64763

CERTIFICATE OF DEATH

✓ 94-8 F 64763

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2816 Harlem Ave 16-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles H. McGuigan Sr.

If U. S. Veteran specify WAR

(a) Residence: No. 2816 Harlem Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Loretta McGuigan

6. DATE OF BIRTH (month, day, year): March 27, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73 yr	9	13.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Pattern Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Prince Georges County Md

FATHER

13. NAME: Smith McGuigan

14. BIRTHPLACE (city or town) (State or country): Lancaster Pa.

MOTHER

15. MAIDEN NAME: Mary Morrison

16. BIRTHPLACE (city or town) (State or country): Laurel Md

17. INFORMANT: Loretta McGuigan

(Address) 2816 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Date: 1/12/40

19. UNDERTAKER: Leonard P. Covington

(Address) 21 W. 20th St.

20. FILED JAN 9 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-9-, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1930 to Jan 9- 1940

I last saw him alive on January 5, 1940 Death is said to have occurred on the date stated above, at 2:15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	7-15-1930
Other contributory causes of importance: Organic Heart Disease	Unknown

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? P.S. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Chester Riland, M. D.

(Address) 2532 Edmondson Ave.

Instructions: Typewriter or ink. Use reporting unit. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64764

CERTIFICATE OF DEATH ✓ 108

F 64764

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 11 W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur Payne

If U. S. Veteran specify WAR

(a) Residence: No. Lutz Ave Essex Md St.; Ward. Balto Co. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Irma Mayle

6. DATE OF BIRTH (month, day, year) Apr. 9 - 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32 (33)	9	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beth. Steel Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1-yr.

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME John W. Payne

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Daisy Baker

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs. Dorothy Bennett

(Address) Lutz Ave. Essex, Md.

18. BURIAL, CREMATION, OR REMOVAL Steubenville Ohio Date 1-11-40 19

19. UNDERTAKER John F. Connelly

(Address) Essex, Md.

20. FILED JAN 9 1940 Christopher Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 9, 1940

22. I HEREBY CERTIFY, That I attended deceased from January 7, 1940 to January 9, 1940

I last saw him alive on January 9, 1940. Death is said to have occurred on the date stated above, at 8:5 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/5/40
Empyema	1/7/40
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph M. George Jr. M. D.

(Address) University Hospital

F 64765

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 64765
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 117 N. Streeper St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 117 N. Streeper
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julia Maeser

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: John Maeser
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Nov. 25 - 1874
8. AGE: Years: 64 Months: 1 Days: 13 If less than one day: hr. min.
9. Birthplace: Balto Md (Town, county, and state)
10. Usual Occupation
11. Industry or business: Housework

FATHER
12. Name: Nicholas Kaiser
13. Birthplace: Germany

MOTHER
14. Maiden Name: Catherine Klinefelter
15. Birthplace: Germany

16 (a) Informant: Mrs. Margaret Kaiser
(b) Address: 119 N. Streeper St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory: Edmondson Ave
Location: Monroe St
18 (a) Funeral director: John E. Miller
(b) Address: 2435 E. Oliver St
(c) Interring for Williamson, Md.

JAN 10 1940
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 8 1940, at 3:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from December 1939 to Jan 8 1940, and that I last saw her alive on Jan 5 1940.

Immediate cause of death: Lobar pneumonia — Duration: 3 weeks.
Due to: Diabetes mellitus — Duration: years
Due to: Chronic myocarditis — Duration: years
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: John J. Gouk M. D.
Address: 141 N. Eutaw Date signed: 1-9-40.

F 64766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-6

14. F 64766 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 21 N. Carrollton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 24 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
Street No. 21 N. Carrollton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elmer C. Hobbs

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 217-01-0949

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of ~~husband~~ or wife: Caroline B.
6 (c) If alive, give age 64 years
7. Birth date of deceased (mo., day, yr.) Dec 26-1879
8. AGE: Years 60 | Months 0 | Days 12 | If less than one day ..... hr. ..... min.
9. Birthplace Carroll Co. Md (Town, county, and state)
10. Usual Occupation Automobile Electrician
11. Industry or business

FATHER
12. Name R. G. Hobbs
13. Birthplace Carroll Co. Md.

MOTHER
14. Maiden Name Elizabeth Hemmon
15. Birthplace Unknown

16 (a) Informant Caroline B Hobbs
(b) Address 217 N. Carrollton Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11-1940 (month) (day) (year)
(c) Cemetery or crematory Springfield-Sykesville Md
Location
18 (a) Funeral director William Cook
(b) Address 121 St Paul St
19 JAN 10 1940 (Local Registrar) Hunter Stockton Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 1940 at 10 45 PM
21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 15 1939 to Jan. 8 1940. and that I last saw him alive on 1-8- 1940.

	Duration
Immediate cause of death: Cancer of the pancreas with Metastases	2
Due to:	
Due to: Cardiac failure	
Other Conditions: Secondary Anemia.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury Manuel Sobers
23. Signature
Address 462 York Rd. Date signed 1-9-40 M. D.

VS 8

F 64767 HEALTH DEPARTMENT—CITY OF BALTIMORE F 64767

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH Edgewood Sanatorium

CITY OF BALTIMORE: (No. 6000 Baltimore Blvd. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Jessie Cathcart

(a) Residence: No. 450 E. 22nd St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Cathcart

6. DATE OF BIRTH (month, day, year) June 6 - 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	7	3	4

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Edward Kimberly

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Catharine Price

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Mary Stansbury

(Address) 450 E. 22nd St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Jan 12 1940

19. UNDERTAKER Wellington Cook

(Address) 1717 St Paul St.

20. FILED 19

Registrar.

JAN 10 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1939 to Jan 10, 1940

I last saw her alive on Jan 9, 1940 Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis & Arteriosclerosis	10 yrs

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. W. Whelan M. D.

(Address) 4309 York Rd

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

Spec.—2-29-36—L. F. S.—500 Blks.

F 64768

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64768

CERTIFICATE OF DEATH

47-a

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3206 Batavia Ave ST. 27-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank Herman Schleissner

(a) RESIDENCE NO. 3206 Batavia Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Schleissner 67

6 DATE OF BIRTH (month, day, and year) Oct 22 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	2	17 18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Paper Hanger

(b) General nature of industry, business, or establishment in which employed (or employer) Own Insurance

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Hannover Germany

PARENTS

10 NAME OF FATHER Unknown Schleissner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Ida Schleissner

(Address) 3206 Batavia Ave

15 Dec 11 1940, 19 Huntington Phillips M.D. Registrar

N 10 1940

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-9-40

17

I HEREBY CERTIFY, That I attended deceased from June, 1939, to Jan, 1940, that I last saw him alive on 1-9-40, 19, and that death occurred, on the date stated above, at 1.20 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Larynx

(duration) 1 yrs. + mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Biopsy

(Signed) F. V. D. Wack, M. D.

, 19 (Address) 513 E 39th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pastwood

DATE OF BURIAL Jan 11 1940

20 UNDERTAKER William Cook

ADDRESS 127 St Paul St

F 64769

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a

F 64769 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 131 E. Clement
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balt
(If outside city or town limits, write RURAL and give town)
(d) Street No. 131 E. Clement
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

24 2

3 (a) FULL NAME Josephine Trust

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	widow

6 (b) Name of husband or wife Herman Trust
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1. 1868

8. AGE: Years	Months	Days	If less than one day
72		8	hr. min.

9. Birthplace Balto, Md
(Town, county, and state)

10. Usual Occupation none
11. Industry or business

FATHER
12. Name Don't Know
13. Birthplace Don't Know

MOTHER
14. Maiden Name Don't Know
15. Birthplace Don't Know

16 (a) Informant H. Trust (Son)
(b) Address 1523 Marshall St.

17 (a) Burial (b) Date thereof 1/12/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial Park
Location Taylor ave

18 (a) Funeral director Margaret H. Flynn
(b) Address 1422 Light St.

19 (a) (b) Wm. H. Gilliam M.D.
(Date received by registrar)

JAN 10 1940

MEDICAL CERTIFICATION

Early a

20. DATE OF DEATH January 9 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said a find that said deceased came
(Autopsy or Inquiry)
to h death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. H. Gilliam M.D.
Medical Examiner.
Date signed 1/9/40

F 64770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Reg. No. F 64770

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4502 Frederick Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Ellen B. Russell

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Wm. T. Russell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1858

8. AGE: Years	Months	Days	If less than one day
81	6	2	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Burke
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret E. Byrnes
15. Birthplace Ireland

16 (a) Informant Mrs. J. R. Jones
(b) Address 3 Maple Drive Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Frederick Rd.

18 (a) Funeral director Margaret A. Filspin
(b) Address 1432 Light St.

19 (a) [illegible] (b) [illegible] Md. Registrar

JAN 10 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 1940, at 6 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1940 to Jan 8 1940, and that I last saw her alive on Jan 8 1940.

Immediate cause of death: Coronary Occlusion — Duration: 1 day
Due to: Arteriosclerotic Cardio-vascular disease.
Due to:
Other Conditions: Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. McClafferty M. D.
Address Bon Secours Hosp. Date signed Jan 8, 40

F 64771

F 64771

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3213 Duncan Place
(c) Hospital or institution: Arcadian Conv. Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3005 Lee Ln (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary [illegible] Lee

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	[illegible]

6 (b) Name of husband or wife [illegible]
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-25-1872

8. AGE: Years	Months	Days	If less than one day
67	10	10	hr. min.

9. Birthplace [illegible] Md
(Town, county, and state)
10. Usual Occupation [illegible]
11. Industry or business

FATHER
12. Name John Lee
13. Birthplace Md

MOTHER
14. Maiden Name [illegible]
15. Birthplace [illegible]

16 (a) Informant [illegible]
(b) Address 3005 Abe. Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Leonard J. Ruch
(b) Address 3305 Harford Rd.

(Date rec'd by registrar) JAN 10 1940 Huntington Williamson, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8. 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 2 1940, to Jan 8 1940, and that I last saw her alive on Jan 7 1940.

Immediate cause of death	Duration
Bronco Pneumonia	3 d.
Due to cerebral Hemorrhage	6 days
Due to arteriosclerosis Hypertension Chronic Interstitial Nephritis	1 year
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. F. A. Stevens M. D.
Address 2878 Harford Rd Date signed 1-9-40

64772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64772
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4808 Frederick Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4808 Frederick Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ELLEN M. TOOMEY

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Daniel H. Toomey
6 (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) March 3, 1862

8. AGE: Years	Months	Days	If less than one day
77	10	6	hr. min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation house wife
11. Industry or business

FATHER
12. Name John McHale
13. Birthplace Ireland.

MOTHER
14. Maiden Name Ella Gardmer
15. Birthplace Ireland.

16 (a) Informant Mr Daniel H. Toomey
(b) Address 4808 Fredrick Avenue,

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 1 /11/1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem,
Location # 3801 Frederick Avenue,

18 (a) Funeral director John J. Cowan & Son
(b) Address 901 Hollins Street,

JAN 10 1940 (Registered by Registrar)
(b) Signature of Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9th, 1940, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1939, to Jan 9 1940, and that I last saw h[illegible] alive on Jan 9 1940.

Immediate cause of death
Cerebral Hemorrhage
Due to
General Arterio Sclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
9 | 10 | 39
5 year

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address 7117 [illegible] Date signed 1/10/40

VS 3

64773

HEALTH DEPARTMENT—CITY OF BALTIMORE 64773

CERTIFICATE OF DEATH

151-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4006 Parkside Drive St., 27th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Bernard Schraumm

If U. S. Veteran specify WAR

(a) Residence: No. 4006 Parkside Drive St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 9, 1840

7. AGE	Years	Months	Days	If LESS than 1 day: hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Bernard Schraumm

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Juliette Baroang

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Bernard Schraumm
(Address) 4006 Parkside Drive

18. BURIAL, CREMATION, OR REMOVAL
Baltimore Jan 10-40, 19

19. UNDERTAKER Lord Bros
(Address) 3001 Kentucky Ave

FILED JAN 10 1940, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1940

22. I HEREBY CERTIFY, that I attended deceased from Jan 9, 1940 to Jan 9, 1940

I last saw her alive on Jan 9, 1940 Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart trouble	Jan 9 40

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Williams Ray Eamon, M. D.

(Address) 701 Kenilworth Dr

Instructions on back of certificate.

64774

Graves #12 / 13-P

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64774
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 104 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 653 Redwood St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emanuel Scott (37304)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, 1895

8. AGE: Years	Months	Days	If less than one day
44	5	26 24	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Emanuel
13. Birthplace Va.

MOTHER
14. Maiden Name Emma Johnson
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 10th /40 (month) (day) (year)
(c) Cemetery or crematory National
Location Fredrick Road

18 (a) Funeral director E O Williams
(b) Address 1000 Brantley Ave

19 (a) Date received by registrar JAN 10 1940 (b) Signature of registrar

VS 8 PUBLIC CEMETERY OCT 22 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5, 1940 12:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 23, 1939, to Jan. 5, 1940, and that I last saw him alive on Jan. 5, 1940

Immediate cause of death Tuberculosis of the Lungs — Duration March 1939

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E O Williams M. D.
Address Balto. City Hospitals Date signed 1-5-40

F 64775

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. E 64775

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 228 S. Moderia St
(c) Hospital or institution:
Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 228 S. Moderia St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Michael Zyblewski (Sibilski) X

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Married

6 (b) Name of husband or wife Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not Known

8. AGE: Years	Months	Days	If less than one day
About 75			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business —

FATHER
12. Name Rudolf Zyblewski
13. Birthplace Germany

MOTHER
14. Maiden Name —
15. Birthplace Germany

16 (a) Informant Anna Zyblewski
(b) Address 228 S. Moderia St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 11-40 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Mt. Carmel Rd.

18 (a) Funeral director Wm. L. Fialkowski
(b) Address 2007 Eastern Ave

19 (a) ..... (b) Huntington Williams, M.D. Registrar
(Registrar)

AN 10 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8 1940 at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to Jan 8 1940 and that I last saw h[illegible] alive on Jan 8 1940

Immediate cause of death Bronchopneumonia — Duration 7 days
Due to a cold
Due to
Other Conditions Bronchial asthma, Heart Failure — 7
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leo L. Kulacke
Address 126 S. Patterson Park Date signed Jan 9 1940

VS 2

F 64776

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 64776 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1706-N. Durham Street
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1706-N. Durham Street (If rural give location)
(e) If foreign born, how long in U. S. A.? -- years

3 (a) FULL NAME Emma Haskell

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife George Haskell
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Mar. 23, 1896

8. AGE: Years	Months	Days	If less than one day
43	9	16	hr. XXXXXXXX min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Emanuel Gibtes
13. Birthplace Germany

MOTHER
14. Maiden Name Anna ?
15. Birthplace Germany

16 (a) Informant George Haskell
(b) Address 1706-N. Durham Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.
18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735-Harford Ave.
19 (a) (b) (Registrar) Baltimore, Md.

JAN 10 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-9-40 19 , at 4 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-23 1939 to 1-9 1940.
and that I last saw her alive on 1-8 1940.

Immediate cause of death	Duration
Malignant Hypertension	2 years
Arteriosclerosis	2 months
Due to Uremia	1 month
Due to	
Other Conditions Hypertensive heart disease	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature John Costantinis M. D.
Address 211 S. Conkling St. Date signed 1-10-40

Georgie G Weaver

F64777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D F64777

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 700 W. 40th St. 13-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Georgie Glen Weaver

(a) Residence: No. Home for Incurables St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 14, 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80 yrs.	6 mo.	25 days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

FATHER

13. NAME William H. Weaver

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Elizabeth Yoe

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

17. INFORMANT C. R. Rupprecht

(Address) 700 W. 40th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Jan 11, 19[illegible]

19. UNDERTAKER Wm. J. Dickey & Son

(Address) 1001 N. Penna Ave

20. JAN 10 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 9, 1940

22. I HEREBY CERTIFY, That I attended deceased from December 6, 1938, to January 9, 1940

I last saw her alive on January 8, 1940. Death is said to have occurred on the date stated above, at 2.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enterocolitis (Duodenal ulcer)	1938
Hypertension	1934
Arteriosclerotic Hypertensive Heart Disease	1938
Other contributory causes of importance: Arteriosclerotic Deformans	1923

Was an operation performed? Not Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Not If so, specify

(Signed) W. Frazier Hoofnagle M. D.

(Address) 214 Medical Arts Bldg.

Instructions on back of certificate.

64778

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181 a

F 64778 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 21 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 709 W. Monument (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Beverly West

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
1	2 19		hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Charles West
13. Birthplace Balt. Md

MOTHER
14. Maiden Name Dorothy
15. Birthplace Balt. Md

16 (a) Informant Parents
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 1/10/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Brooklyn

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave

19 (a) (Date) (b) Registrar

VS 40

MEDICAL CERTIFICATION

20. DATE OF DEATH January 8 1940 at 720 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Burns	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 1/6/40
(c) Where did injury occur? 709 W. Monument St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? —
(e) Means of injury Fell into scalding water

23. Signature H. W. Vandegrift M.D. Medical Examiner.
Date signed 1/10/40

64779

HEALTH DEPARTMENT—CITY OF BALTIMORE 64779

CERTIFICATE OF DEATH

✓ 46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1232 Darley Ave. St. 9-8 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah E. Gonce

If U. S. Veteran specify WAR _____

(a) Residence: No. 1232 Darley Ave. St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard Gonce

6. DATE OF BIRTH (month, day, year) Aug.-6-1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46 Yrs.	5 Mo.	2 Days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Ferdenand F. Younghein

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary A. McGraw

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Howard Gonce
(Address) 1232 Darley Ave.

18. BURIAL, CREMATION, OR REMOVAL New Cathedral Cem. Jan.-12-1940
Place Date 19

19. UNDERTAKER Henry Hoeche Sons Inc
(Address) 1301 E. Eager St.

20. FILED JAN 10 1940 19 _____ Registrar.

Huntington Pathological Lab.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan.-8-1940

22. I HEREBY CERTIFY, That I attended deceased from 5/9/39 19 to 1/8/40 19

I last saw her alive on 1/8/40 19 Death is said to have occurred on the date stated above, at 11.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Sarcoma Liver	6 mos

Other contributory causes of importance:

none

Was an operation performed? yes Date of 5/9/39

For what disease or injury? _____

Name of operation Laparotomy - growth removal

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) T. H. Hermann M. D.

(Address) 1710 E. 33rd St.

V2.3

Instructions for reporting: See instructions on back of certificate.

64780 F 64780

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5268 Park Heights Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5268 Park Heights Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Grace Keimple (Swoboda)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Frank P. Keimple

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb 1 - 1894

8. AGE: Years	Months	Days	If less than one day
45	11	8	hr. ..... min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Swimmore
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth Edwards
15. Birthplace Md

16 (a) Informant Frank P. Keimple
(b) Address 5268 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/40 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location .....

18 (a) Funeral director Loring Byers
Address 5008 Park Heights Ave

19 (a) JAN 10 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION 7-52

20. DATE OF DEATH January 9 1940, at ..... M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said ..... find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Diabetes Mellitus
Hypertension — Duration .....
Due to ..... — .....
Due to ..... — .....
Other Conditions ..... — .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations ..... — .....
Of autopsy ..... — .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature J. M. Blandford M.D. Medical Examiner.
Date signed 1/9/40

F 64781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64781

Registered No. 107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 710 So Register St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 710 So Register St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Steven Lukowski Correct spelling: Stephen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	w	S

6 (b) Name of husband or wife 0

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 23 1939

8. AGE: Years	Months	Days	If less than one day
0	2	17	hr. min.

9. Birthplace Balt Md
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Stephen Lukowski
13. Birthplace Baltimore, Maryland.

MOTHER
14. Maiden Name Josephine Price
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Josephine Lukowski
(b) Address 710 S. Register St.

17 (a) Burial (b) Date thereof 1/11/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location German Hill Road

18 (a) Funeral director Stephen J. Fialkowski, Inc
(b) Address 1000 S. Kenwood Ave.

19 JAN 10 1940
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION 7:35P

20. DATE OF DEATH January 9 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Bronchial pneumonia

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Vandersloot M.D.
Medical Examiner.
Date signed 1/10/40

VS 6

F 64782

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 64782 Registered No. 94-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Pennsylvania Ave & Orchard St
(c) Hospital or institution:
D. D. & Md Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1617 Carlton Terrace (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John W Quarles

3 (b) If veteran, name war

3 (c) Social Security Account No. Wydand

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Widowed Elizabeth Quarles

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years	Months	Days	If less than one day
69			hr. min.

9. Birthplace Enfield N. C. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Benn Quarles
13. Birthplace Halifax - N.C

MOTHER
14. Maiden Name Snowden Davis
15. Birthplace N. C.

16 (a) Informant John T. Quarles Jr.
(b) Address 9 Jones ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Winans - Md

18 (a) Funeral director Mrs. Katie R Williams
(b) Address 322 N. Schroeder St.

19 (a) (Date received by registrar) (b) Katie R Williams Funeral Director

JAN 10 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1940, at 5:40 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary thrombosis; infarct left ventricle; rupture	
Due to infarct; hemopericardium	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W W Yandell Jr M.D. Medical Examiner.
Date signed 1/7/40

64783 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 64783

CERTIFICATE OF DEATH V 131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 103 N. Schroeder St. (Ward) 18 - 1

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Alberta Hart.

If U. S. Veteran specify WAR _____

(a) Residence: No. 103 N. Schroeder St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Hart.

6. DATE OF BIRTH (month, day, year) 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
56	55	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work.

10. Date deceased last worked at this occupation (month and year) 10-1940

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frank Warfield.

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mary Stevens

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Carrie Wright
(Address) 1007 N. Gaylord

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lubavn Date Jan. 10 1941

19. UNDERTAKER Mrs Katie R. Williams
(Address) 522 N. Arlington Ave

20. FILED JAN 10 1941 19____
Registrar.

Thomas for Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7th 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 4th 1939 to June 7th 1940

I last saw her alive on June 6th 1940. Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	12/4/39
Contributing Cause of Death: Arteriosclerosis with Hypertension	12/39

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____

23. If death was due to external causes (violence) fill in, also, the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No 19____ specify _____

(Signed) Lutie Green M.D.

(Address) 522 N. Arlington Ave.

F 64784

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

a 181

F 64784 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: W. Baltimore Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr 15 min
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 2646 W. North Ave (If outside city or town limits, write RURAL and give township)
(d) Street No. Back (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martha Hoddinott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John K. Hoddinott

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept. 16, 1861

8. AGE: Years: 76 78 | Months: 3 3 | Days: 25 23 | If less than one day: hr. min

9. Birthplace: Randallstown, Md. (Town, county, and state)

10. Usual Occupation: Home duties

11. Industry or business

FATHER
12. Name: Solomon Fogler
13. Birthplace: Washington Co., Maryland.

MOTHER
14. Maiden Name: Martha Butler
15. Birthplace: Maryland

16 (a) Informant: Edgar L. Hoddinott
(b) Address: 2646 W. North Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 1/11/40 (month) (day) (year)
(c) Cemetery or crematory: Louden Park Cemetery
Location: Frederick Road

18 (a) Funeral director: Mamie Cook Syfer
(b) Address: 1600 W. North Ave. Hunting & Pikesville Md.

19 (a) [illegible] (b) [illegible]

JAN 10 1940

Registrar

VS 6

MEDICAL CERTIFICATION

345P

20. DATE OF DEATH January 9 1940 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Burns — Duration:

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1/9/40
(c) Where did injury occur? 2646 W. North Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Explosion of kerosene Tank

23. Signature [illegible] M.D. Medical Examiner.
Date signed 1/10/40

Doctor caught in fire

64785

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No. F 64785

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 510 E Winston ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 10

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 510 E Winston ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah A. Walsh

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2nd 1856

8. AGE: Years	Months	Days	If less than one day
83	11	4	hr. min.

9. Birthplace Wilmington Del.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Michael Walsh
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Callahan
15. Birthplace Ireland

16 (a) Informant John J. Mahan
(b) Address 5906 42nd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/40 (month) (day) (year)

(c) Cemetery or crematory Mem. Cathy
Location Old Frederick Rd

18 (a) Funeral director John J. McGann
(b) Address 3000 E. Balto St.

19 (a) JAN 10 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/6/1940 at 9 P. M

21. I certify that death occurred on the date above stated, that I attended deceased from 1/4 1940 to 1/6 1940 and that I last saw he alive 1/6/40 9 PM 1940.

Immediate cause of death: Acute Cardiac Dilatation — Duration 1 day
Due to: Bronchio-Pneumonia — 3 days
Due to:
Other Conditions: Hypostatic Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature John G. Hamner M. D.
Address 1800 N. Charles St Date signed 1/8/40

F 64786

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 F 64786 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Hebrew Aged Home
(b) Street address Greenspring & Belvedere
(c) Hospital or institution: Rwondale
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. Hebrew Aged Home (If rural give location)
(e) If foreign born, how long in U. S. A.) 35 years

3 (a) FULL NAME Marcus Goldberg

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m.	w.	married

6 (b) Name of husband or wife Dena Goldberg
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Retailer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Dave Goldberg
(b) Address 4335 Belair Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-40 (month) (day) (year)
(c) Cemetery Jewish Carrol
Location H. C. F. B. Society

18 (a) Funeral director Jewish Funeral Home
(b) Address 1439 E. Balto St

JAN 10 1940 (Date rec'd by Registrar) (b) Harry J. Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10 1940, at 1.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-2-4 1936, to 1-10 1940, and that I last saw h[illegible] alive on 1-7 1940.

Immediate cause of death	Duration
Bronchopneumonia	1-4-40
Hypertension	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Edmund Levin M.D.
Address Lewindale Date signed 1/10/40

V8 3

F 64787

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-0

Registered No. F 64787

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1213 N. Bond St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gwendolyn Moore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-12-28

8. AGE: Years	Months	Days	If less than one day
11	10	26	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER 12. Name Robert Moore

13. Birthplace S.C.

MOTHER 14. Maiden Name Christene Smith

15. Birthplace ?

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location B. A. Co. Md.

18 (a) Funeral director Harry R. A. E. Mist. Undertaker

(b) Address 1299 N. Carrollton Ave

(Signature) Hunting for Williams, M.D. Registrar

JAN 10 1940 (Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 1940, at 4 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 26 1939, to Jan. 8 1940, and that I last saw her alive on Jan. 8 1940.

Immediate cause of death Brain abscess - pyogenic — Duration 1 month

Due to

Due to

Other Conditions Pulmonary tuberculosis

(Include pregnancy within 3 months of death)

Major findings: Of operations Brain (cerebellar) abscess

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Charles E. Troland M. D.

Address Johns Hopkins Hospital Date signed 1-10-40

VS 3

F 64788
371 & 70

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

159

F 64788
Registered No. C3990

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1423 E Lexington (If rural give location)
(e) If foreign born, how long in U. S. A.? years

54

3 (a) FULL NAME Bertha Wortham

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-20-39

8. AGE: Years	Months	Days	If less than one day
-	60 h	16	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace —

MOTHER
14. Maiden Name Unknown
15. Birthplace —

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location JOHNS HOPKINS MEDICAL SCHOOL JAN 10 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 JAN 10 1940 (Date rec'd by registrar) Registrar

0318

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1940, at 9:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 20 1939 to Jan 6 1940 and that I last saw her alive on Jan 6 1940.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions Dehydration, Acute Respiratory Infection (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles H. Claussen M. D.
Address 1934 McElderry St Date signed 1-6-39

F 64789

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 64789 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33-16 Calvert St.
(c) Hospital or institution:
Union Memorial Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 20½ hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County St. Mary's Co.
(c) City or town Rural - Hollywood, Md.
(If outside city or town limits write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby ~~Elma Agnes Curry~~ Mary Elma Curry.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 26, 1939

8. AGE: Years	Months	Days	If less than one day
0	0	10	hr. min.

9. Birthplace Hollywood, St Mary's Co., Md.
(Town, County, and state)

10. Usual Occupation Baby
11. Industry or business

FATHER
12. Name Melvin Curry
13. Birthplace Md

MOTHER
14. Maiden Name Agnes Abney
15. Birthplace Md

16 (a) Informant Father
(b) Address Leonardtown

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location

JOHNS HOPKINS MEDICAL SCHOOL JAN 10 1940

18 (a) Funeral director
(b) Address

19 (a) JAN 10 1940 (Date rec'd by Registrar)
(b) 5240 Registrar

Commissioner of Health
Per H. A. Mo...
Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 - 4 - 1940, at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-3-1940, to 1-4-1940, and that I last saw her alive on 1-4-1940.

Immediate cause of death	Duration
Heart failure	
Due to Patent interventricular Septum	from birth
Due to	
Other Conditions Pneumonia	2 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank W. Lieberlein M. D.
Address Union Memorial Hosp Date signed 1-5-40

VS 3

F 64790

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161-B

F 64790 Registered No. C 3990

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 700 N Gilmor (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jacque Taylor

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-6-40

8. AGE: Years | Months | Days: 65 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Forest Taylor
13. Birthplace Va

MOTHER 14. Maiden Name Sadie Cornish
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL JAN 10 1940
Location

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) JAN 10 1940 (b) 5317 Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN - 6 1940, at 925 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1 - 6 1940, to 1 - 6 1940, and that I last saw h alive on 1 - 6 1940.

Immediate cause of death: Spasms of Newborn — Duration

Due to

Due to

Other Conditions: Circulatory Collapse

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles H. Claros M.D.
Address 1934 McElderry St Date signed 1-7-40

F 64791

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51629 SD ✓ 131-a Registered No. F 64791

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 705 Sharp Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

2-1

3 (a) FULL NAME Grace Savage

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 6, 1915

8. AGE: Years	Months	Days	If less than one day
24	10 11	2	hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name George
13. Birthplace Virginia

MOTHER
14. Maiden Name Helena ?
15. Birthplace Virginia

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 12 40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto Co.

18 (a) Funeral director Joseph L. Brown & Son
(b) Address 108 W Montgomery St

19 (a) 1-0-1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 8 1940, at 11:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5 1940, to Jan. 8 1940, and that I last saw h[illegible] alive on Jan. 8 1940.

Immediate cause of death Arterio Sclerosis Nephritis & Uremia — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Renal findings

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murray Hofstein M. D.
Address Balto City Hosp Date signed 1-9-40

Registrar

VS 8

Physician for Williams, M.D.

64792 F 64792

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-3 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1146 Carroll st.
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 51

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1146 Carroll St (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Mrs Virginia Zollickoffer

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NO

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife William Zollickoffer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 20 1858

8. AGE: Years	Months	Days	If less than one day
51	1	20	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Milroy
13. Birthplace Maryland

MOTHER
14. Maiden Name Lillian Scholton
15. Birthplace Maryland

16 (a) Informant William Zollickoffer
(b) Address 1146 Carroll st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11-1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Arundel Co MD

18 (a) Funeral director Lilly & Zeiler INC
(b) Address 403 S. Wolfe st.

19 (a) (Date received by registrar) JAN 9 1940 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 8 1940, at 4:AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 9 1939, to Jan 8 1940, and that I last saw her alive on Jan 5 1940.

Immediate cause of death

Gastric carcinoma c — Duration about 1 year 1/2 a half
Due to widespread peritoneal metastases
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John F. Coolahan M. D.
Address Church Home & Inf Date signed 1-8-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

64793

CERTIFICATE OF DEATH

108 F 64793

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 W. Hamburg St. 21st Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie Tyler

(a) Residence: No. 419 W. Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Tyler

6. DATE OF BIRTH (month, day, year) 4-8-1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	9	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

FATHER

13. NAME John Dixon

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Laura ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John Tyler (Address) 417 W Hamburg st

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date 1-13 19 40

19. UNDERTAKER William A Jackson (Address) 966 Edgar Hunting Town Williams, Md.

20. FILED JAN 10 1940 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-8 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1939 to Jan 8th 1940

I last saw her alive on Jan 7 1940 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar)	
Other contributory causes of importance: Bronchial Asthma	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James C Cuyler M. D.

(Address) 1016 S. Sharp St

V8 8

64794

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-7

Registered No. F 64794

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Glencoe
(c) City or town Glenelg, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis Dorsey

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	Colored	Married

6 (b) Name of husband or wife Dora Jenkins
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Jan-22, 1880

8. AGE: Years	Months	Days	If less than one day
59	11	18	hr. min.

9. Birthplace Sparks, Balto Co., Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Henry Dorsey
13. Birthplace Balto. Co., Md.

MOTHER
14. Maiden Name Maria Madden
15. Birthplace Balto. Co. Md.

16 (a) Informant Mrs. Nicholas
(b) Address Sparks, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13 1940 (month) (day) (year)
(c) Cemetery or crematory Stephenson
Location Sparks, Md.

18 (a) Funeral director Landon M. Brooks
(b) Address Sparks, Md.

19 (Date rec'd by registrar) JAN 10 1940 Huntington Pittsburgh, Pa. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10- 1940, at 1.40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-6- 1939 to 1-10-1940, and that I last saw h__ alive on 1-10-1940.

Immediate cause of death	Duration
Arsenical Dermatitis	50 days
Due to (Administration of Neo-arsphenamine)	
Due to Broncho-Pneumonia	15 days
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. H. Mahoney M. D.
Address Provident Hospital Date signed 1/10/40

VS 3

F 64795

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 64795

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1623 E. North Avenue
(c) Hospital or institution: -----
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1623 E. North Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? ---- years

3 (a) FULL NAME CAROLINE WELSH RENSHAW

3 (b) If veteran, name war ----

3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Single

6 (b) Name of husband or wife -----

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 13, 1857

8. AGE: Years	Months	Days	If less than one day
81	10	27	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name Lemuel Renshaw
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Ann Clark
15. Birthplace Maryland

16 (a) Informant Mrs. Chas Renshaw
(b) Address 1623 E. North Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 12/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location

18 (a) Funeral director Chas. S. Frazer & Son Bros.
(b) Address 118 W. Mt. Royal Ave

19 (a) JAN 10 1940 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

28. DATE OF DEATH Jan. 10 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1940 to Jan 10 1940, and that I last saw her alive on Jan 9 1940

Immediate cause of death	Duration
Acute Dilatation of Heart	1 day
Due to Chronic myocarditis	1 year
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E. North Ave Date signed Jan 11-40

VS 3

64796

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. F 64796

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1408 Fleet Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1408 Fleet Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 37 years

3 (a) FULL NAME Pauline Wrozinska

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Casimir Wrozinski 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day hr.	min.
53	5			

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Edward Wrozinska
(b) Address 1408 Fleet St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 1/11/40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem. Location German Hill Road

18 (a) Funeral director John M. Weber
(b) Address 491 E. Pratt St. Waiting for Philadelphia Mail

19 JAN 10 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7, 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 31 1939 to Jan 7 1940. and that I last saw h alive on Jan 7 1940

Immediate cause of death Lobar Pneumonia — Duration one week

Due to Cold

Due to

Other Conditions Heart failure
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leo F. Kulocka M. D.
Address 125 S. Patterson Park Ave Date signed Jan 10 1940

VS 3

64797

HEALTH DEPARTMENT—CITY OF BALTIMORE

64797

CERTIFICATE OF DEATH

123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-W Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 8 ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mrs. Millie Orndorff

If U. S. Veteran specify WAR _____

(a) Residence: No. 327 South Market St. — St., Frederick, Maryland Ward. Tourist

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1886

7. AGE Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 35 yrs.

12. BIRTHPLACE (city or town) Frd. Co. Md. (State or country)

FATHER

13. NAME Samuel C. Michael

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Mary Williams

16. BIRTHPLACE (city or town) Md. Va. (State or country)

17. INFORMANT Herbert Staschezger

(Address) Frederick, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 1-12-40 19

19. UNDERTAKER C. E. Cline & Son

(Address) Frederick, Md.

20. FILED JAN 11 1940 19 Huntington Miller

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 10, 1940

22. I HEREBY CERTIFY, That I attended deceased from January 2, 1940 to January 10, 1940

I last saw h[illegible] alive on January 10, 1940 Death is said to have occurred on the date stated above, at 5:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infected abdominal Incision + Cellulitis	
Hemolytic Anemia — Sulfanilamide	
Exhaustion	
Debility	
Other contributory causes of importance:	
Broncho-pneumonia — recovery [Sulfapyridine]	
Gangrene of omentum	

Was an operation performed? Yes Date of January 2, 1940

For what disease or injury? Fecal Fistula

Name of operation Closure of Fistula

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) L. N. Pierce, M. D.

(Address) University Hospital

Duration is very important. See instructions on back of certificate. Exact statement of

F 64798 50751 - RB

F 64798

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month, 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1205 Riverside Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Anna Hubbard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Charles (dead)

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) ? ?, 1861

8. AGE: Years 79 | Months ? | Days ? | If less than one day ..... hr. ..... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER
12. Name William Thomas Bell (dead)
13. Birthplace Scotland

MOTHER
14. Maiden Name Rebecca Sponcello (dead)
15. Birthplace Md. B.C.H.

16 (a) Informant Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14/40 (month) (day) (year)
(c) Cemetery or crematory
Location Frederick Md.

18 (a) Funeral director C. E. Eline & Son
(b) Address Frederick Md.

19 (a) JAN 11 1940 (Date received by local registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10- 1940 at 9 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-4- 1939 to 1-10- 1940 and that I last saw h[illegible] alive on 1-10- 1940.

Immediate cause of death: Cardiac Failure — Duration: 8 Wks
Due to: Arteriosclerotic Ht Dis — ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Millard Lefevre M. D.
Address Balto City Hosp. Date signed 1-11-40

VE 3

F 64799

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F

F 64799 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2044 E. Biddle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 40yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2044 E. Biddle st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Zella Catherine McCormick

3 (b) If veteran, name war: NS
3 (c) Social Security Account No. NONE

4. Sex: Female
5. Color or race: White
6 (a) ~~Single, married~~, widowed, ~~or divorced~~: Widowed
6 (b) Name of husband ~~or wife~~: Wm M McCormick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 6th 1864

8. AGE: Years 75 | Months 1 | Days 4 | If less than one day: hr. min.

9. Birthplace Sabillasville Md (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name George Ambrose
13. Birthplace Pa

MOTHER
14. Maiden Name Unknown
15. Birthplace Pa

16 (a) Informant Arthur E. McCormick
(b) Address 2014 E. Monument St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/11/40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Burns Hill
Location Waynesboro Pa

18 (a) Funeral director William Cook
(b) Address 1217 St Paul st

19 (a) (Date received by Registrar) (b) Registrar

JAN 11 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9th 1940, at 8:05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 18 1939 to Jan 9 1940 and that I last saw h e r alive on Jan 5 1940

Immediate cause of death: Pneumonia & Coma
Due to: Contusions
Due to:
Other Conditions: Diabetes Mellitus.
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, or public place? (Specify type of place) (While at work?)
(e) Manner of injury

23. Signature Miller & Greenberg
Address 461 Hastings Bldg Date signed 1/10/40

VS 3

Williamson

64890

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. E 64800

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1541 N Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1541 N Broadway
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah F Williamson

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife David Williamson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22 1867

8. AGE: Years 72 | Months 9 | Days 18 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Charles A Kuhl
13. Birthplace Elkcott City Md

MOTHER 14. Maiden Name Mary E Scully
15. Birthplace Ireland

16 (a) Informant Milton Williamson
(b) Address 1541 N Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore Md

18 (a) Funeral director Wilhelm & Co
(b) Address 1214 E Pratt St

19 (a) Date of death JAN 11 1940 (b) Filed [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10 1940, at 11 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1937 to Jan 10 1940 and that I last saw h alive on Jan 10 1940.

Immediate cause of death

Due to Cerebral Hemorrhage — Duration 1 week
Due to Arterio Sclerosis — 2 years
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph L Valentine M D
Address 6 E Monroe Date signed Jan 10th 1940

F 64801

LB 51709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-M Registered No. F 64801

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Western Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 hrs 15 min.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2243 E. Preston St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME R. Annie Rowles

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife John F. Rowles
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 13, 1867

8. AGE: Years	Months	Days	If less than one day
72	2	26	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name John Brown (d)
13. Birthplace Md.

MOTHER
14. Maiden Name Louise
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

19 (a) (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 – 9 1940, at 5-45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1 – 8 1940 to 1 – 9 1940 and that I last saw her alive on 1 – 9 1940.

Immediate cause of death	Duration
Malignancy of gastro intestinal tract	2
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Knudsen M. D.
Address Balto City Hosp. Date signed 1-10-40

F 64802

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45-D

F 64802 Registered No.

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1723 Gorsuch Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1723 Gorsuch Ave

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard F. Lyles

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of ~~husband~~ or wife Lottie

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) July 16 1873

8. AGE: Years	Months	Days	If less than one day: hr.	min.
66	5	23		

9. Birthplace Calvert Co Md (Town, county, and state)

10. Usual Occupation Retired Storekeeper

11. Industry or business

FATHER 12. Name Richard L Lyles

13. Birthplace Calvert Co Md

MOTHER 14. Maiden Name Nancy Freeland

15. Birthplace Calvert Co Md

16 (a) Informant Lottie E Lyles

(b) Address 1723 Gorsuch Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11 1940 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Woodlawn

Location Md

18 (a) Funeral director William Cook

(b) Address 1707 St Paul St.

19 JAN 11 1940 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9 1940 at 9 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 31 1939 to Jan 9 1940 and that I last saw h-- alive on Jan 8 1940.

Immediate cause of death	Duration
Carcinoma of Lungs	4 mos
Due to Carcinomatosis Diffuse Metastasis Bone	1 yr
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Thos F A Stevens M. D.

Address 2878 Harford Rd Date signed 1-9-40

VS 3

F 64803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-T

F 64803 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Sq. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 419 W. 26th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? – years

3 (a) FULL NAME Rosella Fetrow

3 (b) If veteran, name war No

3 (c) Social Security Account No. NONE

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Augustus Fetrow

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3rd 1878

8. AGE: Years 61 Months 6 Days 7 If less than one day hr. min.

9. Birthplace York Co. Pa (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name John Sheeler
13. Birthplace Pa

MOTHER
14. Maiden Name Elizabeth Fisher
15. Birthplace Pa

16 (a) Informant Ester Mochard
(b) Address 1101 Homestead St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/40 (month) (day) (year)
(c) Cemetery or crematory Morland Park
Location Balto. Co. Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 JAN 11 1940 (Date rec'd by registrar) (b) Huntingtor Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10 1940, at 3:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-[illegible] 1940, to 1-10 1940, and that I last saw h[illegible] alive on 1-10 1940.

Immediate cause of death Coronary artery disease — Duration 1 day

Due to Arteria-sclerosis & Hypertensive Cardio-Vascular Disease

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Woolf M. D.
Address Franklin Sq. Hosp. Date signed 1-10-40

VS 8

F 64804

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-a

F 64804 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3001 Creamont st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3001 Creamont Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert W. Knowles Jr

3 (b) If veteran, name war: No
3 (c) Social Security Account No.:

4. Sex: M | 5. Color or race: W | 6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 13th 1880

8. AGE: Years 59 | Months 1 | Days 26 | If less than one day ... hr. ... min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Marine Engineer
11. Industry or business Bull Steamship Co

FATHER
12. Name Albert W. Knowles Sr
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Louise Swanson
15. Birthplace Balto Md

16 (a) Informant Louise S. Knowles
(b) Address 3001 Creedmont Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/11/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

JAN 11 1940 (Date rec'd by registrar) (b) Thomas J. Williams M.D. Registrar

MEDICAL CERTIFICATION 3R

20. DATE OF DEATH January 9 1940, at ... M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Cancer, Larynx — Duration

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature [illegible] M.D. Medical Examiner.
Date signed 1/9/40

VS 6

F 64805

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

40208 SF 64805

Registered No. 107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 509 N. Bond Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Hughes

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Colored	Married

6 (b) Name of husband or wife Addie Hughes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
70 ?			hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name ?
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 11 '40 (month) (day) (year)
(c) Cemetery or crematory [illegible]
Location Brookland

18 (a) Funeral director E. O. Wilson
(b) Address 1000 Brantley

19 (a) [illegible] (b) [illegible]
(Date received by local registrar) Registrar

JAN 11 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9 1940, at 5:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 23 1939, to Jan. 9 1940, and that I last saw h~~im~~ alive on Jan. 9 1940.

Immediate cause of death Bronchopneumonia — Duration 6 days.
Due to
Due to
Other Conditions Hypertension — Duration unknown.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Pneumonia, enlarged heart.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Balto City Hosp. Date signed 1-9-40

F 64806

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64806

CERTIFICATE OF DEATH

124-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick P. McGinnis

If U. S. Veteran specify WAR

(a) Residence: No. 26 E. 25th St., S. S. No. 218-03-6138 Ward. Baltimore Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Taylor

6. DATE OF BIRTH (month, day, year) Dec. 28, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	—	11 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ind Factory Clerk

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Robert R. McGinnis

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lillian Hall Wright

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Harry Lee McGinnis

(Address) 119 E. 25th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date 1/11, 1940

19. UNDERTAKER John O. Mitchell Funeral Home Inc.

(Address) 1900 Eutaw Place

Filed JAN 11 1940 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 8th, 1940 to Jan 9th, 1940

I last saw him alive on Jan 9th, 1940 Death is said to have occurred on the date stated above, at 10:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric hemorrhage	1/8/40
Esophageal varices	
Portal cirrhosis of liver	?
	over

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. I. Greene M. D.

(Address)

OCCUPATION IS very important. See instructions on back of certificate. Exact statement of

F 64807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-F

Registered No. F 64807

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Roland Park
(b) Street address 524 Woodlawn Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 524 Woodlawn Road (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Katherine Hopper Stimson

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Earl Stimson
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) may 24-1870

8. AGE: Years 69 | Months 7 | Days 16 | If less than one day ..... hr. ..... min.

9. Birthplace Phila. Pa (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Alfred Hopper
13. Birthplace England

MOTHER
14. Maiden Name Elizabeth Straub
15. Birthplace Penna.

16 (a) Informant Alfred H. Stimson
(b) Address 524 Woodlawn Road

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-11-40 (month) (day) (year)
(c) Cemetery or crematory
Location Cincinatti Ohio

18 (a) Funeral director John C. Whitehead & Sons
(b) Address 1900 Eutaw Place

19 (a) ..... (Date received by registrar) (b) [illegible]

JAN 11 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 10-40 19..., at 9-15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 11 1939, to Jan 10 1940, and that I last saw her alive on Jan 10 1940.

Immediate cause of death: Right Hemiplegia Probably Cerebral Metastases
Due to Adeno-Carcinoma of Sigmoid and Rectum
Due to Thyro Toxic Goitre
Other Conditions
(Include pregnancy within 3 months of death)

Duration: 10 hours / Jan. 1939 / Aug-1938

Major findings: X-Ray Gastro Intestinal
Of operations No operation
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Gibson Porter M. D.
Address 4822 Roland Ave Date signed 1/10/40

51569 - RB

64808

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 64808 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 39 W. Preston St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard Stuart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ona
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7, 1859?

8. AGE: Years	Months	Days	If less than one day
82?	6	3	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Old Age Pensioner
11. Industry or business Unemployed 25 yrs.

FATHER
12. Name David T. Stuart
13. Birthplace Delaware

MOTHER
14. Maiden Name Elizabeth Davis
15. Birthplace Md.

16 (a) Informant Records
(b) Address Balto. City Hosps.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto., Md.

18 (a) Funeral director Loudon Park Funeral Home
(b) Address 400 Eutaw Place

19 (a) [illegible] (Signature of registrar) [illegible] M.D.

JAN 12

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10-1940 at 6 25 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-4-1940 to 1-10-1940 and that I last saw h[illegible] alive on 1-10-1940.

Immediate cause of death Cerebral thrombosis — 5 Days
Lung abscess — 5 "
Due to Hypertensive CVD — ?
Generalized arteriosclerosis — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Cerebral thrombosis, Lung abscess

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murray Lukens M. D.
Address Balto City Hosp. Date signed 1-12-40

64809

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1940-C Registered No. F 64809

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4208 Kolb Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME MRS (ELSIE, ELSIE) GOHLINGHORST X

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	M.

6 (b) Name of husband or wife: George W. Gohlinghorst
6 (c) If alive, give age 26 years
7. Birth date of deceased (mo., day, yr.) Jan. 18 1896 1897

8. AGE: Years	Months	Days	If less than one day
42 ~~43~~	11	22	hr. min.

9. Birthplace Balto Co. Md.
(Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Walter Sippel
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Gertrude Marx
15. Birthplace Balto. Co. Md.

16 (a) Informant Geo. W. Gohlinghorst
(b) Address 4208 Kolb Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 12 40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto Co. Md

18 (a) Funeral director F. C. Lussalm & Son
Address 7401 Belair Rd.

19 (a) JAN 11 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10 1940, at 4 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Incomplete abortion self induced	
Due to	
Due to	
Other Conditions Septicaemia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. E. Wallenmeyer M.D.
Medical Examiner.
Date signed Jan 10th 1940

over

64810

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-a

F 64810 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2411 W Lombard St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2411 W Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

20 E 4

3 (a) FULL NAME EUGENE D. FISCHER

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-9043

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18 1917

8. AGE: Years	Months	Days	If less than one day
22	5	22	hr. min.

9. Birthplace Baltimore City (Town, county, and state)

10. Usual Occupation Drug Clerk

11. Industry or business

FATHER
12. Name J. Frank Fischer
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Alice L. Zile
15. Birthplace Carroll Co. Md

16 (a) Informant Mrs Alice L Fischer
(b) Address 2411 W Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Md

18 (a) Funeral director Geo W Little
(b) Address 2700 Edmondson Ave

19 (a) JAN 11 1940 (Date received by Registrar) (b) Huntington Town Maryland Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10 1940, at 10 45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Gastroenteritis, acute	
Due to Cause undetermined	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide pending investigation
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeier M.D. Medical Examiner.

Date signed Jan 10, 1940

VS 6

F 64811

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186 — F 64811 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 N Calhoun St.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) 26 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town.)
(d) Street No. 23 East York Street.
(If rural give location)
(e) If foreign born, how long in U. S. A.) 26 years

3 (a) FULL NAME Thomas Stepanisk or Steponuk

3 (b) If veteran, name war: —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna Steponuk

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Not known

8. AGE: Years 46 | Months | Days | If less than one day: hr. min.

9. Birthplace: Russian (Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business:

FATHER
12. Name: Oscar Steponuk
13. Birthplace: Russian

MOTHER
14. Maiden Name: Not known
15. Birthplace: Russian

16 (a) Informant: Oscar Steponuk
(b) Address: 36 York Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 12, 1940 (month) (day) (year)
(c) Cemetery or crematory: Holy Trinity Russian
Location: Anne Arundel County Md.

18 (a) Funeral director: John A. Grabliauskas Jr.
(b) Address: 423 S. Paca St

19 JAN 11 1940 (Date rec'd by Registrar) (b) Hunting Toy Hill Baltimore, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10-40 19 , at 7 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-14-1939 to 1-10 1940, and that I last saw him alive on 1-10-1940.

Immediate cause of death: Bronchio-pneumonia — Duration 2 days
Due to Fracture left hip — 24 days
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings: Of operations Hip spica applied 1-3-40 —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident - fell on street
(b) Date of occurrence 12-17-39.
(c) Where did injury occur? Baltimore Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? On front of house. While at work? No.
(Specify type of place)
(e) Means of injury Fracture left hip.

23. Signature: Nathan Wolf, M.D.
Address: Franklin Sq. Hospital Date signed: 1-14-40.

H. L. Wilkenfeld, M.D. Asst. Medical Examiner
per J. Klein

F 64812

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

57-D Registered No. F 64812

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town White Marsh.
(If outside city or town limits, write RURAL and give town)
Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Benik

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male.	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 3 1940.

8. AGE: Years	Months	Days	If less than one day
		6	hr. min.

9. Birthplace Baltimore Maryland.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Joseph F. Benik Jr.
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary Mandrowitsky
15. Birthplace Baltimore Md.

16 (a) Informant Mr. Joseph F. Benik Jr.
(b) Address White Marsh Md.

17 (a) Burial (b) Date thereof Jan 11 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director John A. Krebaugh Jr.
(b) Address 423 S. Paca St.

19 (a) (b) Registrar
(Date received by registrar)

JAN 11 1940

Huntingtown Williamsville, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 9 1940 at 8 45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1940. to Jan 9 1940. and that I last saw him alive on Jan 9 1940.

Immediate cause of death
Congenital malformation
Microcephalic

Duration
Life 6 days.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. A. Dodd. M. D.
Address Mercy Hospital Date signed 1/10/40

F 64813

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 64813

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 711 E Preston St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 711 E. Preston St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Isabella Marie Cooley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Wilbert Cooley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1903

8. AGE: Years	Months	Days	If less than one day
36	7	7	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER 12. Name Harry G Barton
13. Birthplace Balto

MOTHER 14. Maiden Name Amelia E Kendall
15. Birthplace Balto

16 (a) Informant Mr Barton
(b) Address 711 E Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 12, 1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Cremonia Ave

(c) (Date received) (Registrar)

JAN 11 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9 1940 at 5:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 1940 to Jan 9 1940 and that I last saw h[er] alive on Jan 9 1940.

Immediate cause of death	Duration
Tuberculous meningitis	5 days
Due to Pott's disease of spine	7 yrs.
Due to pulmonary T. B.	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Samuel Silverfield M. D.
Address 714 E. Preston Date signed 1/12/40

Dr Silverfield

F 64814

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 64814 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1933 2nd St.
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. City
(c) City or town (If outside city or town limits, write RURAL and name town)
(d) Street address 22-E-26th St. (If rural give location)
17
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Marion Ann Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Wm. Felix E. Brown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 18/1853

8. AGE: Years 86 | Months 0 | Days 21 | If less than one day hr. min.

9. Birthplace Lancaster Co. Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Sullivan
13. Birthplace Virginia

MOTHER
14. Maiden Name Ann F. (not known)
15. Birthplace Virginia

16 (a) Informant Mr. Alfred Brown (Son)
(b) Address Albany, New York.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave. City

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 100 W. NORTH AVENUE

JAN 11 1940

Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 9 1940 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1940 to Jan 9 1940 and that I last saw her alive on Jan 8 1940.

Immediate cause of death Cardiac Failure — Duration
Senility
Due to Arteriosclerotic Heart Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. F. Pearce M. D.
Address Union Memorial Date signed 1/9/40

F 64815

CCK

F 64815 51739

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1214 Madison St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Pearl

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Widowed

6 (b) Name of husband or wife Ella

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18, 1884

8. AGE: Years	Months	Days	If less than one day
55	8 7	22	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name General Pearl
13. Birthplace Va.

MOTHER
14. Maiden Name Maria Powell
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Westport

18 (a) Funeral director Geo. A. Kelly
(b) Address 1303 Eastern Ave

19 (a) JAN 11 1940 (b) Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10 1940, at 7:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1940, to Jan 10 1940, and that I last saw alive on Jan 10 1940.

Immediate cause of death	Duration
Bronchopneumonia	unknown
Due to	
Due to	
Other Conditions Arteriolosclerosis with uremia	unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Murphy Lakin M. D.
Address Balto City Hosp Date signed 1-11-40

VS 1

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64816-5544 CERTIFICATE OF DEATH 16 F 64816

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. St. Joseph's Hospital 9-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Minnie Burgan — If U. S. Veteran specify WAR

(a) Residence: No. 1760 Forsyth Ave St., S. S. No. 216-05-5544 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

8a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 16, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Eclipse Manf. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Carlton Burgan

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Caroline Meyers

16. BIRTHPLACE (city or town) (State or country) Ger

17. INFORMANT Lillie M. Lest.
(Address) 1760 Forsyth Ave.

18. BURIAL, CREMATION, OR REMOVAL
Baltimore Date Jan 13, 1940

19. UNDERTAKER C. Kenworthy & Sonorau
(Address) 2615-17 Edmondson Ave.

20. FILED JAN 17 1940 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 10, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1940 to Jan 14, 1940

I last saw h alive on Jan. 10, 1940 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Renal wide degenerative	
Other contributory causes of importance: Pott's disease	?

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. R. Conrad M. D.

(Address) St. Joseph's Hosp

H. L. Wollenweber, M.D. as Kitz
Assistant Medical Examiner

VS.3

F 64817

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 64817

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and name town)
(d) Street No. 1756 Homestead St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Howard F. Wilson

3 (b) If veteran, name war —

3 (c) Social Security Account No. 716-12-3720

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife: Elizabeth J. Wilson.
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.): June 26, 1887

8. AGE: Years	Months	Days	If less than one day
52	6	13	hr. min.

9. Birthplace: Maryland. (Town, county, and state)
10. Usual Occupation: Engineer.
11. Industry or business: Penna. R. R.

FATHER
12. Name: John T. Wilson.
13. Birthplace: Md.

MOTHER
14. Maiden Name: Nancy B. Martin
15. Birthplace: Md.

16 (a) Informant: Elizabeth J. Wilson.
(b) Address: 1756 Homestead St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 12, 1940 (month) (day) (year)
(c) Cemetery or crematory: Pine Grove.
Location: Balto Co. Md.

18 (a) Funeral director: Thenowerth & Donovan
(b) Address: 3615-17 Eastern Ave.

19 JAN 11 1940 (b) Huntington Hills, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1-9 1940, at 12:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-6 1940, to 1-9 1940, and that I last saw h[illegible] alive on 1-9 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration: 4 days
Due to: Hypertensive Heart Disease & gen. arteriosclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Irene J. Leadner M. D.
Address: Date signed 1-9-40

F 64818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

XV 93-D F 64818 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto Co.
(c) City or town Baltimore Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2412 Poplar Drive
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Michael Lowe

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None	219-07-4162	Male	White	Married

6 (b) Name of husband or wife Hattie Lowe
6 (c) If alive, give age 63 years
7. Birth date of deceased (mo., day, yr.) Oct 25-1872

8. AGE: Years	Months	Days	If less than one day hr.	min.
67	2	15		

9. Birthplace Rochester Co Md (Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business Steamships.

FATHER
12. Name James Lowe
13. Birthplace Md

MOTHER
14. Maiden Name Amanda Charles
15. Birthplace Md

16 (a) Informant Mrs Hattie Lowe
(b) Address 2412 Poplar Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto Co Md

18 (a) Funeral director Putnam & Sloan
(b) Address 2234 N Charles St

19 (a) JAN 11 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1940 at 7:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 24 1939 to Jan 10 1940, and that I last saw h. /alive on Jan 9 1939.

Immediate cause of death: Coronary thrombosis — Duration: 2 mo.
Due to: Arteriosclerotic C V disease
Due to:
Other Conditions: Broncho pneumonia
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: Coronary thrombosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas Sefton M. D.
Address Mercy Hosp Date signed 1/10/40

F 64819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-L Registered No. F 64819

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 771 Bradley Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto City (If outside city or town limits, write RURAL and give town)
(d) Street No. 771 Bradley Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Anna Johnson Thomas

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Married

6 (b) Name of husband or wife Lonnie Thomas
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) 3/27/1867

8. AGE: Years	Months	Days	If less than one day
70	10	13	hr. min.

9. Birthplace Baltimore Co Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name John Jones
13. Birthplace Baltimore Co Md

MOTHER
14. Maiden Name Annie Barnes
15. Birthplace Baltimore Co Md

16 (a) Informant Mrs Johnson
(b) Address 1169 Mount Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan 14 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) Date received JAN 11 1940 (b) Registrar Registrar
Elizabeth Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/8/40 19 10:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/6/40 19 to 1/8/40, and that I last saw alive on 1/3/40.

Immediate cause of death: Organic heart disease
Duration 3 Months
Due to Probably heart weakness
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Lee Sloan, M. D.
Address 774 Mosher Ave Date signed 1/9/40

64820

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-U

F 64820 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2406 N. Charles St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Elizabeth A. Riddlemoser

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	M.

6 (b) Name of husband or wife Robert L.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 30th 1884

8. AGE: Years	Months	Days	If less than one day
55	9	10	hr. min.

9. Birthplace Vermont (Town, county and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name John McKelvey
13. Birthplace Conn

MOTHER
14. Maiden Name Unknown
15. Birthplace Conn

16 (a) Informant Robt. L. Riddlemoser
(b) Address 2406 N. Charles St

17 (a) New London, Conn. (Burial, cremation or removal) (b) Date thereof 1/11/40 (month) (day) (year)
(c) Cemetery or crematory St Marys
Location New London Conn

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) 1-10-40 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/10/40 at 2:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/7 19 40 to 1/10 19 40 and that I last saw h alive on 1/9 19 40.

Immediate cause of death	Duration
Myocardial failure	
Due to Cerebral Hemorrhage	
Due to Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L. Glassman M. D.
Address Md. Gen. Hosp. Date signed 1/10/40

VS 8

64821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-U F 64821 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5500 Tramore Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 5500 Tramore Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

27-6

3 (a) FULL NAME John T. Angel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married
6 (b) Name of ~~husband or~~ wife: Florence Angel
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 15 1873
8. AGE: Years 66 | Months 5 | Days 0 | If less than one day hr. min.
9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business Md State Garage

FATHER
12. Name John T. Angel
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary Jane Holbrooke
15. Birthplace Balto Md.

16 (a) Informant Florence Angel
(b) Address 5500 Traymore Rd

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/13/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto
Location Balto Md

18 (a) Funeral director Williams Cook
(b) Address 1210 Park Ave

JAN 11 1940 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1940, at 6:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1935 to Jan 10 1940 and that I last saw h~~im~~ alive on Jan 10 1940

Immediate cause of death: Uremia — Duration: 2 days.
Due to: Hypertensive Cardio Vascular renal disease
Due to:
Other Conditions: Hemiplegia 12/27/39
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Jack J. Singer
Address 506 E. North Ave Date signed 1/11/40

VS 2

64822 ✓ F 64822

BALTIMORE CITY HEALTH DEPARTMENT 46-B Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1839 N. Chester St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 70yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1839 N. Chester St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine George

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single, married~~, widowed, ~~or divorced~~: Widowed

6 (b) Name of husband or wife Andrew George
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 24th 1858

8. AGE: Years: 81 | Months: 11 | Days: 16 | If less than one day: hr. min.

9. Birthplace Hanover Pa
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name (Ha Kamm) Schramm
13. Birthplace Pa

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Rose Kirschenhofer
(b) Address 1839 N. Chester St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/13/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Parkwood
Location Balto Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) JAN 11 1940 (Date received by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10th 1940, at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1937, to January 10 1940, and that I last saw her alive on January 9 1940.

Immediate cause of death	Duration
Arterial Hypertension	2 yrs
Due to Cerebral Hemorrhage	
Due to	
Other Conditions Carcinoma of Stomach	6 months
(Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert Chambers M.D.
Address 2025 E. North Ave. Date signed 1-10-40

V8 3

64823

✓ F 64823

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) May
(e) Length of stay in Baltimore (yrs., mos., or days) –

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 525 W. Biddle St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Porter

3 (b) If veteran, name war: Unknown

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Carrie Burley sister
(b) Address 1908 Monroe St Apt. 1 Pg.

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan 12, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 327 N Schroeder St

JAN 11 1940 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-6-1940 at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-6-1940 to 1-6-1940 and that I last saw him alive on 1-6-1940

Immediate cause of death: Cerebral Hemorrhage — Duration: 6 days

Due to –

Due to

Other Conditions Arterio-sclerosis.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. F. Maloney, M.D.
Address Provident Hospital Date signed 1/8/40

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64824

CERTIFICATE OF DEATH

95-F F 64824

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2221 Berlin St. 25-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Emmie E. Willett Nolta James

If U. S. Veteran specify WAR

(a) Residence: No. 2221 Berlin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

I PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of W. J. James Jr.

6. DATE OF BIRTH (month, day, year) March 7 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) London, England (State or country)

FATHER

13. NAME Henry Willett

14. BIRTHPLACE (city or town) England (State or country)

MOTHER

15. MAIDEN NAME James

16. BIRTHPLACE (city or town) England (State or country)

17. INFORMANT Mrs. W. J. James Jr.
(Address) 2221 Berlin St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 1 12/40 19

19. UNDERTAKER Thos. Wilson & Son
(Address) 1503 Edmondson Ave

20. FILED JAN 11 1940 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9th, 1940

22. I HEREBY CERTIFY, That I attended deceased from 3 Jan. 1940 to 9th Jan. 1940

I last saw him alive on 8 Jan. 1940 death is said to have occurred on the date stated above, at 1.55 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute fractures with enteritis.	3 Jan 40
Other contributory causes of importance: Cardiac Insufficiency	9 Jan 40

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, state

(Signed) Maurice B. Wheeler M. D.

(Address) 2910 Kolmar Ferry Rd Baltimore

OCCUPATION is very important. See instructions on back of certificate.

F 64825

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-3

F 64825 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 201 N Spring St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 201 N Spring St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella Long
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F
5. Color or race Col
6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife John Henry Long
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Unknown
8. AGE: Years 71 Months — Days — If less than one day hr. min.
9. Birthplace Unknown (Town, county, and state)
10. Usual Occupation Home
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs Mildred Holmes (friend)
(b) Address 201 N Spring
17 (a) Burial (burial, cremation, or removal) (b) Date thereof Jan 10 (month) (day) 40 (year)
(c) Cemetery or crematory Mt Calvary
Location Mt Wernon
18 (a) Funeral director E O Wilson
(b) Address 1000 Fremont
19 (a) Registered JAN 11 1940 (b) Huntington Station, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Jan 7 1940, at 8:37 M
21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1939 to Jan 7 1940, and that I last saw h alive on Jan 2 1940.

Immediate cause of death: Mitral Insufficiency — Duration Days

Due to

Due to

Other Conditions Arterio Sclerosis and Hypertension — 3 or 4 yrs
(Including pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. F. Chenoweth
Address 1429 E Monument St Date signed 1/9/40 M. D.

W. F. Wolbenwette, M. D. Asst. Medical Examiner
Jos. B. Kitter

VS 8

64826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-7 F 64826

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2003 E. 32nd St. 9-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fannie Newell Chase

If U. S. Veteran specify WAR

(a) Residence: No. 2003 E. 32nd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hannibal Chase

6. DATE OF BIRTH (month, day, year) Dec 6 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
89	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mass.

FATHER

13. NAME Joseph Newell

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Betsy Moody

16. BIRTHPLACE (city or town) (State or country) Mass.

17. INFORMANT Miss Florence Chase
(Address) 2003 E. 32nd St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 11 1940

19. UNDERTAKER Albert W. Deregoy
(Address) 440 E. North Ave

Filed JAN 11 1940 19... [illegible] Registrar.

OCCUPATION is very important. See Instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1940

22. I HEREBY CERTIFY, That I attended deceased from April, 1930 to Jan 9, 1940

I last saw her alive on Jan 2-1, 1940 Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage -	Jan 8-40
Left Hemiplegia	Apl 1936
Other contributory causes of importance:	
Arteriosclerosis -	?
Chronic myocardial disease	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Conrad, M. D.

(Address) Baltimore

Howard J. Mellon, M.D.
Chief Medical Examiner
per E.R. Brattain

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64827

F 64827

CERTIFICATE OF DEATH

162-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2144 Wilkens Ave (Ward) 20-5

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mrs. Emma Bailer

If U. S. Veteran specify WAR _____

(a) Residence: No. 2144 Wilkens Ave, Ward. _____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis Bailer

6. DATE OF BIRTH (month, day, year) Oct. 15 - 1854

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
85	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Wissman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Charles Bailer (Address) 2708 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Jan 11 1940

19. UNDERTAKER George L. Lehnert (Address) 2708 W. Baltimore St.

20. FILED JAN 11 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8th 1940

22. I HEREBY CERTIFY, That I attended deceased from July 1 1939 to Jan 7 1940

I last saw her alive on Jan 7 1940 Death is said to have occurred on the date stated above, at 11:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Clinical Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Albert Kornyeie, M. D.

(Address) 1934 Wilkens Ave

GIVE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

64828

CERTIFICATE OF DEATH

160-a

F 64828

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ____ St. 15-4 Ward)

Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME Baby boy Kramer

If U. S. Veteran specify WAR ____

(a) Residence: No. 2402 Reisterstown Rd St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 30, 1939

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
		4 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sinai Hospital

FATHER

13. NAME Solomon Kramer

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Doris Goldman

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date JAN 11 1940, 19

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED JAN 11 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1939, to Jan. 2, 1940

I last saw him alive on Jan. 2, 1940. Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Atelectasis pulmonum	

Other contributory causes of importance:

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ____

(Signed) Wm. B. Schapers M. D.

(Address) 1411 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

5321

F 64829

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

XV 159

F 64829 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Church Home + Inf.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 8 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Aberdeen
(If outside city or town limits, write RURAL and give town)
6-5
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Siebert.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Infant.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			7 hr. 53 min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Newborn Infant.
11. Industry or business

FATHER
12. Name Fred W. Siebert
13. Birthplace Maryland.

MOTHER
14. Maiden Name Mary Mc Commons
15. Birthplace Maryland.

16 (a) Informant Mother
(b) Address Aberdeen Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 11 1940
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 (a) JAN 11 1940 Huntington Williams M.D. 3820
(Signature of Registrar) (Registrar's No.)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 10 1940, at 7" A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/9/40 1940 to Jan 10, 1940, and that I last saw he alive on 1/10 1940.

Immediate cause of death — Duration
Miscarriage 22 wks.
Fetal Atelectasis
Due to Placenta Previa.
Due to Premature Separation of Placenta.
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. D. L. Reimann M. D.
Address Date signed 1/11/40

Dr. D. L. REIMANN

Important. Physicians: please write the causes of death clearly and legibly.

F 64830

F 64830

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years 6 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Mass (b) County
(c) City or town Woods Hole
(If outside city or town limits, write RURAL and give town)
(d) Street No. 15
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME DR HENRY KNOWER

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife MRS HENRY KNOWER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUGUST 5, 1868

8. AGE: Years	Months	Days	If less than one day
71	5	5	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation TEACHER
11. Industry or business - SCIENCE

FATHER
12. Name Edward C. Kuower
13. Birthplace New York

MOTHER
14. Maiden Name Mary Mc Elderry
15. Birthplace Baltimore, Md

16 (a) Informant Mrs Henry Knower
(b) Address 526 N. Broadway

17 (a) Cremation (b) Date thereof Jan 11/4
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore

18 (a) Funeral director Wm Lee & R
(b) Address 1417 St Paul St

19 (Signature of local registrar) Huntington Williams, M.D.
JAN 11 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10 1940, at 11:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 22 1939, to Jan 10 1940, and that I last saw him alive on Jan 10 1940.

Immediate cause of death	Duration
(a) Intermediate C.V. Dis	
(b) Myocardial failure	
Due to	
Due to Dyspepsia	
Other Conditions Parkinsonian Disease	8 years
Chronic Cystitis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John F. Coolahan M. D.
Address Church Home & Infirmary Date signed 1-10-40

Physicians: please write the causes of death clearly and legibly. ... information should be carefully supplied. ... important.

F 64831

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D Registered No. F 64831

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 43 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County AA
(c) City or town Annapolis (If outside city or town limits, write RURAL and give town)
(d) Street No. 23 Carroll St (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mary Rawlings.

3 (b) If veteran, name war —

5 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fem.	Colored	Married

6 (b) Name of husband or wife Arthur Rawlings
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Mar. 1 1891

8. AGE: Years	Months	Days	If less than one day
48	9 10	9	____ hr. ____ min.

9. Birthplace Taylorsville A. A. Co (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name John Johnson
13. Birthplace A. A.

MOTHER
14. Maiden Name Letha Brooks
15. Birthplace A. A.

16 (a) Informant Elizabeth Grayson
(b) Address 904 Madison

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Jan. 14 1940 (month) (day) (year)
(c) Cemetery or crematory Dorsey Ville A. A. Co
Location A. A.

18 (a) Funeral director J. B. Johnson
(b) Address Johnsville

19 JAN 11 1940 (Date received by Registrar) Thurlow Tilghman Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10- 1940, at 8:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-29- 1939, to 1-10- 1940, and that I last saw h[illegible] alive on 1-10- 1940.

Immediate cause of death	Duration
Cardio. Vascular Disease	
Cardiac Hypertrophy	
Due to Mitral Insufficiency	3 years
Due to	
Other Conditions Aortic Dilatation of ascending Aorta. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Performed.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. H. Mahoney M. D.
Address Provident Hospital Date signed 1-11-40

F 64832

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-H

F 64832 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7321 Harford Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 7321 Harford Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME GEORGE A. SCHAFER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Dorothea A.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23-1879

8. AGE: Years 60 | Months 5 | Days 17 | If less than one day ... hr. ... min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Electrician

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Dorothea A. Schafer
(b) Address 732 Harford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Leonard Rucks

18 (a) Funeral director 5365 Harford Rd
(b) Address

19 (a) JAN 11 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10 1940, at 10 30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Carbon monoxide poisoning	
Due to: eliminating gas	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Jan 10, 1940
(c) Where did injury occur 7321 Harford Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? ———
(e) Means of injury eliminating gas

23. Signature H. W. Williams M.D. Medical Examiner.
Date signed Jan 11th, 1940

Physicians: please write the causes of death clearly and legibly. The ... especially important. ... information should be carefully supplied. Th...

F 64833

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 64833

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Cen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1370 Washington Blvd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Katherine Dell

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Charles Dell
6 (c) If alive, give age: 53 years
7. Birth date of deceased (mo., day, yr.): Aug. 19, 1887
8. AGE: Years: 52 | Months: 4 | Days: 22 | If less than one day: hr. min.
9. Birthplace: Balto. Md. (town, county, and state)
10. Usual Occupation: House wife
11. Industry or business

FATHER
12. Name: Geo. B. Maxwell
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Bertha Gillespie
15. Birthplace: Ireland

16 (a) Informant: Mr. Charles Dell
(b) Address: 1370 Washington Blvd.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/13/1940 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn Cem. Location: 4300 Old Frederick Rd.
18 (a) Funeral director: John J. Cowan & Son
(b) Address: 901 Hollins St.
19 (a) JAN 11 1940 (Must be filed within 4 days after death) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1/10 1940. at 9:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/5 1940. to 1/10 1940. and that I last saw her alive on 1/10 1940.

	Duration
Immediate cause of death: Myocardial failure	
Due to: Coronary Thrombosis	
Due to:	
Other Conditions: Chronic nephritis & Diabetes Mellitus. (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Edward L. Glassman M. D.
Address: Md. Cen. Hosp. Date signed: 1/10/40

Physicians are especially important. Physicians: please write the causes of death clearly and legibly.

F 64834 49544 - RB F 64834

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 732

Please write plainly with pen or pencil. Use no abbreviations. Any information should be carefully supplied. The accuracy of this certificate is important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1620 Chilton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Ochs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/26/1863

8. AGE: Years	Months	Days	If less than one day
76	3	14	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Ochs
13. Birthplace Germany

MOTHER
14. Maiden Name ? ?
15. Birthplace ?

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13/1940 (month) (day) (year)
(c) Cemetery or crematory Trinity
Location O'Donnell St

18 (a) Funeral director John Ulluck
(b) Address 2008 Orleans St

19 JAN 11 1940 (Date rec'd by Reg.) Huntington Williams (Signature of Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10 1940, at 9:42 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 25 1939, to Jan 10 1940, and that I last saw h.er alive on Jan. 10 1940.

Immediate cause of death	Duration
Bronchopneumonia	1 day
Due to	
Due to	
Other Conditions Pernicious Anemia	unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Balto City Hosp. Date signed 1-11-40

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64835 - 93-D Registered No. F 64835

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1513 Lemmon St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1513 Lemmon St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME JULIA THOMPSON

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife James Thompson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 4, 1860

8. AGE: Years	Months	Days	If less than one day
79 ~~80~~	3	7	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Thompson
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Randolph Thompson
(b) Address 1513 Lemmon St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13, 1940 (month) (day) (year)
(c) Cemetery or crematory Eastern Cemetery
Location Baltimore, Md.

18 (a) Funeral director [illegible]
(b) Address

19 (a) JAN 11 1940 (Date rec'd by Registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 1940 at 10:30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Arteriosclerotic heart disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeier M.D.
Medical Examiner.
Date signed Jan 11 1940

VS 6

Please answer all questions. Information should be carefully supplied. Especially important. Physicians: please write the causes of death clearly and legibly.

M. D. H. 1202-0

64836

HEALTH DEPARTMENT—CITY OF BALTIMORE 64836

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6215 Greenspring Ave. St. 27-20 Ward) Registered No.

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Hannah B. Porter

(a) Residence: No. 6215 Greenspring Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Maurice R. Porter

6. DATE OF BIRTH (month, day, year) April 21, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Thomas Bentley

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Martha Powers

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. Maurice R. Porter

(Address) 6213 Greenspring Ave.

18. BURIAL, CREMATION OR REMOVAL.

Place Loudon Park Cem. Date Jan. 13, 1940

19. UNDERTAKER D. Amoss & Son

(Address) 1000 N. Eutaw St., Baltimore, Md.

20. FILED JAN 11 1940, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 10 1940

22. I HEREBY CERTIFY, That I attended deceased from January 5, 1938 to January 9, 1940

I last saw him alive on January 9, 1940 Death is said to have occurred on the date stated above, at 1.10 A m.

The principal cause of death and related causes of importance were as follows:

	Duration
Arteriosclerosis —	
Myocarditis	7
Cerebral Hemorrhage	1/5/40
Pulmonary Edema	1/9/40

Other contributory causes of importance:

Arteriosclerosis	?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 3403 Garrison Blvd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

64837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180a

F 64837
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 748 Ramsay St
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 748 Ramsay St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME CHARLES WILLIAM JONES

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 30, 1932

8. AGE: Years	Months	Days	If less than one day
7	-	13	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation School Boy

11. Industry or business

FATHER
12. Name Charles William Jones
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Clara Gutkoska
15. Birthplace Albany, N. Y.

16 (a) Informant Mrs. Clara Jones
(b) Address 748 Ramsay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13, 1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn

18 (a) Funeral director J. H. Amoreaux
(b) Address 1003 E. Baltimore St.

19 (a) JAN 11 1940 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12 1940 at 1:55 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to death on the day stated above.

	Duration
Immediate cause of death Conflagration	
Burns, 3rd degree	
Due to extensive body	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Jan 10, 1940
(c) Where did injury occur? 748 Ramsay St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? —
(e) Means of injury Gasoline exploded - burns

23. Signature H. H. Wollenweber M.D.
Medical Examiner.
Date signed Jan 11, 1940

VS 6

Please write in ink. Every item of information should be carefully supplied. Items in italics are especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64838

CERTIFICATE OF DEATH

159 F 64838

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteer of America St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Boy Schultz

If U. S. Veteran specify WAR

(a) Residence: No. Home St., ... Ward Baynesville Balto Co

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	W.	S.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 11, 1940

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	0		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Edward Charles Schultz Jr.

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Gertrude Gosdale

16. BIRTHPLACE (city or town) (State or country) Canton N.Y.

17. INFORMANT (Address) Mother Hazel D. Schultz 1 Towanda

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date JAN 11 1940 19..

19. UNDERTAKER
(Address)

20. FILED JAN 11 1940. Commissioner of Health
Per H. S. Mayer
Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11, 19 40

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 19 40 to Jan 11, 19 40
that last saw h... alive on Jan 11, 19 40 Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity 1 mo	1/11/40
Other contributory causes of importance	
Version & Extraction for Placenta Previa	1/11/40

Was an operation performed? Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Edward N. Hammond M.D.

(Address) 4101 N. Arlington Ave. Pvt. 1 Hamilton Hosp.

VS 2

5322

OCCUPATION is very important. See instructions on back of certificate.

F 64839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 64839

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 205 Goodwood Gardens
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto City
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 205 Goodwood Gardens
(If rural give location)
(e) If foreign born, how long in U. S. A.? life years

3 (a) FULL NAME Ella Millson Griffith Stein

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Charles J. Stein
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug-10-1870

8. AGE: Years 69 | Months 4 | Days 30 | If less than one day — hr. — min.

9. Birthplace Howard Co. Md.
(Town, county, and state)

10. Usual Occupation none
11. Industry or business none

FATHER
12. Name William H. H. Griffith
13. Birthplace Q.A. Co. Md.

MOTHER
14. Maiden Name Ella A. Millson
15. Birthplace Penna

16 (a) Informant Mr. Chas. J. Stein Jr. (son)
(b) Address 237 St. Paul Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-12-40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md.

18 (a) Funeral director STEWART & COMPANY (FORMERLY HODDEN SUC.) 108 W. NORTH AVENUE
(b) Address

19 (a) JAN 11 1940 (Date rec'd by registrar) (b) Hunting for Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1940 at 12 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1938 to Jan 10 1940 and that I last saw h[illegible] alive on Jan 9 1940.

Immediate cause of death: Cardio-Vascular disease — Duration: 3 yrs
Due to: Arteriosclerosis and Myocarditis — Duration: 1 year
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 1013 N Charles St
M. D.
Date signed 1-11-40

F 64840

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 64840

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) ~~County~~ City Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
20 1
(d) Street No. 217 N. Monroe St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jas. Walter Doepel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21 1875

8. AGE: Years	Months	Days	If less than one day
64	9	19	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Louis Doepel

13. Birthplace Baltimore

MOTHER 14. Maiden Name Amelia Schmidt

15. Birthplace Germany

16 (a) Informant Hospital Record

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-40 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore, Md.

18 (a) Funeral director Jas A. Taylor

(b) Address Fulton Ave & Fayette

19 JAN 11 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/9 1940, at 12:10 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-4 1940, to 1-9 1940, and that I last saw h IM alive on 1-9 1940.

Immediate cause of death Coronary thrombosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles V. Lovell M. D.

Address St. Agnes' Hosp. Date signed 1-9-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

F 64841

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-8

Registered No. F 64841

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo2da
(e) Length of stay in Baltimore (yrs., mos., or days) 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 2037 E. Fairmount Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Varris Mongher

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. Unknown

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Sema (Unknown)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1, 1891

8. AGE: Years 48 | Months 9 10 | Days 8 | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business WPA

FATHER
12. Name Mike Mongher
13. Birthplace Russia

MOTHER
14. Maiden Name Mary (Unknown)
15. Birthplace Russia

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-40 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Frederick Ave

18 (a) Funeral director Robert Booth & Son
(b) Address Calhoun & Hoffman ave

19 (a) (Date rec'd by registrar) (b) Registrar

JAN 12 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 9, 1940, at 12:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 7, 1939 to Jan. 9, 1940, and that I last saw him alive on Jan. 9, 1940.

	Duration
Immediate cause of death: Inanition and peritoneal hemorrhage	Within week
Due to: Jaundice and post operative	2 Mo.
Due to: Recurrent carcinoma of stomach	Since Nov. '39
Other Conditions: (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Laparotomy exploratory
Of autopsy: Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. B. N. Anderson. M.D.
Address U.S. Marine Hospital Baltimore, Maryland. Date signed 1-10-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

F 64842

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

F 64842 Registered No.

Please write plainly in ink. Every item of information should be carefully supplied. The items are especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1503 N. Eden St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1503 N Eden St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katherine Mary Kilduff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife George S Kilduff
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 31 1868

8. AGE: Years	Months	Days	If less than one day
71	5	10	hr. min.

9. Birthplace Norfolk Va. (Town, county, and state)
10. Usual Occupation None.
11. Industry or business

FATHER
12. Name Michael Rock.
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Conway.
15. Birthplace Ireland.

16 (a) Informant John Kilduff
(b) Address 1503 N. Eden St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Wendell E Humphreys
(b) Address 1501 N. Broadway.

JAN 12 1940 (Local Registrar) (b) Hattie Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10- 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 21 1938, to Jan 8 1940, and that I last saw her alive on Jan 8 1940

Immediate cause of death: Arteriosclerotic Cardiovascular disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jack J. Singer
Address 508 E. North Ave Date signed 1/11/40

VS 3

F 64843

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64843

F 170-C Registered No.

Please write plainly in ink. Every item of information should be carefully supplied—especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5202 Cordelia Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME KAZABURO HASHIMOTO

3 (b) If veteran, name war — no | 3 (c) Social Security Account No. 181-10-8143

4. Sex M | 5. Color or race Japanese | 6 (a) Single, married, ~~widowed, or divorced~~. Married

6 (b) Name of ~~husband or~~ wife Sakiko Hashimoto

6 (c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.) April 22nd 1909

8. AGE: Years 30 | Months 8 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace Japan (Town, county, and state)

10. Usual Occupation Concession

11. Industry or business In Tavern

FATHER
12. Name Ikutaro Hashimoto
13. Birthplace Japan

MOTHER
14. Maiden Name Fusi Yamamoto
15. Birthplace Japan

16 (a) Informant Sakiko Hashimoto
(b) Address 5202 Cordelia Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/13/40 (month) (day) (year)
(c) ~~Cemetery or crematory~~ Location London Park Bath, Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) JAN 12 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12 1940, at 8 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to h[illegible] death on the day stated above.

	Duration
Immediate cause of death: Traumatic shock	
Due to: Wound, abraded, lacerated leg	
Due to: Fractures, multiple right femur, tibia & fibula	
Other Conditions: —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence January 12, 1940
(c) Where did injury occur? Park Circle, Balto. Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? [illegible] (Specify type of place) While at work? —
(e) Means of injury: Crushed between truck and [illegible] auto

23. Signature H. H. Wollenweber M.D. Medical Examiner.

Date signed Jan 11 1940

F 64844

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45-B

F 64844 Registered No.

The ... of information should be carefully supplied. Every item ... Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 E. 33rd st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1708 E. 33rd st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward P. Boettinger

3 (b) If veteran, name war NO
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife A. Maude Boettinger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 12 1881

8. AGE: Years	Months	Days	If less than one day
58	9	29	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Retired Superintendent
11. Industry or business Knoblock Bros

FATHER
12. Name George W. Boettinger
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Mary Louisa Claus
15. Birthplace Balto Md

16 (a) Informant William J. Boettinger
(b) Address 3812 Woodbine Ave

17 (a) Burial (b) Date thereof 1/13/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) (b) Huntington Williams, M.D.
(Registrar)

JAN 12 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 11 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/20/38 19 to 1/11/40 19, and that I last saw him alive on 1/11/40 19

Immediate cause of death Carcinoma of Tongue — Duration 3 yrs
Due to
Due to
Other Conditions none
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Heffernan M. D.
Address 1710 E. 33rd St. Date signed 1/11/40

F 64845

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-a Registered No.

F 64845

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3421 Dolfield Blvd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3421 Dolfield Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

15 W

3 (a) FULL NAME DELIA A. WARD

3 (b) If veteran, name war: No
3 (c) Social Security Account No. NONE

4. Sex: F | 5. Color or race: W | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband ~~or wife~~: John E. Ward
6 (c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) June 26, 1866

8. AGE: Years 73 | Months 7 | Days 14 | If less than one day: hr. ——— min.

9. Birthplace Calvert Co. Md. (Town, county, and state)

10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Isaac Stirling
13. Birthplace Md.

MOTHER
14. Maiden Name Priscilla Bowen
15. Birthplace Md.

16 (a) Informant Arleta L. Ruez
(b) Address 3421 Dolfield Blvd

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/13/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) (Date received by registrar) Attesting for William Cook
JAN 12 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10 1940 at 8:54 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Cerebral hemorrhage — Duration
Due to: Arteriosclerosis general
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. T. Sellers M.D.
Medical Examiner.
Date signed Jan 11 1940

F 64846

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

29468 F 64846

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1807 Belt St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Toby Lanilkowitz

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Annie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-16-1877

8. AGE: Years	Months	Days	If less than one day
62	5 4	23	hr. min.

9. Birthplace Poland
(Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business

FATHER
12. Name Andrew
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Cremation (b) Date thereof 1/13/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Evergreen Cemetery
Location Druid Hill Ave & Fulton

18 (a) Funeral director Wilhelm Bros
(b) Address 1210 E. Fayette

19 (a) 1-12-1940 (b) [illegible] Williams, M.D.
(Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9 1940, at 2:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 30 1939 to Jan. 9 1940, and that I last saw him alive on Jan. 9 1940.

Immediate cause of death Cerebral Hemorrhage — Duration 8 days

Due to

Due to

Other Conditions Generalized arteriosclerosis — unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address Balto City Hosp. Date signed 1-11-40

F 64847

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

SDF 64847 / 1314 Registered No.

Every item of information should be carefully supplied. Typewriter or INK. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals 5-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 109 Aisquith Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John S. Bell

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: M
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 5/6/1866
8. AGE: Years 73 Months 7 Days 4 If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Clerk Actual
11. Industry or business

FATHER
12. Name John S.
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah J. Fleury
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Balto
18 (a) Funeral director Wellington Co
(b) Address 1217 N Gay St
19. JAN 12 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10 1940, at 5 35 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 31 1935 to Jan 10 1940, and that I last saw him alive on Jan 10 1940.

Immediate cause of death: Arteriosclerotic hypertrin — Duration
Due to:
Due to:
Other Conditions Generalized arteriosclerosis — unknown
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 1-11-40

VS 3

F 64848

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64848 Registered No. 480

Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5819 Clarendon Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 27

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5819 Clarendon Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? / years

3 (a) FULL NAME Edna Wideman

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: John C. Wideman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14, 1901

8. AGE: Years	Months	Days	If less than one day
38	6	14/26	hr. min.

9. Birthplace Jackson Kentucky
(Town, county, and state)
10. Usual Occupation Proprietor
11. Industry or business Poultry Laboratory

FATHER
12. Name Edmond Londoner
13. Birthplace Ky

MOTHER
14. Maiden Name Sudie (Unknown)
15. Birthplace Ky

16 (a) Informant John C. Wideman
(b) Address 5819 Clarendon Rd

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 1/13/40 (month) (day) (year)
(c) Cemetery Lorraine
Location Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) JAN 13 1940 (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1940, at 11:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1939, to 1/10 1940
and that I last saw h[er] alive on 1/10/ 1940.

Immediate cause of death: Carcinoma of Cervix — Duration: 6 mos
Due to: General Toxemia
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jos. H. Hopkins
Address 5830 Park Ave. Date signed 1/11/40

F 64849

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 47D

F 64849
Registered No.

PRINT OR TYPE WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 631 S Macon St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 7
(e) Length of stay in Baltimore (yrs., mos., or days) 28

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 631 S Macon St (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME JOHN MCCORMICK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Nellie

6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) May 15 1881

8. AGE: Years 59 | Months 7 | Days 26 | If less than one day hr. min.

9. Birthplace Phila Pa (Town, county, and state)

10. Usual Occupation Lithographer

11. Industry or business

FATHER 12. Name John J

13. Birthplace Pa

MOTHER 14. Maiden Name Mary Cahill

15. Birthplace Pa

16 (a) Informant Nellie McCormick

(b) Address 631 S Macon

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13/30 (month) (day) (year)

(c) Cemetery or crematory St Matthews

Location O'Donnell St

18 (a) Funeral director John Uhrig

(b) Address 2108 E Oliver St Huntingtown Maryland, M.D.

19 (a) JAN 12 1940 (Date received by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 1940 at 5 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquest) thereon and from the evidence obtained by said inquiry (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Carcinoma of the lungs	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. Wollenweber M.D. Medical Examiner.

Date signed Jan 11, 1940

F 64850

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH (46)

F 64850
Registered No.

1. PLACE OF DEATH: Sinai Hosp.
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3312 Piedmont Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Adolph Sandler

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-01-7969

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Esther M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 14, 1909

8. AGE: Years 30 | Months 10 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation (None)

11. Industry or business

FATHER 12. Name Benjamin Sandler
13. Birthplace Russia

MOTHER 14. Maiden Name Fannie Resnick
15. Birthplace Russia

16 (a) Informant Benjamin Sandler
(b) Address 29 W. West St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 12/40 (month) (day) (year)

(c) Cemetery or crematory Hebrew Washington Blvd
Location Washington Blvd.

18 (a) Funeral director Sol Levinson Bros
(b) Address 1124-26 W. North ave

JAN (Date rec'd by registrar) (b) Huntington Williamsport
Feb 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12 1940, at 12:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1939 to Jan. 12 1940, and that I last saw him alive on Jan. 12 1940.

Immediate cause of death Carcinomatosis — Duration

Due to Carcinoma of rectum — 1 1/4 yr

Due to

Other Conditions Diabetes

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of rectum
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. J. Markus
Address Sinai Hospital Date signed 1-12-40 M. D.

Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

F 64851

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. F 64851

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1443 Homestead St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1443 Homestead Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Rev. Alfred J. Ball
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Rebecca J. Ball
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 27-1858

8. AGE: Years	Months	Days	If less than one day
81	9	14	hr. min.

9. Birthplace London, England (Town, county, and state)
10. Usual Occupation Clergyman
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Emma Creedy
15. Birthplace London England

16 (a) Informant Alfred Willis Ball
(b) Address 1443 Homestead Street
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof JAN 13-40 (month) (day) (year)
(c) Cemetery or crematory Sorrgine
Location Baltimore, Maryland
18 (a) Funeral director Charles G. Blasdell
(b) Address 742 West North Ave.
19 (a) JAN 12 1940 (Date received by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/10/40 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/1/39 19 to 1/10/40 19 , and that I last saw h alive on 1/10/40 .

Immediate cause of death Duration
Diabetes Mellitus 6 yrs
Due to
Due to
Other Conditions Uremic Coma 1 day.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H. H. Hagerman M. D.
Address 1710 E 32nd St. Date signed 1/11/40

VS 1

Every item of information should be carefully supplied. Knowledge is especially important. Physicians; please write the causes of death clearly and legibly.

F 64852

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

128

F 64852

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital 11-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto.
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 10 E. Burke Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henrietta V. Justice

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 19, 1864

8. AGE: Years	Months	Days	If less than one day
75	2	21	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Virginia Justice (Daughter)
(b) Address 10 E Burke Ave. Towson Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-13-40
(Month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Cemetery

18 (a) Funeral director A. J. Waldhall
(b) Address 35-39 Falls Road

19 (a) 1940 (b) Registrar Huntington Williams M.D.
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19 1940, at 10:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/5 1940, to 1/10 1940, and that I last saw her alive on 1/10/40 19.

Immediate cause of death: Acute Pancreatitis — Duration 5 days

Due to: Myocarditis, Chronic

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings: Of operations Acute Pancreatitis

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. Frederick Johnston Jr. M. D.

Address Md General Hospital Date signed 1/10/40.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1939

F 64853 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 day
(e) Length of stay in Baltimore (yrs., mos., or days) 49

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 598 W. Preston St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Rosa Butler

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: James Butler
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan 14-1891

8. AGE: Years 49 | Months 11 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore City (Town, county, and state)

10. Usual Occupation House-Wife

11. Industry or business

FATHER
12. Name Richard Cockey
13. Birthplace Baltimore City

MOTHER
14. Maiden Name Georgianna Johnson
15. Birthplace Howard County

16 (a) Informant Mildred Thornton
(b) Address 1544 Penn Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director J. L. P. Lusbey
(b) Address 519 Pitcher St.

19 (a) [illegible] (b) Registrar Williams, M.D.

JAN 12 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10-1940, at 5.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-29-1939 to 1-10-1940, and that I last saw h[illegible] alive on 1-10-1940.

Immediate cause of death: Rt Side Hemiplegia — Duration: 15 day

Due to: Hypertensive Cardio-

Due to: Vascular Disease — ?

Other Conditions: —

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. F. Maloney M. D.
Address Provident Hospital Date signed 1-11-40

Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

F 64854

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64854 / 131a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Gelvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Weeks
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1823 N Gay St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John G. Ege
3 (b) If veteran, name war
3 (c) Social Security Account No. 214-18-9449
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Irene Ege
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 12th 1909
8. AGE: Years 30 Months 7 Days 28 If less than one day hr. min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation Auto Mechanic
11. Industry or business
FATHER 12. Name Louis H. Ege
13. Birthplace Md
MOTHER 14. Maiden Name Catherine Smith
15. Birthplace England
16 (a) Informant Fredrick Ege
(b) Address 1823 N Gay St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15th 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Fredrick Road
18 (a) Funeral director Leo G. Cook
(b) Address 1701-03 N Patterson Park Ave
JAN 12 1940 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10-40 19 , at 11:30 P.M
21. I certify that death occurred on the date above stated; that I attended deceased from 12-11 1939 to 1-10-1940.
and that I last saw him alive on 1-10 1940.

	Duration
Immediate cause of death: Malignant Hypertension	1 yr.
Due to	
Due to	
Other Conditions: Chronic Nephritis	4 months

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature C. J. Mendelis M. D.
Address Mercy Hospital Date signed 1-10-40

VS 8

Every item of information should be carefully supplied. The correct age is especially important. Physicians please write the causes of death clearly and legibly. PRINT OR WRITE WITH INDELIBLE INK.

F 64855

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1939

F 64855
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert Street
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) less than 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 411 Park Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? — — years

3 (a) FULL NAME Clarence E. Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 5, 1862

8. AGE: Years	Months	Days	If less than one day
77	11	5	hr. min.

9. Birthplace Balto. Maryland (town, county, and state)

10. Usual Occupation Retired

11. Industry or business — —

FATHER
12. Name Benjamin Harris
13. Birthplace New Jersey

MOTHER
14. Maiden Name Eleanor Neal
15. Birthplace St. Mary's Co. Maryland

16 (a) Informant Mary R. Harris
(b) Address 1014 N. Calvert Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Baltimore, Md.

18 (a) Funeral director H. W. Means & Son
(b) Address 820 N. Eutaw St.

JAN 12 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/10 1940, at 6.20 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/10 1940, to 1/10 1940, and that I last saw him alive on 1/10 1940

Immediate cause of death	Duration
Acute Pulmonary + Congestive Heart Failure	7½ hrs.
Due to Arteriosclerotic Heart Disease	7
Due to Coronary Thrombosis (Occlusion)	7
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. McB. Beck M. D.
Address Mercy Hospital Date signed 1/10/40

H. L. Williamson M.D. Asst Medical Examiner per D'Waters

Please write plainly. DO NOT USE PENCIL OR SPREADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64856

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH (931)

F 64856
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3047 Abell Avenue
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) — 12-5-2
(e) Length of stay in Baltimore (yrs., mos., or days) all life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3047 Abell Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Emma Eugenia Dietrichs

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 14. 1864

8. AGE: Years 75 Months 11 Days 27 If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation retired schoolteacher

11. Industry or business —

FATHER 12. Name Frederick Dietrichs
13. Birthplace Germany

MOTHER 14. Maiden Name Charlotte Dietrichs
15. Birthplace Germany.

16 (a) Informant Mrs. Thos. Schaffer
(b) Address 3047. Abell Av.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Wm. J. Dickey & Son
(b) Address Lost Hunting for Address

19 JAN 12 1940 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 11. 1940. at 7 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1. 1939. to Jan 11 1940.
and that I last saw h[illegible] alive on Jan 11. 1940.

Immediate cause of death — Duration
Acute Cardiac Dilatation — 30 min.
Due to Myocarditis Chr. — several years
Due to arteriosclerosis. — several years.
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature 1st Lieut. C. Blade M. D.
Address Med. Arts Bldg. Date signed

VS 3

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64857

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 64857 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2601 Garrison Blvd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2601 Garrison Blvd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Eugenia Roberts

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Albert S.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 25-1857

8. AGE: Years 82 | Months 2 | Days 17 | If less than one day hr. min.

9. Birthplace Lakewood Md (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name John R Andrews

FATHER 13. Birthplace Lakewood Md

MOTHER 14. Maiden Name Amelia Jones

MOTHER 15. Birthplace Lakeside Md

16 (a) Informant Mrs. Ethel Fairbanks

(b) Address 2601 Garrison Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/40 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Baltimore Md

18 (a) Funeral director H. D. Sullivan & Sons

(b) Address North Ave & Eutaw

19 (a) JAN 12 1940 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 11 1940 at 9 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 9 1940 to Jan 11 1940 and that I last saw her alive on Jan 11 1940.

Immediate cause of death: Acute dilitation of heart — Duration 1 day

Due to myocarditis — 9

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury ~~occur about home, on farm, industrial place, in public~~ place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Stratford Roberts M. D.

Address 2220 Harrison Blvd Date signed Jan 11/39

Huntington Williams, M.D. Registrar

VS 3

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64858

F 64858

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1939

Registered No.

PRINT PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4655 Park Hgts Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2716

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4655 Park Hgts Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Frances Schumann

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Karl.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13 1857

8. AGE: Years 82 | Months 5 | Days 28?7 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Baldwin Harris

13. Birthplace Virginia

MOTHER 14. Maiden Name Elizabeth Laurence

15. Birthplace Virginia

16 (a) Informant Jeanita F. Snyder

(b) Address 5225 Reisterstown Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13 1940 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location Baltimore Md.

18 (a) Funeral director William J Tyler & Sons

(b) Address Mech & Pennsylvania Aves Huntington Williamsport, Md.

19 (a) JAN 12 1940 (Date received, Local) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JANUARY 10 1940 at 7.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 19 1939 to Jan. 10 1940 and that I last saw her alive on JAN. 10 1940.

Immediate cause of death BRONCHO PNEUMONIA — Duration 6 WKS.

Due to

Due to

Other Conditions MYOCARDITIS CHRONIC SENILITY (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. W. Hoffman

Address 86 W. Read St. Date signed 1/14/40 M. D.

VS

F 64859

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

832

F 64859

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address West Balto Gen Hospital
(c) Hospital or institution: Dukeland & Payson Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

16-3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 917 N. Bentalou St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James W. Sanders

3 (b) If veteran, name war

3 (c) Social Security Account No. FS-212-05-9986

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Beaulah Sanders

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1874

8. AGE: Years 65 | Months 1 | Days 14 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Policeman-Private

11. Industry or business Balto Transit Co.

FATHER
12. Name George Sanders
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Elizabeth Frazier
15. Birthplace Balto Md

16 (a) Informant Beaulah (MRS.) Sanders
(b) Address 917 N. Bentalou St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13 40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Dickey & Sons
(b) Address 1016 N. Penna. Ave.

19 JAN 12 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1940, at 10 25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1940 to Jan 10 1940 and that I last saw h[illegible] alive on Jan 8 1940

Immediate cause of death: Cerebral hemorrhage opoplexia. — Duration: Jan 10
Due to: fracture of base of skull. — Jan 10
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 1-10-40
(c) Where did injury occur? Balto. (City or town) Md. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Had stroke and fell down stairs

23. Signature L. Wallenstein M. D.
Address [illegible] Date signed Jan 9 40

H. L. Wollenberg, Assistant Medical Examiner
for B. Libbe

VS 2

F 64860

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 97

F 64860
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4501 Pimlico Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4501 Pimlico Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Paul William Linker

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, ~~widowed~~ or divorced.

6 (b) Name of husband or wife Ida Ellen Rutter

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 4 1855

8. AGE: Years 84 | Months 3 | Days 6 | If less than one day — hr. — min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Cleaning & Dyeing
11. Industry or business

FATHER
12. Name William Linker
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant John Linker
(b) Address 2113 Belair Rd

17 (a) Burial (b) Date thereof 1-12-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location

18 (a) Funeral director Wendell E Humphreys
Address 1501 N. Broadway

19 (a) JAN 12 1940 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10- 1940, at 6:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1936 to 1/10 1940 and that I last saw h alive on 1/10 1940.

Immediate cause of death: Generalized Arteriosclerosis — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Tenner (Knaver)
Address 101 N. Read St Date signed 1/12/40 M. D.

David Tenner

F 64861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a

Registered No. F 64861

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2303 N. Charles st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County –
(c) City or town Balt
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2303 N. Charles st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ~~Emma~~ Cora M. Brooks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife Jacob Brooks.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 16 1855

8. AGE: Years	Months	Days	If less than one day
84	3	25	hr. min.

9. Birthplace Mass.
(Town, county, and state)

10. Usual Occupation Farmers Wife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " "

MOTHER
14. Maiden Name " "
15. Birthplace " "

16 (a) Informant Mrs Leslie Sweet.
(b) Address 2303 Charles st

17 (a) Mayfield Mass (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Mayfield Mass.

18 (a) Funeral director Leonard D Post
(b) 6305 Reisterstown Rd

19 (a) JAN 12 1940
(Date rec'd by registrar)

Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 1940 at 5 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " " find that said deceased came
(Autopsy or Inquiry)
to h[illegible] death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm S Landenberger M.D.
Medical Examiner.
Date signed 1/11/40

Physicians: please write the causes of death clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64862

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

F 64862 Registered No.

Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Kelkeus + Eaton Ave
(c) Hospital or institution: St. Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 L
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 4533 Pimlico Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Bernard Stern

3 (b) If veteran, name war —
3 (c) Social Security Account No. 218-10-6460

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Julia Stern
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 14 - 1879

8. AGE: Years	Months	Days	If less than one day
60	9	26	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Steward
11. Industry or business Jewish Club

FATHER
12. Name Moses Stern
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Bertha Isaacson
15. Birthplace Baltimore, Maryland

16 (a) Informant Julia Stern.
(b) Address 4533 Pimlico Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Philip Herwig Sons
(b) Address 2016 Orleans St.

19 (a) (Date received by local registrar) (b) Huntington Williams, M.D. Registrar

JAN 12 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10 1940 at 9:26 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-28 1939 to 1-10 1940 and that I last saw [illegible] alive on 1-10 1940

Immediate cause of death Coronary Embolism

Due to Carcinoma Sigmoid

Due to Colostomy

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Ca Sigmoid
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Isadore M. D.
Address St Agnes Date signed Jan 12, 40

F 64863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 61 F 64863

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St., 8-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Clara Pfaff

If U. S. Veteran specify WAR

(a) Residence: No. 2518 E. Preston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Michael J.

6. DATE OF BIRTH (month, day, year) Jan 4 1875 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	10	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. or

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Andrew F. Petri

14. BIRTHPLACE (city or town) (State or country) City

MOTHER

15. MAIDEN NAME — Ludwig

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Michael Pfaff

(Address) 2518 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place HB Rehma Date 1/15/, 19

19. UNDERTAKER J. J. Moran

(Address) 1600 E. Baltimore St.

FILED JAN 12 1940, 19 Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-11-40, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-5-40, 19 to 1-11-40, 19

I last saw her alive on 1-11-40, 19 Death is said to have occurred on the date stated above, at 12:30 p.m. a.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Bronchopneumonia	1-1-40
Arteriosclerotic Cardio-Vascular Disease	?
Other contributory causes of importance: Diabetes Mellitus	?

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. R. Tennant, M. D.

(Address) St. Joseph's Hosp.

F 64864

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64864 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 723 Belgian ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto Co.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 723 Belgian Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hugh H. Callahan

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 218-01-0689

4. Sex: Male | 5. Color or race: White | 6 (a) ~~Single~~, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Grace M. Callahan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 10 1873

8. AGE: Years 66 | Months 2 | Days 1 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Store Clerk

11. Industry or business

FATHER 12. Name Peter Callahan
13. Birthplace Ireland

MOTHER 14. Maiden Name Anna Weisgerber
15. Birthplace Unknown

16 (a) Informant Margueretta E. Callahan
(b) Address 723 Belgian Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director J. E. Moran
(b) Address 3000 Balto St.

JAN 12 1940 (Date rec'd by registrar) Registrar of Vital Statistics

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 11 1940, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 17 1936, to Jan 11 1940, and that I last saw h[illegible] alive on 1940.

Immediate cause of death: Coronary Thrombosis — Duration: acute

Due to

Due to

Other Conditions: Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathaniel M. Beck M. D.
Address Nathaniel Date signed Jan 11 40

Nathaniel M. Beck M.D. 772 N. Charles St
Asst. Medical Examiner of Baltimore

F 64865

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937 Registered No. F 64865

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — dropped dead on street near
(b) Street address 1062 Argyle 1801 Mount St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1062 Argyle Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME LOUISE BRISCOE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Cl	Mar.

6 (b) Name of husband or wife Zachariah
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Calvert Co. Md.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name
13. Birthplace unk

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Zachariah Briscoe
(b) Address 1062 Argyle Ave

17 (a) Burial (b) Date thereof 1/15/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Thos. E. Kelson
(b) Address 1303 Pennsylvania Ave
Thomas Williams, M.D.

19 (a) (b)
(Signature of local registrar) Registrar

JAN 12 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12 1940, at 10 45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Acute cardiac failure	
Due to Arteriosclerotic heart disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. L. Wollenweber M.D.
Medical Examiner.
Date signed Jan 11, 1940

F 64866

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 64866 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 913 Arlington Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 913 Arlington Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME THOMAS L. PERRY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife Mamie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June, 1874

8. AGE: Years	Months	Days	If less than one day
65	7		hr. min.

9. Birthplace Raleigh N. C.
(town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER 12. Name Isaac Perry
13. Birthplace N. C.

MOTHER 14. Maiden Name Candis Solomon
15. Birthplace N. C.

16 (a) Informant Darsy Green
(b) Address 913 Allington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/40 (month) (day) (year)

(c) Cemetery or crematory Arbutus
Location

18 (a) Funeral director Thos. E. Kelson
(b) Address 363 Presstman St.

19 JAN 12 1940 (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10 1940, at 10 45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death — Duration
a) Arteriosclerosis
b) Heart Disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Hemmeter M.D.
Medical Examiner.

Date signed Jan. 11th, 1940

F 64867

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64867

1313a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 710 Bruce St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 710 Bruce St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME JOSEPH MATTHEW

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife Vernia

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
72			hr. ..... min.

9. Birthplace Howard Co. Md. (Town, county, and state)

10. Usual Occupation unknown

11. Industry or business

FATHER
12. Name unk
13. Birthplace

MOTHER
14. Maiden Name Known
15. Birthplace

16 (a) Informant Mrs Vernia Matthews
(b) Address 710 N. Bruce St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Thos. E. Kelsan
(b) Address 1303 Presstman St

19 JAN 12 1940 (b) Thurlington Hill Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12 1940, at 9 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Cardiorenal vascular disease — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Lewis Culmmacher M.D.
Date signed Jan. 11, 1940 Medical Examiner.

F 64868

F 64868

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2222 Pelham Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2222 Pelham Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 83 yrs. years

3 (a) FULL NAME FRANK A. FINK.

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: MArried
6 (b) Name of husband or wife: MARY E. FINK
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19th. 1856

8. AGE: Years 83 | Months 5 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore City (Town, county, and state)
10. Usual Occupation Funeral Director
11. Industry or business Retired

FATHER
12. Name Adam A. Fink.
13. Birthplace Germany.

MOTHER
14. Maiden Name Mary Peters.
15. Birthplace Germany.

16 (a) Informant Miss. Clara Fink
(b) Address 2222 Pelham Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 15th 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd.

18 (a) Funeral director Geo. M. Fink. & Son
(b) Address 811 .N. Wolfe St.

19 (a) JAN 12 1940 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH J AN. 11th 1940, at 7 am M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 25 1939, to Jan 11 1940, and that I last saw h.. alive on Jan 11 - 1940

Immediate cause of death	Duration
Bronchopneumonia Jan 3	8 Da
Uremia Jan 8 -	3 Da
Due to Chr. Myocarditis	1935
Due to Chr. Cholecystitis	1935
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. F. Blackman, M. D.
Address 350 Cathedral Date signed 1-11-40

VS 3

F 64869

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121 Registered No.

F 64869

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Provident Hosp.
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Turners Station (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gladys Watson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fem.

5. Color or race C

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-21-1929

8. AGE: Years 10 | Months 2 | Days 19 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER 12. Name Roncey Watson
13. Birthplace Balt. Md.

MOTHER 14. Maiden Name Mary Watson
15. Birthplace Balt. Md.

16 (a) Informant Mary Watson
(b) Address Turners Station Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A A Co Md

18 (a) Funeral director Mrs. K. A. Elliott-Dyer
(b) Address 1129 N. Caroline St

19 (a) JAN 12 1940 (Registrar's signature) Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1940. at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/4 1940 to 1/10 1940 and that I last saw h[illegible]ive on 1/9 1940.

Immediate cause of death: General peritonitis — Duration

Due to:

Due to:

Other Conditions: Acute Appendicitis, Mitral Heart Disease (Include pregnancy within 3 months of death)

Major findings:
Of operations: Subacute
Appendicitis
Of autopsy: General Peritonitis

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hawkeome M. D.
Address Provident Hosp. Date signed 1/10/40

VS 3

MARGIN RESERVED FOR BINDING

M. D. R. 1368-a

64870 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 64870

CERTIFICATE OF DEATH

131-a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 St. Paul St. 12-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Pfannenschlag

(a) Residence: No. 1605 St Paul St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John A. Pfannenschlag

6. DATE OF BIRTH (month, day, year) Nov 23 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown Albert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Frank C Pfannenschlag

(Address) 1605 St Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place Philadelphia Pa Date 1/12 1940

19. UNDERTAKER Wilhelm Bros

(Address) 1219 E Fayette St

JAN 12 1940 Filed 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 12 1940

22. I HEREBY CERTIFY, That I attended deceased from September 1 1939 to Jan 12 1940

I last saw h.. alive on Jan 11 1940 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardiovascular renal disease & auricular fibrillation	
Chronic passive congestion of lungs & liver	10 days

Other contributory causes of importance:

Cerebral hemorrhage 4 yrs ago	

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas E. Stacy M. D.

(Address) 3803 Edmondson Ave

F 64871

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46B

F 64871 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 127 S. Spring Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 127 S. Spring St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Minczenko

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rudin Minczenko
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 28, 1869

8. AGE: Years 70 71 | Months 6 | Days 11 | If less than one day hr. min.

9. Birthplace: Russia (Town, county, and state)
10. Usual Occupation: Housework
11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Sophia Shain
(b) Address: 616 S. Belnord Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-40 (month) (day) (year)
(c) Cemetery or crematory: Russian Orthodox
Location: Stoney Run A. A. County

18 (a) Funeral director: John M. Weber
(b) Address: 401 S. Chester St.

19 (a) Date received JAN 12 1940 Howard Williams, M.D. Registrar
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10, 1939 to Jan. 9 1940 and that I last saw h alive on Jan 9 1940

Immediate cause of death: Carcinoma of Uterus
Due to: Myocarditis Insufficiency
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Andrew Kunkowski
Address 2529 Eastern Date signed 1/11/40 M. D.

F 64872

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64872

CERTIFICATE OF DEATH

30-9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John W. Meredith

If U. S. Veteran specify WAR

(a) Residence: No. 427 S. Chester St., S. S. No. 217-09-0631 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Meredith

6. DATE OF BIRTH (month, day, year) 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63 62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fulton Fish Market

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Bar

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Centerville Md.

FATHER

13. NAME John T. Meredith

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Lynch

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Elizabeth Meredith

(Address) 427 S. Chester Street

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date Jan 13, 1940

19. UNDERTAKER John M. Weber

(Address) 1401 S. Chester St

20. FILED JAN 12 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1940 to Jan 9, 1940

That saw him alive on Jan 9, 1940 Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 1-7-40

Other contributory causes of importance: Cerebral Hemorrhage, Syphilis

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. R. Tennyt M. D.

(Address) St. Joseph Hosp.

NOTE—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 64873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 64873

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1121 S. Binney St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1121 S Binney St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME JOSEPH SZYMBORSKI

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/22/39

8. AGE: Years	Months	Days	If less than one day
	7	18	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Joseph Szymborski
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Bertha Hofnagel
15. Birthplace Balto Md.

16 (a) Informant Joseph Szymborski
(b) Address 1121 S. Binney St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13/40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem.
Location German Hill Rd.

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. Wolfe St,

19 JAN 12 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10 1940, at 7 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquest) thereon and from the evidence obtained by said autopsy (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death Otitis media, chronic — Duration

Due to

Due to

Other Conditions Hydrocephalus

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Lee Mallamrobin M.D. Medical Examiner.
Date signed Jan 11 1940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 64874

F 64874

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 710 SOUTH CONKLIN ST.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MD. (b) County BALTIMORE

(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)

(d) Street No. 710 S. CONKLIN ST. (If rural give location)

(e) If foreign born, how long in U. S. A.? LIFE years

3 (a) FULL NAME MARY J. ADAMS

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: MATTHEW G. ADAMS

6 (c) If alive, give age: 35 years

7. Birth date of deceased (mo., day, yr.): MARCH 20 1904

8. AGE: Years: 35 | Months: 9 10 | Days: 21 29 | If less than one day: ..... hr. ..... min.

9. Birthplace: BALTIMOR MD. (Town, county, and state)

10. Usual Occupation: HOUSE WIFE

11. Industry or business: AT HOME

FATHER

12. Name: FRANK GUMMER

13. Birthplace: BALTIMORE MD.

MOTHER

14. Maiden Name: JOESPHINE PFISTER

15. Birthplace: BALTIMORE MD.

16 (a) Informant: MATTHEW G. ADAMS HUSBAND

(b) Address: 710 S. CONKLIN ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 16 / 40 (month) (day) (year)

(c) Cemetery or crematory: SACRED HEART CEM.

Location: GERMAN HILL RD.

18 (a) Funeral director: Lilly & Zeiler INC.

(b) Address: 403 S. WOLFE ST.

19. JAN 12 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 10 1940. 12/35M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1939 to Jan 10 1940 and that I last saw her alive on Jan 10 1940

Immediate cause of death: Tuberculosis Pulmonary — Duration: 2 yrs

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature: Fred. W. Zimmerman M.D.

Address: 9858 Harford Date signed: 1/11/40

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

64875 ✓ 89-a F 64875

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 25-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Noah Lake

If U. S. Veteran specify WAR

(a) Residence: No. 2409 Annapolis Rd St., Ward. Baltimore Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maynard Lake

6. DATE OF BIRTH (month, day, year) Dec. 29-1887

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	52		12 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home Duties

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ontario Canada

FATHER

13. NAME Henry Clements

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Lucy

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs Maynard Lake
(Address) 2409 Annapolis Road

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date Jan 15 1940

19. UNDERTAKER Mamie Cook Burket
(Address) 1620 West North Ave.

20. FILED JAN 12 1940 Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 8 1940, to Jan 11 1940

I last saw him alive on Jan 11 1940 Death is said to have occurred on the date stated above, at 10 12 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Otitis media c.	1/4/40
Pneumococcus empyemia	1/9/40

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E I Lisansky M. D.

(Address) University Hospital

V2 B

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 64876

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. E 64876

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Southern Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 123 Greenmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary E. Jones.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed~~, or ~~divorced~~.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 6 - 1858

8. AGE: Years	Months	Days	If less than one day
81 82	7.	5+	hr. ..... min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business Home Duties

FATHER
12. Name Eli D. Jones
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Hannah M Botteril
15. Birthplace Balto. Md.

16 (a) Informant Mrs Edward F Heard.
(b) Address 3904 Greenmount ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13-1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemetery
Location Balto.

18 (a) Funeral director Thomas Cook Sykes
(b) Address 1600 N. Howard St

19 (a) JAN 12 1940 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 11, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1939 to Jan 11 1940 and that I last saw her alive on Jan 9 1940.

Immediate cause of death	Duration
Chronic Myocarditis	6 mo
Due to Old age.	
Due to senile Dementia	several years
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lt. C. Blake M. D.
Address Med. Arts Bldg. Date signed

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64877

CERTIFICATE OF DEATH

122-B F 64877

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers of America Hosp. St. 2-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Riddle

If U. S. Veteran specify WAR

(a) Residence: No. none St., 1918 Frederick Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) January 8, 1940

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Robert B. Riddle

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Charlotte Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. Robert B. Riddle

(Address) 1918 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Jan. 13 1940

19. UNDERTAKER [illegible]

(Address) 1885 E. Baltimore St.

20. FILED JAN 12 1940 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 8 1940 to Jan 12 1940

I last saw him alive on Jan 12 1940 Death is said to have occurred on the date stated above, at 2.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction due to Volvulus	1/10/40
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1/10/40

For what disease or injury? for the Intest. Obstruction

Name of operation Release of volvulus

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, [illegible]

(Signed) Leonard W. Jungmann M. D.

(Address) 4611 Liberty Hts Ave

Dir. of Obstetrics Hosp.

V8 8

A. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 64878

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 64878

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Piers, Canton
(c) Hospital or institution:
S.S. Corner Brook
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Florida (b) County Duval
(c) City or town Jacksonville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1350 Oakley St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rufus Walker (Buford Walker)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1900

8. AGE: Years	Months	Days	If less than one day
35? Abt. 40			hr. min.

9. Birthplace Florida
(Town, county, and state)

10. Usual Occupation Longshoreman

11. Industry or business SS Corner Brook

FATHER
12. Name Mr. Walker
13. Birthplace United States

MOTHER
14. Maiden Name Unknown
15. Birthplace United States

16 (a) Informant Records Strachan Shipping Co.
(b) Address Barnet National Bank Bldg. Jacksonville, Fla.

17 (a) Burial
(Burial, cremation, or removal)
(b) Date thereof Jan 14 1939
(month) (day) (year)

(c) Cemetery or crematory
Location Jacksonville, Florida

18 (a) Funeral director
(b) Address 1065 W. Baltimore St.

19 JAN 12 1940 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6 1940, at ? M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said
(Autopsy or Inquiry)
find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Crushing Injury of face	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1/4/40
(c) Where did injury occur? Jacksonville Florida
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? S.S. Corner Brook While at work? Yes
(Specify type of place)
(e) Means of injury Fell down Hatch No 3 of ship

23. Signature W. H. VandeBrake M.D.
Medical Examiner.
Date signed 1/9/40

F 64879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 — a Registered No. F 64879

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1432 Druid Hill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1432 Druid Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida mae Madden

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col	Widowed

6 (b) Name of husband or wife Chas Madden
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/27/1865

8. AGE: Years	Months	Days	If less than one day
58	8	14	hr. min.

9. Birthplace Howard Co. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thos. Dorsey
13. Birthplace Howard Co. Md

MOTHER
14. Maiden Name Eliz. Smith
15. Birthplace Md

16 (a) Informant Mrs. Susie Heath
(b) Address 1432 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 14, '40 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Park
Location Baltimore, Md.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) JAN 12 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11, 1940, at 11 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jany 7 1940 to Jany 11 1940 and that I last saw her alive on Jany 11, 1940.

Immediate cause of death	Duration
Cystic subphrenic abscess	4 days
Due to Grippe	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Battelaire M. D.
Address 817 Hamilton Ter. Date signed

VS 3

F 64880

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 131-N F 64880

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1237 Jefferson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and name town)
(d) Street No. 1237 Jefferson St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louise Stanley (Louisa)

3 (b) If veteran, name war

3 (d) Social Security Account No.

4. Sex: Female

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Josiah Stanley

(c) If alive, give age yrs.

7. Birth date of deceased (mo., day, yr.): July 10, 1885

8. AGE: Years 54 | Months 5 | Days 29 | If less than one day: hr. min.

9. Birthplace (town, county, and state): Va.

10. Usual Occupation: At Home.

11. Industry or business:

FATHER
12. Name: Richard Washington
13. Birthplace: Va.

MOTHER
14. Maiden Name: Catherine —
15. Birthplace:

16 (a) Informant: Mary J. Connelly
(b) Address: 1237 Jefferson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13, 1940 (month) (day) (year)
(c) Cemetery or crematory: Mt. Calvary
Location:

18 (a) Funeral director: Robert L. Young
(b) Address: 1611 W. Caroline St.

19. JAN 12 1940 (Date rec'd by registrar) Huntington Williams Reg. M. D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 9, 1940 19 4:16 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1939 to Jan 9 1940.
and that I last saw him alive on about Jan 1 1940.

Immediate cause of death: Chronic Interstitial Nephritis (Terminal) — Duration: 14y.

Due to:

Due to:

Other Conditions: Mitral Insufficiency, Hypertension — 14y.
(Including pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: R. L. Young M. D.
Address 1424 E. Monument St. Date signed Jan. 10, 1940

VS 3

F 64881

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 64881

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street address 117 Allendale St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Norval Spangler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary B. Spangler (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14 1887

8. AGE: Years	Months	Days	If less than one day
52 53	5	28 27	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Dining Room Steward
11. Industry or business B & O. Railroad.

FATHER
12. Name Henry
13. Birthplace Md.

MOTHER
14. Maiden Name Molly Nicholson
15. Birthplace Md.

16 (a) Informant Mrs. Mary B. Spangler
(b) Address 117 Allendale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3445 Frederick Ave

18 (a) Funeral director Harry A. Witzke
(b) Address 410 Edmondson Ave

19 (a) JAN 12 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-11-40 19 at 1 45 M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-17 1939 to 1-11 1940 and that I last saw him alive on 1-11 1940.

Immediate cause of death	Duration
Bronchopneumonia	1-7-40
Due to Peritonitis	12-16-39
Due to Rupt. appendix	12-16-39
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Rupt appendix & peritonitis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Mansfield M. D.
Address Md Gen Hosp Date signed 1-11-40

F 64882

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B Registered No. F 64882

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1915 W. Mulberry St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1915 W. Mulberry St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marion B. Shipley

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Lula Daisy Leaf Shipley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26, 1897

8. AGE: Years	Months	Days	If less than one day
42	65	14	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Retired Pattern Maker
11. Industry or business

FATHER
12. Name James E. Shipley
13. Birthplace Md

MOTHER
14. Maiden Name Lenora
15. Birthplace Md

16 (a) Informant Mrs Lenora Shipley
(b) Address 1415 W. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location 3210 Taylor Ave

18 (a) Funeral director Henry H. Wiegle
(b) Address 4101 Edmondson Ave

19 (d) JAN 12 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10. 1940 at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1. 1939 to Jan 10. 1940 and that I last saw him alive on Jan 10. 1940.

Immediate cause of death
Pulmonary T. B. — Duration 3 years
Due to —
Due to —
Other Conditions None
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas. Montgomery M.D.
Address 888 N. Eden St. Date signed 1/12/40

VS 8

64883 F 64883

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-1 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 710 Park Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 710 Park Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? yrs

3 (a) FULL NAME Ida Lee Simmons

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 9th 1862

8. AGE: Years	Months	Days	If less than one day
77	5	2	hr. min.

9. Birthplace Matthews Co. Va. (Town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business

FATHER
12. Name Geo. W. Simmons
13. Birthplace Matthews Co. Va.

MOTHER
14. Maiden Name Caroline Blake
15. Birthplace Matthews Co. Va.

16 (a) Informant Edward B Simmons
(b) Address 710 Park Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan. 13th 1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location

18 (a) Funeral director C. Schlosman & Son
(b) Address 1039 Hanover St.

JAN 12 1940 (Date received by registrar) (b) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 11 - 1940 at 11:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 - 1940 to Jan 11 - 1940 and that I last saw h alive on Jan 11 - 1940.

Immediate cause of death	Duration
Bronchial pneumonia	5 days
Due to Acute bronchitis	12 days
Due to	
Other Conditions Chr. myocarditis	2 yrs

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. J. Kellam M. D.
Address 222 W. Monument St Date signed 1/12/40

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64884

CERTIFICATE OF DEATH

83-a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4404 Frederick Ave 20-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Herman B. Bremstellar

If U. S. Veteran specify WAR .....

(a) Residence: No. 2101 Hollins St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda C. Bremstellar

6. DATE OF BIRTH (month, day, year) Aug 27-1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	7	13 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Bernhardt Bremstellar

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Hamberrouch

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Matilda C. Bremstellar

(Address) 2101 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL

Place Westen Cemetery Date Jan. 13. 19 40

19. UNDERTAKER George C. Schmidt.

(Address) 2101 Frederick Ave

20. FILED JAN 12 1940 19 JAN 12 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1939 to Jan 9, 1940

I last saw h... alive on Jan 9, 19... Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrage	Dec 27
Hemiplegia	

Other contributory causes of importance:

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Observation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Joseph Schaefer M. D.

(Address) 2101 Garrison Blvd

V8 3

F 64885

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64885

CERTIFICATE OF DEATH

V 46-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2121 Christian St. 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Scholitzky

If U. S. Veteran specify WAR

(a) Residence: No. 2121 Christian St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances R. Scholitzky

6. DATE OF BIRTH (month, day, year) July 19th 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Glue Manufacturing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Anton Scholitzky

14. BIRTHPLACE (city or town) Balto (State or country) Md.

MOTHER

15. MAIDEN NAME Emma Dingler

16. BIRTHPLACE (city or town) Balto (State or country) Md.

17. INFORMANT Mrs. Frances R. Scholitzky

(Address) 2121 Christian St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Jan 13, 1940

19. UNDERTAKER George L. Schwartz

(Address) 2101 Eutaw Pl.

20. FILED JAN 12 1940

Wilmot M.D.

JAN 12 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1940 to Jan 10, 1940

I last saw alive on Jan 9, 1940 Death is said to have occurred on the date stated above, at 1.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Duration — Hrs.	
Hypertension Nephrosclerosis	
Other contributory causes of importance:	
Pulmonary Edema	

Was an operation performed? No Date of

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Herbert C. Ketcham M. D.

(Address) 2151 Wilkens Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 9

F 64886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-0 Registered No. F 64886

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2702 Baker Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ROMAN ALBERT

3 (b) If veteran, name war
3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Clare Elizabeth Palm
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Nov. 16, 1876

8. AGE: Years	Months	Days	If less than one day
63	1	25	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Linoleum layer
11. Industry or business

FATHER
12. Name Silliam Albert
13. Birthplace Germany

MOTHER
14. Maiden Name Winnie Meiss
15. Birthplace Germany

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 1/15/40 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto Md

18 (a) Funeral director Williams Cook
(b) Address 1217 W. Pratt St

19 (a) JAN 12 1940 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 11, 1940, at 7:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 8, 1940, to Jan. 11, 1940 and that I last saw him alive on Jan. 11, 1940.

Immediate cause of death	Duration
Cardiac disease cardiorenal-vascular	Unknown
Due to Arteriosclerosis, general	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. M. H. Anderson M. D.
Address U. S. Marine Hospital Date signed 1-13-40
Baltimore, Maryland.

F 64887

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133-a Registered No. F 64887

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 210 Warren Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 210 Warren Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Margaret Klebe

3 (b) If veteran, name war No
3 (c) Social Security Account No. NONE

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife John Klebe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22 1855

8. AGE: Years 84 | Months 9 | Days 19. | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Wilhelm Eckhardt
13. Birthplace Germany

MOTHER 14. Maiden Name Sophia Ludwig
15. Birthplace Germany

16 (a) Informant William G. Klebe
(b) Address 3104 Gibson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13 40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Wilhelm Co
(b) Address 1214 E Pratt St

19 (a) JAN 12 1940 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 11 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/30/1939 to 1/11/1940, and that I last saw her alive on 1/10/1940.

Immediate cause of death Broncho-pneumonia — Duration 3 days

Due to

Due to

Other Conditions Influenza and acute bronchitis — 12 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Deitel M.D.
Address 1226 Hanover St. Date signed 1/12/1940.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64888

CERTIFICATE OF DEATH

107

F 64888

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2423 McCulloh St. 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ellen B. Washington

If U. S. Veteran specify WAR

(a) Residence: No. 2423 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Matthew Washington

6. DATE OF BIRTH (month, day, year) October 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
92	81	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan 4-1940

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Essex Co. Va

FATHER

13. NAME Rowan Bundy

14. BIRTHPLACE (city or town) (State or country) Essex Co. Va

MOTHER

15. MAIDEN NAME Louna Butts

16. BIRTHPLACE (city or town) (State or country) Essex Co Va

17. INFORMANT Everett Dungey

(Address) 2423 McCulloh

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Date Jan 14, 1940

19. UNDERTAKER Pinkney E. Sewell

(Address) Prince Frederick

20. FILED JAN 13 1940 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1940 to Jan 11, 1940 that saw h[illegible] alive on Jan 11, 1940 Death is said to have occurred on the date stated above, at 11:58 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	1/5/40
Other contributory causes of importance: Age - Found Unconscious Jan 5-1940 - Exhaustion	1/5/40

Was an operation performed? No Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. N. Wright M. D.

(Address)

V8 8

INFORMATION TO BE FURNISHED WHEN UNPAID INQUIRY IS MADE—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

64889

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194 a

Registered No. F 64889

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monroe & Baltimore Sts
(c) Hospital or institution: D. O. A. Franklin Square Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 120 N. Amity St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Redding also (Thomas Ready)

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-6833

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
40			hr. min.

9. Birthplace Lenhaven Va (Town, county, and state)

10. Usual Occupation Chauffer

11. Industry or business

FATHER 12. Name Henry Reading
13. Birthplace Va

MOTHER 14. Maiden Name Elizabeth Whitehurst
15. Birthplace Lynhaven Va

16 (a) Informant Elizabeth Reading
(b) Address 126 N. Amity St

17 (a) A. A. & Co. Ind (Burial, cremation, or removal) Date thereof 1-13-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. & Co. Ind

18 (a) Funeral director James. M. Skinner
(b) Address 926 N. Monroe St

19 JAN 13 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION 3 P

20. DATE OF DEATH Jan 8 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Hardie Duff M.D. Medical Examiner.
Date signed 1/9/40

VS 6

F 64890

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133-K Registered No. F 64890

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1800 Madison Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1800 Madison Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME MARY NOLLEY (CALLIE MAE NOLLEY

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1 1906

8. AGE: Years	Months	Days	If less than one day
33	7	2	hr. min.

9. Birthplace Virginia (town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Henry Simpson
13. Birthplace N. C.

MOTHER
14. Maiden Name Unknown
15. Birthplace Virginia

16 (a) Informant Alice Mae Kelley
(b) Address 1800 Madison ave

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 1/15/40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location A. A. Co Md

18 (a) Funeral director Chas. H. Alexander
(b) Address 1400 Eutaw St

19 (a) JAN 13 1940 (b) Hunting for Williams, M.D.
(Date rec'd by registrar) Registrar

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 1940, at 8 a.m.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to h. death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Pyelonephritis, chronic — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Z. Wollenweber M.D.
Medical Examiner.
Date signed Jan 11th, 1940

F 64891

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64891

CERTIFICATE OF DEATH

194-a

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 411 Somerset ST. 5-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Harris

(a) RESIDENCE NO. 411 Somerset ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1886

7 AGE: 53 54 Years | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Co. Md

PARENTS

10 NAME OF FATHER: Benjamin Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country): Elkton Md

12 MAIDEN NAME OF MOTHER: Laura Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co Md

14 Informant: Benjamin Harris
(Address) 420 Moorsley St

15 JAN 13 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-11-1940

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 19 39, to Jan 11, 19 40, that I last saw h[illegible] alive on Jan 11, 19 40, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

acute Cardiac dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Coronary insufficiency

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) S C Feldman M. D.

19 (Address) 1443 E Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cemetery

DATE OF BURIAL: 1/15/40

20 UNDERTAKER: Williams & Jackson

ADDRESS 916 Penna Ave Balto Md

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

F 64892

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-P

Registered No. F 64892

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 70 min.
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1912 530 Brune St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louise Cook Downs (51808)

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Charles
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17, 1917

8. AGE: Years	Months	Days	If less than one day
22	7	25 24	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name ??
13. Birthplace ??

MOTHER
14. Maiden Name ??
15. Birthplace ??

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore County Md.

18 (a) Funeral director William G. Jackson
(b) Address 916 Penna. Ave.

19 (a) JAN 13 1940 (Date received by registrar) (b) Registrar Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11, 1940, at 5:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from January 11 1940, to Jan. 11, 1940, and that I last saw h er alive on Jan. 11, 1940.

Immediate cause of death: Tuberculosis of the lungs — Duration July 1937

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address Balto. City Hospitals Date signed 1-12-40

F 64893

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered 64893

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State N. C. (b) County Halifax
(c) City or town Scotland Neck
(If outside city or town limits, write RURAL and give town)
(d) Street No. Scotland Neck 261
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Mrs. Alfred Lytton Purrington

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Georgia B. Purrington
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Jan-4-1867

8. AGE: Years	Months	Days	If less than one day
73	0	8	— hr. — min.

9. Birthplace N. C.
(Town, county, and state)
10. Usual Occupation Planter
11. Industry or business Farm

FATHER
12. Name Archer H. Purrington
13. Birthplace North Carolina

MOTHER
14. Maiden Name
15. Birthplace North Carolina

16 (a) Informant Mrs. A. L. Purrington Son
(b) Address North Carolina

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-40 (month) (day) (year)
(c) Cemetery or crematory Episcopal Cemetery
Location Scotland Neck N. C.

18 (a) Funeral director Stewart Mowen Co.
(b) Address 108 W North Ave.

19 JAN 13 1940 Huntington Williams M.D.
(Date rec'd by Local Reg.) (Signature of Local Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/12 1940, at 1:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/6 1940 to 1/12 1940. And that I last saw him alive on 1/12 1940.

Immediate cause of death Pulmonary Embolism.

Due to:

Due to:

Other Conditions Bronchopneumonia

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles V. Sewall M. D.
Address St. Agnes' Hospital Date signed 1-12-40

F 64894

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 64894

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 772 Bradley st.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) yrs 5 0

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 772 Bradley st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sophie L. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. widow

6 (b) Name of husband or wife James

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22 [illegible]

8. AGE: Years 87 | Months 10 | Days 19 | If less than one day hr. min.

9. Birthplace Balto County (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Louis Johnson
13. Birthplace Calvert Co

MOTHER 14. Maiden name Sarah Stevenson
15. Birthplace Calvert Co Md

16 (a) Informant Nellie Bolon
(b) Address 772 Braden st

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-13-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn

18 (a) Funeral director A. H. Williams
(b) Address 98 Bruce st

19 (a) JAN 12 1940 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 11 1940 at 4 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 11 1940 to Jan 11 1940 and that I last saw [illegible] alive on 19

Immediate cause of death Arteriosclerosis — Duration 3 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Faber M. D.
Address 1501 Eutaw Date signed 1-12-40

VS 2

64895

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 - a Registered No. F 64895

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Hyndale Ave
(c) Hospital or institution: Maryland General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 328 Whitridge Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wm. Chas. E. Hardesty

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 13, 1865

8. AGE: Years 74 | Months 7 | Days 29 | If less than one day hr. min.

9. Birthplace Calvert County, Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name John Hardesty
13. Birthplace Md

MOTHER 14. Maiden Name Sara Edmonds
15. Birthplace Md.

16 (a) Informant Joseph N. Hardesty
(b) Address 328 Whitridge Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 15 1940 (month) (day) (year)
(c) Cemetery or crematory Christ Church
Location Port Republic, Md

18 (a) Funeral director A. A. Harkness & Son
(b) Address Mutual, Md.

19 JAN 13 1940 Huntingtown Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-12 1940 at 6:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-8 1940 to 1-12 1940 and that I last saw h[illegible] alive on 1-12 1940

Immediate cause of death: Coronary Thrombosis — Duration

Due to

Due to

Other Conditions Terminal Bronchopneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. G. Post M. D.
Address Maryland Gen. Hosp Date signed 1-12-40

VS 2

64896

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

XH F 64896

170 c

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) none

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Ellicott City
(If outside city or town limits, write RURAL and give town)
(d) Street No. Gelds Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Francis L. Young

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24, 1928

8. AGE: Years	Months	Days	If less than one day
11	6	18	hr. min.

9. Birthplace Ellicott City Md
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Charles Young
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Cook
15. Birthplace Md

16 (a) Informant Margaret Young Mother
(b) Address Gelds Ave, Ellicott City

17 (a) Burial (b) Date thereof 1-16-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Western Star Cem.
Location Near Catonsville, Md.

18 (a) Funeral director J. Edgar Thompson Jr
Address Ellicott City, Md

19 (a) JAN 13 1940 (b) Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 12 1940, at 3 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Fracture Compound of L Femur	
Due to	
Gas Gangrene of L Thigh and Arm	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Gas gangrene

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1/6/40
(c) Where did injury occur? Ellicott City (City or town) Howard St. (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work? No
(e) Means of injury Collision of sled with automobile

23. Signature W. Wade Gardenhire M.D.
Medical Examiner.
Date signed 1/13/40

VS 6

64897 Helena Rayzinger

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. X F 64897

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 502 E Randall St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 28 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Calvert Co
(c) City or town Prince Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Stella Rayzinger

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	White	Husband

6 (b) Name of husband or wife John Rayzinger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/5/1861

8. AGE: Years	Months	Days	If less than one day
78	9	3 2	— hr. — min.

9. Birthplace Maryland (town, county, and state)
10. Usual Occupation Home wife
11. Industry or business

FATHER
12. Name John E Heaman
13. Birthplace Germany

MOTHER
14. Maiden Name Eliz A Murphy
15. Birthplace Ireland

16 (a) Informant Mrs N Nelson
(b) Address 502 Randall St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem.
Location Brooklyn Md

18 (a) Funeral director John G Fabian & Son
(b) Address 1318 Light St

19 JAN 13 1940 (Date received) Hunting for Williams, M.D. Registrar

GB

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 11, 1940, at 4:10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 7, 1940 to Jan. 11 1940, and that I last saw her alive on 1-7 1940.

Immediate cause of death Coronary thrombosis — Duration 4 Days
Due to Arteriosclerosis — 7 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. E. Sellers M. D.
Address 707 E. Fort Ave Date signed 1-12-40

F 64898

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161

Registered No. F 64898

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 N. Kenwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County Md.
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1000 N. Kenwood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma R. Beyer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widow

6 (b) Name of husband or wife Charles R. Beyer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11 1877

8. AGE: Years	Months	Days	If less than one day
62	9		hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation housework
11. Industry or business

FATHER
12. Name John Bonkelin
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Mary Kirby
15. Birthplace Balto Md.

16 (a) Informant Gilbert B. Beyer
(b) Address 329 E 24th st.

17 (a) Burial (b) Date thereof Jan 13 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hole Bros.
Location Harford Ave.

18. (a) Funeral director Stephan J. Fialkowski
(b) Address 1000 N. Kenwood ave

19 (a) JAN 12 1940 (b) Huntington Williams, M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 11 1940, at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1940 to Jan 11 1940, and that I last saw h[illegible] alive on Jan 10 1940.

Immediate cause of death Sarcoma
Hypertension Cardio-Vascular Disease — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury

23. Signature Andrew Stankowski M. D.
Address 2579 Eastern Ave Date signed 1/12/40

VS 3

F 64899

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 64899

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 416 N. Greene St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 416 N. Greene St.
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Mary C. Mc Govan Schmitz

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Henry C. Schmitz
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 11 – 1868

8. AGE: Years 71 | Months 2 | Days 1 | If less than one day: hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Henry Stark
13. Birthplace Ireland

MOTHER
14. Maiden Name Norma Lewis
15. Birthplace France

16 (a) Informant Charles L. McGovan
(b) Address 416 N. Greene St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Chas. E. Sauerwein Son
(b) Address 118 W. Mt Royal Ave

19 (a) JAN 13 1940 (Date received by Registrar) Registrar
Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12 – 1940, at P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1, 1939, to Jan 12 1940, and that I last saw h[illegible] alive on Jan 10 1940.

Immediate cause of death

Chronic Myocarditis — Duration: unknown

Due to senile arteriosclerosis — Duration: "

Due to — Duration:

Other Conditions Chronic Bronchitis — Duration: "

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Rosenau M. D.
Address 206 S. Gilmor St Date signed 1-13-40

F 64900

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

CERTIFICATE OF DEATH

93-D

F 64900

1. PLACE OF DEATH:
(a) County Balto City Md
(b) City or town
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution Sailing Hosp. 600 S Chapel Gate Lane
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos.
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Towson Md
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLES SPRINGER.

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 9-1870

8. AGE: Years	Months	Days	If less than one day
69 70	2	2	hr. min.

9. Birthplace Harford Co Md
(Town, county, and state)

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Balto Co. Welfare Board
(b) Address Towson Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14-1940 (month) (day) (year)
(c) Cemetery or crematory Fork, M. E.
Location Fork Md

18 (a) Funeral director Clarence E. Luthur
(b) Address Fork Md

19 (a) JAN 13 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death Jan. 11 1940 at 5. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 6. 1939 to Jan. 11 1940, and that I last saw him alive on Jan. 10 1940

Immediate cause of death	Duration
Chronic Myocarditis	2 years
Due to Senility	Years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. Lloyd Johnson M. D. or other
Address Catonsville Md Date signed Jan-12-40

F 64901

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 64901

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 906 Cooke Drive Owassa Apts.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or Town Baltimore
(If outside city or town limits, write RURAL and give town)
No. Street No. Owassa Apts.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carrie M. Gump.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Louis H. Gump
6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) May 2, 1865

8. AGE: Years	Months	Days	If less than one day
74	8	9	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Aaron Metzger
13. Birthplace Germany

MOTHER
14. Maiden Name Theresa Hamburger
15. Birthplace Germany

16 (a) Informant Mr. Louis H. Gump
(b) Address Owassa Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/40 (month) (day) (year)
(c) Cemetery or crematory Oheb Shalom
Location Balto. Md.

18 (a) Funeral director David Sandheim & Son
(b) Address 1902 Eutaw Place

19 (a) JAN 13 1940 (Registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/11/1940, at P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1930. to Jan 11, 1940.
and that I last saw her alive on Jan 11, 1940.

Immediate cause of death	Duration
Uraemia	10 days
Due to Pyelonephritis	10 yrs.
Due to Renal Calculus (Left)	10 yrs.
Other Conditions Cholethiasis	15 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph W. Ketzky M. D.
Address 1 E. Chase St. Date signed

COK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64902 / 131-B / 51796 Registered No. F 64902

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 804 N. Streeper St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joel C Onley
3 (b) If veteran, name war No
3 (c) Social Security Account No. 213-07-5385

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Virginia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, 1878

8. AGE: Years	Months	Days	If less than one day
61	6 5	27	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Policeman
11. Industry or business

FATHER
12. Name Smith Onley
13. Birthplace Va.

MOTHER
14. Maiden Name Elizbegh Stant
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Co

18 (a) Funeral director Wm. J. Poulton
(b) Address 1219 E. Pratt St

JAN 13 1940 (Date filed by registrar) (b) [illegible], Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12 1940; at 11 15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 11 1940, to Jan. 12 1940, and that I last saw alive on Jan. 12 1940

Immediate cause of death: Chronic Glomerulonephritis — Duration between onset and death

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address Balto City Hosp. Date signed 1-12-40

VS 8

51743 - RB

F 64903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 64903

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs., 35 minutes
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 710 W. Saratoga St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Jackson (Lola)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 9, 1940

8. AGE: Years | Months | Days | If less than one day: 6 hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None - Newborn

11. Industry or business

FATHER
12. Name Robert Revore
13. Birthplace ?

MOTHER
14. Maiden Name Lola Jackson
15. Birthplace Md.

16 (a) Informant Records
(b) Address B.C.H.

17 (a) Balto City Hospital (Burial, cremation, or removal) (b) Date thereof 1-10-40 (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 (a) JAN 13 1940 (Date rec'd by Registrar) Huntington Williams M.D. (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/9/40 19 at [illegible] M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/9/40 19 to 1/9/40 19, and that I last saw him alive on 1/9/40 19

Immediate cause of death
Atelectasis
Due to Prematurity

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
1 day

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. [illegible] Dann M. D.
Address Balto City Hosp. Date signed 1-11-40

VS 3

F 64904

OK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-E

51468

Registered No. F 64904

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) N B

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 323 N. Carey St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Campbell (Frances)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-1-40

8. AGE: Years	Months	Days	If less than one day
		9	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Uhknown

MOTHER
14. Maiden Name Frances Campbell
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Balto City Hospital (Burial, cremation, or removal) (b) Date thereof Jan 11-40 (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 (a) JAN 13 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10 1940, at 1:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw her alive on 1-9 1940

Immediate cause of death Cardiac failure — Duration

Due to Congenital Heart disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Congenital Heart disease

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. Jones W. Owen M. D.
Address Balto City Hosp. Date signed 1-12-40

VS 3

F 64905

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 64905

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Do not guess. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D. J. A. Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Cecil
(c) City or town near Rising Sun
(If outside city or town limits, write RURAL and give town)
(d) Street address Rural Delivery
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Billy Adkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Wh	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1939

8. AGE: Years	Months	Days	If less than one day
	3		hr. min.

9. Birthplace Rising Sun Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Seaman D. Adkins
13. Birthplace Virginia

MOTHER
14. Maiden Name Margaret Gathings
15. Birthplace Charlotte N. Car

16 (a) Informant Father
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan 16 1940 (month) (day) (year)
(c) Cemetery or crematory West Cuttingham
Location near Rising Sun Md

18 (a) Funeral director J. E. Byron
(b) Address Rising Sun Md.

19 (a) JAN 13 1940 (Date received by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 11 1940 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said I find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Lobular pneumonia — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Vandegrift M.D.
Medical Examiner.
Date signed 1/13/40

VS 6

M. D. B. 1268-8

F 64906

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56-D

F 64906

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH 1100 Haverhill Road

CITY OF BALTIMORE: (No. 1100 Haverhill Road St. 25-1 Ward)

Registered No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME William Washington Wilson

(a) Residence: No. 1100 Haverhill Road St. Ward. 25
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Josephine Wilson

6. DATE OF BIRTH (month, day, year) April 11, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	73	9	2	17

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter (house)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own business

10. Date deceased last worked at this occupation (month and year) July 1931

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore City Maryland

FATHER

13. NAME Charles Wesley Wilson

14. BIRTHPLACE (city or town) (State or country) Not Known Maryland

MOTHER

15. MAIDEN NAME Sarah D. B. Stier

16. BIRTHPLACE (city or town) (State or country) Frederick Co. Maryland

17. INFORMANT Charles Earl Wilson
(Address) 1100 Haverhill Road

18. BURIAL, CREMATION, OR REMOVAL
Place Burial Loudon Pk. Date 1-15- 1940

19. UNDERTAKER Robert Brooks & Son
(Address) 1 Holbrook Ave

JAN 13 1940

20. FILED _____, 19__ Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1940, to Jan 13 1940

I last saw him alive on Jan 12 1940. Death is said to have occurred on the date stated above, at 2:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor	over
Left hemiplegia	

Other contributory causes of importance:

Generalized Arteriosclerosis
Urinary Retention

Name of operation Trephine Date of 1925

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Harry M. Rotman M. D.

(Address) 244 N. Hilton St.

F 64907

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c Registered No. F 64907

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 925 Bennett Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 60 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 925 Bennett Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Rebecca Hamer Hancock

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, (widowed) or divorced.
F	C	

6 (b) Name of husband or wife Benjamin Hancock
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1857

8. AGE: Years	Months	Days	If less than one day
83			hr. min.

9. Birthplace Wicomico Co Maryland (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Henry Lynch
13. Birthplace Md

MOTHER
14. Maiden Name Annie Scott
15. Birthplace Anne Arundel Co

16 (a) Informant Hester Stewart
(b) Address 925 Bennett Pl

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan 13, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 JAN 13 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9 1940, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 1940 to Jan 9 1940, and that I last saw h-- alive on Dec 8 1940

Immediate cause of death: Organic Disease of Heart — Duration: Unknown
Due to: Hemiplegia
Due to:
Other Conditions: None
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J F Woodward M. D.
Address 939 W Fayette Date signed Jan 11 1940

F 64908

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33a Registered No. F 64908

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1014 W Fayette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Boxdale

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	Infant.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/4/1939.

8. AGE: Years	Months	Days	If less than one day
	11	8	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Andrew Boxdale
13. Birthplace Charlotte Co Va.

MOTHER
14. Maiden Name Annie Howard
15. Birthplace Calvert Co Md.

16 (a) Informant Andrew Boxdale.
(b) Address 1014 W Fayette St.

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan 15 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) JAN 13 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-17 1940, at 1:44 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-8 1940. to 1-17 1940. and that I last saw h alive on 1-12 1940.

Immediate cause of death Influenzal meningitis - Cerebro-spinal. — Duration 4 days

Due to

Due to

Other Conditions Broncho-pneumonia

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A B Dougherty M. D.
Address Franklin Sq Hosp Date signed 1-12-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

64909

CERTIFICATE OF DEATH 183a F 64909

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 530 Burgundy St Ward) Registered No. 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred not determined How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Green If U. S. Veteran specify WAR

(a) Residence: No. 530 Burgundy St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Green

6. DATE OF BIRTH (month, day, year) Aug. 21-1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	4	28 19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salvaged

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME John Green

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sadie Britains

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Carrie Green

(Address) 530 Burgundy St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Jan 13, 19 40

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED JAN 13 1940 Mrs Katie R. Williams, Undertaker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/10/40, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 19 40 to Jan 10 19 40

I last saw him alive on Jan 9 19 40 Death is said to have occurred on the date stated above, at 11:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/9/40
Other contributory causes of importance: None	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John W. Farnes M. D.

(Address) 615 S. Caca St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

51713 - RB

F 64910

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

Registered No. F 64910

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 dys
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 748½ W. Saratoga St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Carr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Separated

6 (b) Name of husband or wife Muscar
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5, 1897

8. AGE: Years	Months	Days	If less than one day
42	6	6	hr. min.

9. Birthplace Washington, D. C. (Town, county, and state)
10. Usual Occupation On Relief
11. Industry or business

FATHER
12. Name Harry Parker
13. Birthplace Wash., D. C.

MOTHER
14. Maiden Name Lizzie Jackson
15. Birthplace Va.

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan 15 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Nio
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 222 N. Schroeder St.

19 (a) JAN 13 1940 (Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-11 1940, at 4:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-8 1940, to 1-11 1940, and that I last saw h[illegible] alive on 1-10 1940

Immediate cause of death	Duration
Generalized Peritonitis	?
Due to Acute appendicitis with rupture	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy see above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature L K. Woodward M. D.
Address Balto City Hosp. Date signed 1-13-40

VS 3

F 64911

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94B Registered No. F 64911

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1342 W. 42 St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 8
(e) Length of stay in Baltimore (yrs., mos., or days) 54

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1342 W. 42 St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry C. Mitchell

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-8095

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 18, 1885

8. AGE: Years	Months	Days	If less than one day
54	3	24	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Mechanic
11. Industry or business

FATHER
12. Name Ernest Mitchell
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Carrie L. Priester
15. Birthplace Balto. Md.

16 (a) Informant Linwood Ashburn
(b) Address 736 Edgewood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/40 (Month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemy.
Location Frederick Ave. Balto. Md.

18 (a) Funeral director John A. Tetterton & Son
(b) Address 1900 Eutaw Place

19 (Date rec'd by registrar) JAN 13 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 12, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 23 1939, to Jan 12 1940, and that I last saw him alive on June 11 1940.

Immediate cause of death: Angina Pectoris — Duration: Dec 23.
Due to
Due to
Other Conditions Chronic Cystitis
(Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Evans M. D.
Address 612 N 40 St Date signed

VS 3

64912

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

Registered No. F 64912

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town) 19-2
(d) Street No. 1329 W. Baltimore St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anthony Finazzo

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-10-40

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Anthony Finazzo
13. Birthplace Balto Md.

MOTHER 14. Maiden Name Elizabeth C Smith
15. Birthplace Bard Md.

16 (a) Informant Anthony Finazzo
(b) Address 1328 W Baltimore St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Druid Hill Cemetery
Location Forest Md.

18 (a) Funeral director Bernard A Feinly
(b) Address 1800 N Broadway

19 (a) JAN 13 1940 Huntington Williams, M.D. Registrar
(Signature of Local Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-12-40 19 , at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-10-40 19 40. to 1-12- 19 40, and that I last saw h alive on 1-12- 19 40.

Immediate cause of death Premature Birth — Duration

Due to Hydramnios

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Collins M.D. M. D.
Address Bon Secours Hospital Date signed

F 64913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 64913

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3402 W. Mulberry
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3402 W Mulberry
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William D Sprowls

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 10 1939

8. AGE: Years	Months	Days	If less than one day
	2	3	hr. min.

9. Birthplace Balto, Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Montgomery Sprowls
13. Birthplace Penn a

MOTHER 14. Maiden Name Emma Yaser
15. Birthplace Penn a

16 (a) Informant Montgomery Sprowls
(b) Address 3402 W Mulberry

17 (a) Removal (b) Date thereof 1-13-39
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory WASHINGTON
Location Patapsco Penn a

18 (a) Funeral director George K Smith
(b) Address Fulton & Fayette

JAN 14 1940
(Date rec'd by Registrar)

(a) (b) Huntingtop Williamsport

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1940, to Jan 13 1940, and that I last saw him alive on Jan 6 1940.

Immediate cause of death Lobar Pneumonia (left lower) — Duration 6 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A Gale M. D.

Address 4 N Fulton Date signed

F 64914

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64914 Registered No. 137-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Sinai Hospital
(b) Street address Monument & Rutland Ave
(c) Hospital or institution: Sinai
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1537 Pulaski St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Benjamin Astrinsky

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife Bessie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Brewer

11. Industry or business

FATHER
12. Name Mayer Astrinsky
13. Birthplace Russia

MOTHER
14. Maiden Name Rasa
15. Birthplace Russia

16 (a) Informant Hyman Astrinsky
(b) Address 1705 Morelandale

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14 /40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Philadelphia Road

18 (a) Funeral director Jos Levinson & Sons
(b) Address 1124-26 W North ave

JAN 14 1940 (Date rec'd by registrar)

Signature for Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1940, at 1:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 12 1939 to Jan 13 1940 and that I last saw him alive on Jan 13 1940.

Immediate cause of death	Duration
Peripheral Vascular Failure.	
Due to Hemorrhage	
Due to Post-operative	
Other Conditions Diabetes, Arteriosclerosis Chronic Myocarditis (Include pregnancy within 3 months of death)	

Major findings:
Of operations Benign prostatic hypertrophy
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, or in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Elliott Kendelson M.D.
Address Sinai Hospital Date signed 1/13/40

F 64915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 47-A

F 64915

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1723 N Appleton St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 48

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1723 N. Appleton St (If rural give location)
(e) If foreign born, how long in U. S. A.? 48 years

3. (a) FULL NAME Sarah Reiness

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	W.

6 (b) Name of husband or wife Abraham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889.

8. AGE: Years	Months	Days	If less than one day hr.	min.
51	—	—		

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Isaac Kaplan
13. Birthplace Russia

MOTHER
14. Maiden Name Leah Hurst
15. Birthplace Russia

16 (a) Informant Mrs Ruth Roll
(b) Address 1723 N. appleton st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Philada. Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 124-26 W. North ave

19 (a) 1-14-1940 (Date received by registrar) Hunting for Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1940, at 2 50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 15 1939 to Jan 12 1940, and that I last saw h-er alive on Jan 12 1940.

Immediate cause of death
Carcinoma of Larynx
c Cachexia

Duration July, '39

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. Harry Cohman M. D.
Address 1921 W North Ave Date signed Jan 17 40

F 64916

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64916 Registered No. 41-D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Hebrew Aged Home.
(b) Street address Hanover & Bluedere
(c) Hospital or institution:
Lewndale
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 42

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Belvedere & Hanover (If rural give location)
(e) If foreign born, how long in U. S. A.) 42 years

3 (a) FULL NAME Jessie Cohen

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
71 70			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Sigmund Rumbold
(b) Address Belvedere & Hanover

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 17/40 (month) (day) (year)
(c) Cemetery or crematory Southern ave
Location Southern ave

18 (a) Funeral director Sol Levinson & Bro.
(b) Address 424-26 W. Hollo ave

JAN 14 1940 Huntington Williams M.D. (Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12 1940 at 3 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-25 1939, to 1-12 1940, and that I last saw h[illegible] alive on 1-12 1940.

Immediate cause of death Carcinoma of left lung — Duration 2 yrs.
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature H. Edmund Levin M. D.
Address Lewndale Date signed 1/12/40

F 64917 31545 - RB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193-D Registered No.

F 64917

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr., 10 months, 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 47 Fayette & Diamond Alley (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank E. Barrington

3 (b) If veteran, name war —

3 (c) Social Security Account No. NONE

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: Violet

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 19, 1855

8. AGE: Years 84 | Months 10 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Race Track Work

11. Industry or business

FATHER
12. Name John Barrington (dead)
13. Birthplace Penna.

MOTHER
14. Maiden Name ? ? (dead) Hubbard
15. Birthplace ? Phila. Pa.

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/40 (month) (day) (year)
(c) Cemetery or crematory Balto
Location Balto Md

18 (a) Funeral director Wm Cook
(b) Address 1209 St Paul St

19 (a) (Date rec'd by registrar) JAN 14 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6 1940, at 8:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 4 1938, to Jan. 6 1940, and that I last saw h.im alive on Jan. 6 1940.

Immediate cause of death: Arteriosclerotic Heart Disease

Due to:

Due to:

Other Conditions: Terminal Bronchopneumonia

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: not done

Duration between onset and death: 6 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 1-13-40

64918 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 64918

CERTIFICATE OF DEATH 93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St. 27-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mr William Bauer

If U. S. Veteran specify WAR _____

(a) Residence: No. 2825 Montebello Terrace St., S. S. No. 213-10-1300 Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary A. Bauer

6. DATE OF BIRTH (month, day, year) Oct 11 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Transit Co

10. Date deceased last worked at this occupation (month and year) 11/4/40

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Peter Bauer

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Kakaun

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Mary A. Bauer

(Address) 2825 Montebello Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 1/16 1940

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED JAN 14 1940 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-13 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-12 1940 to 1-13 1940

I last saw him alive on 1-13 1940 Death is said to have occurred on the date stated above, at 6.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	
	about

Other contributory causes of importance:

Resp. infection	
Obesity	

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) M. R. Cuneo Jr M. D.

(Address) St. Josephs Hosp

VS

F 64919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64919 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Seaway Theatre 31 West Lexington St
(c) Hospital or institution:
D. of A. Mercy Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County — Caite
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 513 Dunkirk Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John H Blessing

3 (b) If veteran, name war: W

3 (c) Social Security Account No. 10 0 8

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Etta Catherine Blessing

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18 1878

8. AGE: Years 61 | Months 6 | Days 23 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Cost Acct

11. Industry or business U S Govt

FATHER
12. Name John H Blessing
13. Birthplace Germany

MOTHER
14. Maiden Name Mary C Schaut
15. Birthplace Germany

16 (a) Informant Clarence H Blessing
(b) Address 513 Dunkirk Rd Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16 40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Wilson Co
(b) Address 1210 W Lexington St

JAN 14 1940 (Date received by registrar) Attesting for Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12 1940, at 9.15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H W Vandersall M.D.
Medical Examiner.

Date signed 1/15/40

F 64920

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

151-G Registered No. F 64920

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 209 Mura St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas E Orem

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1-9-40

8. AGE: Years | Months | Days: 4 | If less than one day: hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Chester Orem
13. Birthplace Balto Md

MOTHER
14. Maiden Name Sarah Wilson
15. Birthplace Balto Md

16 (a) Informant Chester Orem
(b) Address 209 Mura St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/40 (month) (day) (year)
(c) Cemetery or crematory Mortland Park
Location Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 127 E. Paul St

(c) Filed JAN 14 1940 by [illegible] for Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13 1940, at 2 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-9 1940, to 1-13 1940 and that I last saw him alive on 1-13 1940.

Immediate cause of death: Pylonic Stenosis — Duration: 1-9-40.
Due to: Cardiac collapse
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations: Pylonic Stenosis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Mansfield M. D.
Address Md Gen Hosp Date signed 1-13-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

64921 F 64921

CERTIFICATE OF DEATH ✓ 131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 Sanford Place 14th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME John W. Young

(a) Residence: No. 518 Sanford Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary

6. DATE OF BIRTH (month, day, year): Feb 9

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): md

FATHER

13. NAME: Benj. Young

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Julia Jenkins

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mary Young (Address) 518 Sanford Pl.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Date: 1/13 19 40

19. UNDERTAKER: Lyn E. Kelson (Address) 1302 Pleasant St

20. FILED: JAN 14 1940 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 12th 19 40

22. I HEREBY CERTIFY that I attended deceased from Dec 10 to Jan 12 19 40

I last saw him alive on Jan 12 19 40 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

Cardio-Vascular-Renal Disease

Date of onset ?

Other contributory causes of importance:

—

Was an operation performed? None Date of —

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. B. Hughes M. D.

(Address) 1413 Druid Hill Av

A. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64922 — 164 — F 64922 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1919 N. Castle st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town 1919 N. Castle st (If outside city or town limits, write RURAL and give town)
(d) Street No. Same (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert Harrison

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 2 = 1924

8. AGE: Years	Months	Days	If less than one day
15	4	9	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation School
11. Industry or business

FATHER — 12. Name Albert J. B. Harrison
13. Birthplace Tilghmans Md

MOTHER — 14. Maiden Name Viola Saunders
15. Birthplace Baltimore

16 (a) Informant Albert J. B. Harrison
(b) Address 1919 N. Castle st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15 = 1940 (month) (day) (year)
(c) Cemetery or crematory Mount Carmel
Location Edmondson Ave Extended

18 (a) Funeral director Henry Lutz
(b) Address 1203 N. Broadway

19 (a) [illegible] (Date received by registrar) (b) Registered by [illegible] (Signature of registrar)

JAN 14 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 1940 at 3:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Hanging by rope — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 1/11/40
(c) Where did injury occur? Cellar (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Hanging by rope from rafters,

23. Signature [illegible] M.D. Medical Examiner.
Date signed 1/11/40

M. D. H. 1268-0

F 64923

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64923

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH 219 W. Lorraine Ave. Registered No.

CITY OF BALTIMORE: (No. ..... St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Alice Lavina Ditzel

(a) Residence: No. 2132 Orleans St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Frederick W. Ditzel

6. DATE OF BIRTH (month, day, year) May 5, 1863

7. AGE: Years 76 | Months 8 | Days 7 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Bellis

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Underwood

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Marie McCurdy
(Address) 1913 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Jan 16, 1940

19. UNDERTAKER John Allbert
(Address) 2006 Allegheny Ave

JAN 14 1940 Henrietta Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17, 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1939, to Jan. 17, 1940

I last saw her alive on Jan 11, 1940 Death is said to have occurred on the date stated above, at 1715 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cachexia, senility,	1938
myocardial insufficiency,	1937

Other contributory causes of importance:

chr. nephritis, arterio sclerosis, hypertension	?

Name of operation — Date of —

What test confirmed diagnosis? physical findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. C. Sobiral, M. D.

(Address) 447 N. Kenwood Ave.

64924 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 64924

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hosp. 4-6 Ward)

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mr Bernard Weiss

If U. S. Veteran specify WAR ...

(a) Residence: No. 1209 E Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Weiss

6. DATE OF BIRTH (month, day, year) Aug 14 76

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Custom tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U S Govt

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Jacob Weiss

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Kaegel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Arthur Weiss

(Address) 1839 E 29th St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Jan 17, 1940

19. UNDERTAKER John Ulrich

(Address) 200 Chelsea

20. FILED JAN 14 1940 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/13/40

22. I HEREBY CERTIFY, That I attended deceased from 1-9-40 19... to 1-13-40 19...

I last saw him alive on 1-13-40 19... Death is said to have occurred on the date stated above, 5:15 p.m. PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rt Lung.	1-4-40
Hypertension & Arteriosclerotic Cardiovascular Renal disease.	?
Carcinoma of Rt bronchus.	?
Anemia & Anuria.	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) M. R. Ennaft M. D.

(Address) St. Josephs Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 64925

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 64925 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D. O. A. Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 71

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4408 Pawnada Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Mc Namara

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Ma	W	married

6 (b) Name of husband or wife Emma B Mc Namara

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) 2/22/1868

8. AGE: Years	Months	Days	If less than one day
71	10	20	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Awning Business

11. Industry or business

FATHER
12. Name Patrick Mc Namara
13. Birthplace Ireland

MOTHER
14. Maiden Name Emma Parks
15. Birthplace Md

16 (a) Informant Neal Mc Namara
(b) Address 3700 Dalefield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem
Location Woodlawn Md

18 (a) Funeral director John Ulrich
(b) Address 2006 Eutaw

19. JAN 14 1940 (Date received by registrar) Thomas J. Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12 1940, at 3 P.M. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to —

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Vandegrift M.D. Medical Examiner.

Date signed 1/13/40

VS 6

64926 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 64926

CERTIFICATE OF DEATH

46-E

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 Beaumont Ave. Govane, 21 Ward)

Length of residence in city or town where death occurred 36 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mettie Forder Almoney

If U. S. Veteran specify WAR _____

(a) Residence: No. 111 Beaumont Ave. Govane St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of A. J. Almoney

6. DATE OF BIRTH (month, day, year) Feb. 14, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
75	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Jacob Forder

14. BIRTHPLACE (city or town) (State or country) Philadelphia Penna.

MOTHER

15. MAIDEN NAME Sarah Keith

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Mabel Kilbaugh
(Address) 111 Beaumont Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Norrisville, Harford Co. Md. Date Jan. 14, 1940

19. UNDERTAKER E. Leroy Stoffler, Inc.
(Address) 1255 North Ave

20. FILED JAN 14 1940 Huntingdon, Pennsylvania, N.J. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan - 12 - 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov-1- 1939 to Jan 12 1940

I last saw her alive on Jan 11 1940 Death is said to have occurred on the date stated above, at 11-30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid	Nov 1-39
Metastasis in Liver	Dec 1-39
Other contributory causes of importance: Diabetes Mellitus	July 1939

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19__

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) E. Gill Ha[illegible] M. D.

(Address) 1631 E North Ave.

IF 64926

INSTRUCTIONS.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 64927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-7

F 64927 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Church Home & Infirmary
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hour
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 512 Sheridan Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** HENRY THEODORE CRAMER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Cecile Cramer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 28, 1859

8. AGE: Years	Months	Days	If less than one day
81 80	3	14	hr. min.

9. Birthplace Massachusetts (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Construction Business

FATHER
12. Name Augusta Cramer
13. Birthplace New York City

MOTHER
14. Maiden Name Mary —
15. Birthplace New York

16 (a) Informant Daughter - MRS L C HALL
(b) Address 512 Sheridan Ave - Baltimore

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan 16/40 (month) (day) (year)

(c) Cemetery or crematory Location Catskill, New York

18 (a) Funeral director Geo M. Smith & Son
(b) Address 811 W Lexington St

19 (a) Date received by registrar (b) Registrar

JAN 14 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1940, at 6.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 12 1940, to Jan 12 1940, and that I last saw him alive on Jan 12 1940.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Generalized Arteriosclerosis & Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John F. Coolahan M. D.
Address Church Home & Inf Date signed 1-12-40

F 64928

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45-a

Registered No. F 64928

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maine (b) County
(c) City or town Augusta
(If outside city or town limits, write RURAL and give town)
(d) Street 343 Water Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Earl Ingram

3 (b) If veteran, name war

3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 17, 1908

8. AGE: Years	Months	Days	If less than one day
31	10	24	hr. min.

9. Birthplace Savannah, Georgia
(Town, county, and state)

10. Usual Occupation Seaman-SSPAN AMERICAN

11. Industry or business Seafaring

FATHER
12. Name William Ingram
13. Birthplace Montana

MOTHER
14. Maiden Name Margaret Dixon
15. Birthplace Tennessee

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15 '40 (month) (day) (year)
(c) Cemetery or crematory St Marys
Location Hamden

18 (a) Funeral director Slade & Oden
(b) Address 4907 York Road

19 JAN 14 1940 (b) Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 11, 1940, at 1:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 5, 1939, to Jan. 11 1940, and that I last saw him alive on Jan. 11, 1940.

Immediate cause of death
Bronchial Pneumonia — Duration: 1 week
Inanition — 1 month
Due to Carcinoma, metastasis, in the neck, due to original primary in lip. — 1 yr.
Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. D. H. Anderson, M. D.
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 1-12-40

Huntington Hollins, M.D.

F 64929

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

148-B

F 64929 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 901 Forrest St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 901 Forrest St
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Annie Quigley

3 (b) If veteran, name war | 3 (c) Social Security account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Shoe Repairer
11. Industry or business grocery & notions

FATHER
12. Name Martin Quigley
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Ellen
15. Birthplace Ireland

16 (a) Informant Mrs. Madden
(b) Address 901 Forrest St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15 1940 (month) (day) (year)
(c) Cemetery or crematory St. Marys - Govans
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) JAN 14 1940 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 11 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1939 to Jan 11 1940 and that I last saw h[illegible] alive on Jan 10 1940.

Immediate cause of death
Carcinoma body uteri
Due to Metastases to bones
Due to and exhaustion of
Due to a Strangulated
Large umbilical hernia

Duration
8 M
12 days

Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Francis J Kelly M. D.
Address 1106 E North Ave Date signed 1/13/40

F 64930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-0

F 64930 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1703 Gorsuch Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1703 Gorsuch Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Luby

3 (b) If veteran, name war
3 (c) Social Security Account No. 195-07-2936

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7 - 06

8. AGE: Years	Months	Days	If less than one day
33	6	5	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Crystal Bakery
11. Industry or business Bakery

FATHER
12. Name John Luby
13. Birthplace Germany

MOTHER
14. Maiden Name Rose Bloom
15. Birthplace Maryland

16 (a) Informant Mrs. Rose Luby
(b) Address 1703 Gorsuch Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 15 1940 (month) (day) (year)
(c) Cemetery or crematory Dr. Peters
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

(a) JAN 14 1940 (Date rec'd by registrar) (b) Registrar's No. 1 (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12th 1940 at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-2 1938 to 1-12 1940 and that I last saw h[illegible] alive on 1-12 1940.

Immediate cause of death	Duration
Diabetes Coma	
Due to Diabetes Mellitus.	?
Due to	
Other Conditions Tuberculosis of lung. (Include pregnancy within 3 months of death)	?

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lawrence J. Slusarek M. D.
Address 39 Wallis Rd Date signed 1-12-40

VS 3

Lawrence Falls Road

F 64931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 64931

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1020 Warden St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1020 Warden St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

10-11

3 (a) FULL NAME Catherine E Noppenberger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Charles Noppenberger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8, 70

8. AGE: Years	Months	Days	If less than one day
69	9	4	hr. min.

9. Birthplace Texas Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name James Brogan

13. Birthplace Ireland

MOTHER 14. Maiden Name Mary

15. Birthplace Ireland

16 (a) Informant Miss Marie Noppenberger

(b) Address 1020 Warden St

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-16-40 (month) (day) (year)

(c) Cemetery or crematory St. Joseph's

Location Texas Md

18 (a) Funeral director Rita Wiedefeld

(b) Address 914 Greenmount Ave

19 (a) JAN 14 1940 Martin M. Kraus, M.D. Registrar

(b) (Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/12 1940 at 4:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1939 to 1/12 1940 that I last saw her alive on 1/1 1940

Immediate cause of death Coronary Thrombosis

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Myron Bullock M. D.

Address 5703 Harford Ave Signed 1/13/40

VS 3

64932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 64932 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 1200 Valley Street
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days):
(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md (b) County: Baltimore
(c) City or town: (If outside city or town limits, write RURAL and give town)
(d) Street No.: 1200 Valley St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Emma Matey

3 (b) If veteran, name war:
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife: John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 3, 1878

8. AGE: Years	Months	Days	If less than one day
61	7	9	hr. min.

9. Birthplace: New Jersey (Town, county, and state)
10. Usual Occupation: Housework
11. Industry or business:

FATHER
12. Name: Henry Eber
13. Birthplace: ?

MOTHER
14. Maiden Name: Christina Geyer
15. Birthplace: ?

16 (a) Informant: Little Sisters of the Poor
(b) Address: 1200 Valley Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-15-40 (month) (day) (year)
(c) Cemetery or crematory: Holy Cross
Location:

18 (a) Funeral director: Wm. Mudd
(b) Address: 914 Stricker St

19 (a) 1940 (Filed by registrar) Martin Luther Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 12, 1940 at 4.30a M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to Jan 12 1940. and that I last saw her alive on Jan 9 1940

Immediate cause of death	Duration
Acute Dilatation Heart	1 day
Due to: Chronic Myocarditis	1 yr
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: E. Gill Hall M. D.
Address: 1631 E North Av Date signed: 1/12/40

14 F 64933

40178-dr-668

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C F 64933

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 708 Harvey St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 708 Harvey St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minnie E. Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Joseph Lewis

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Aug. 4 1881

8. AGE: Years 58 | Months 5 | Days 11, 21 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name John Keim

13. Birthplace Md.

MOTHER 14. Maiden Name Amelia Matholm

15. Birthplace Md.

16 (a) Informant Joseph Lewis (Husband)

(b) Address 708 Harvey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 15, 1940 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Anne Arundel Co., Md.

18 (a) Funeral director A. Howard Evans

(b) Address 1400-02 S. Charles St.

(c) [illegible]

JAN 14 1940 (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/12 1940 at 5A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 2 1939 to Jan 12 1940, and that I last saw h alive on Jan 12 1940.

Immediate cause of death	Duration
(a) Myocarditis	4 mos.
Due to (b) Chronic Rheumatism	5 mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E. E. Wheeler M. D.

Address 1279 Fulton Ave Date signed 1/13/40

E. E. Wheeler
1279 Fulton Ave

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 64934

F 64934

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1619 N. Smallwood St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town (If outside city or town limits write RURAL and give town)
(d) Street No. 1619 N. Smallwood St (If rural give location)
(e) If foreign born, how long in U. S. A.? 15 years

3 (a) FULL NAME Marcus Cohen

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Rose
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Retired Merchant
11. Industry or business

FATHER
12. Name Emanuel Cohen
13. Birthplace Russia

MOTHER
14. Maiden Name Annabelle ?
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-40 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Phila Rd. & Bowley Lane

18 (a) Funeral director Jack Lewis Inc.
(b) Address 1439 E. Balto St

19 (a) JAN 14 1940 (Date rec'd by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13-40 19 ..., at 9:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1939 to Jan 13 1940 and that I last saw h[illegible] alive on January 13 1940.

Immediate cause of death — Duration
Cardiac Arrest
Due to
Cardiac
Due to Renal Disease

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theo W Kolodny M.D.
Address 1610 Pratt Date signed 1/14/40

F 64935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. F 64935

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Eastmount
(c) Hospital or institution:
Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3000 Auchentoraly Terrace (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME David Naiman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct. 20, 1904

8. AGE: Years 35 | Months 3 2 | Days 423 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Nathan Naiman
13. Birthplace Not known

MOTHER
14. Maiden Name Celia Josephson
15. Birthplace New York N.Y.

16 (a) Informant Mrs. Milton Naiman
(b) Address 2436 Linden Ave. Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendships
Location Balto & Conkling St

18 (a) Funeral director Jack Levin Inc.
(b) Address 1439 E. Balto St

19 (a) ..... (b) ..... Registrar
(Date filed by registrar)

JAN 14 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13 1940, at 6:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to Jan 13 1940, and that I last saw him alive on Jan 13 1940.

	Duration
Immediate cause of death: Cardiac failure	2 days
Due to: Rheumatic heart disease	4 yrs
Due to:	
Other Conditions: Auricular fibrillation	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isabella Harrison M. D.
Address Church Home & Infirmary Date signed 1-13-40

F 64936

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

Registered No. F 64936

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2627 W Fairmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Elizabeth Guilford

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	widowed.

6 (b) Name of husband or wife Isaac
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Russia. (Town, county, and state)
10. Usual Occupation Home Work
11. Industry or business

FATHER
12. Name Isaac
13. Birthplace Russia

MOTHER
14. Maiden Name Boptis
15. Birthplace Russia

16 (a) Informant Hosp. Record.
(b) Address

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 1-14-40 (month) (day) (year)
(c) Cemetery or crematory Wash. Blvd Cem
Location Wash. Blvd

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St

19 (a) (Date rec'd by registrar) (b) Registrar

JAN 14 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13 1940, at 11:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-30 1939, to 1-13 1940, and that I last saw her alive on 1-13 1940.

Immediate cause of death	Duration
(a) Cerebral Hemorrhage (b) Cardiac Failure	
(c) Broncho pneumonia	
Due to	
Due to	
Other Conditions Ruptured Appendix.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations appendicular abscess.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B Strickhander M. D.
Address Sinai Hospital Date signed 1-13-40

F 64937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 64937 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Belvedere & Greenspring
(c) Hospital or institution: Hebrew Home for the Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 29-17 Belvedere Greenspring (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lena Gallant

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years 80 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant SIGMUND FEINBLATT
(b) Address GREENSPRING & BELVEDERE AVES.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-40 (month) (day) (year)

(c) Cemetery or crematory Hebrew Friedale
Location Phila. Rd. & Franklyn Ave

18 (a) Funeral director Jacob Reuss Inc
(b) Address 1439 E. Balto. St

19 (a) JAN 14 1940 (Date rec'd by Registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13 1940, at 9 35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1938, to Jan 12 1940, and that I last saw h.e.r. alive on Jan 12 1940.

Immediate cause of death	Duration
Bronchopneumonia	1-11-40
Hypertension	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Edmund Levin M. D.
Address Levindale Date signed

F 64938

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 64938

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Belvedere & Greenspring

(c) Hospital or institution: Hebrew Home for the Aged & Infirm

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½ mos

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Belvedere & Greenspring (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Yetta Levin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Adolph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 52 Months: Days: If less than one day: hr. min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation: Home work

11. Industry or business

FATHER 12. Name: Peretz —

FATHER 13. Birthplace: Russia

MOTHER 14. Maiden Name: Rarah —

MOTHER 15. Birthplace: Russia

16 (a) Informant

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-40 (month) (day) (year)

(c) Cemetery or crematory Hebrew Lorraine

Location Windsor Mill Rd.

18 (a) Funeral director Jos. Lewis Inc

(b) Address 1739 E. Balto. St

(c) Date received by registrar JAN 14 1940 (d) Registrar's signature Livingston Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13 1940, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2 1939, to Jan 12 1940, and that I last saw h alive on Jan 12 1940.

Immediate cause of death: Carcinoma of left breast — Duration: 7-15-39

Due to: Right " — 3-1-36

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. Edmund Levin M.D.

Address Lemdale Date signed 1/14/40

F 64939

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 64939

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1705 Linden Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....

(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:

(a) State MARYLAND (b) County .....

(c) City or town BALTO

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1705 LINDEN AVE

(If rural give location)

(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME SIMON COHEN

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Lena Cohen

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years 70 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business .....

FATHER

12. Name Unknown

13. Birthplace Russia

MOTHER

14. Maiden Name Unknown

15. Birthplace Russia

16 (a) Informant Lena Cohen

(b) Address 1705 LINDEN AVE

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-39 (month) (day) (year)

(c) Cemetery or crematory Lorraine Park

Location Wingate Mbl Rd

18 (a) Funeral director Jack Levin Inc

(b) Address 1439 E. Baltimore St.

19 (a) JAN 13 1940 (Date received by Registrar) (b) waiting for Physician Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 12 1940, at 12 55 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/1 1933, to 1/13 1940, and that I last saw him alive on 1/13 1940.

Immediate cause of death Cerebral hemorrhage

Due to Hypertension, Kidney disease

Due to .....

Other Conditions Chronic myocarditis

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? No

(e) Means of injury .....

23. Signature S. C. Feldman

Address 1440 E Balt St Date signed 1/13/40 M. D.

16 64940

HEALTH DEPARTMENT—CITY OF BALTIMORE

64940

CERTIFICATE OF DEATH

124-w

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4206 Belview Ave. St. 28-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 21 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Carlton E. Poisal

If U. S. Veteran specify WAR

(a) Residence: No. St. Michaels, Md. Vent St., Ward. Talbot Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alma Upshur

6. DATE OF BIRTH (month, day, year) July 21, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	5	21 22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Michaels Maryland

FATHER

13. NAME Rev. William McKendre Poisal

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Laura V. Covey

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Alma U. Poisal

(Address) 4206 Belview Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date 1/15 1940

19. UNDERTAKER H. W. Mears & Son

(Address) 905 N. Calvert St.

20. FILED JAN 14 1940 Waiting for Reg. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/13, 1940

22. I HEREBY CERTIFY, That I attended deceased from 12/10, 1939 to 1/12, 1940

I last saw alive on 1/12, 1940 Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Larynx — Date of onset 4/1938

Other contributory causes of importance: Cerebral Hemorrhage — Date of onset 1/13/40

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) A. C. Hogue, M. D.

(Address) 704 Hanover St.

Rte

VS 3

NO. 16—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

64941 64941

CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 523 N. Patterson Park Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Seraphim Gonsales

If U. S. Veteran specify WAR

(a) Residence: No. 523 N. Patterson Park Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma E. Gonsales

6. DATE OF BIRTH (month, day, year) March 14, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	9	27 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer-Tug-Boat

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 13 years

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spain

FATHER

13. NAME Gonsales

14. BIRTHPLACE (city or town) (State or country) Spain

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Spain

17. INFORMANT Mrs. Emma E. Gonsales (Wife)

(Address) 523 N. Patterson Park Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Cem. Date Jan. 14. 1940

19. UNDERTAKER H. SADER & SONINC

(Address) Baltimore & Broadway

FILED JAN 14 1940 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11 1940

22. I HEREBY CERTIFY, That I attended deceased from June 8 1939 to Jan 11 1940

I last saw h alive on Jan 11 1940 Death is said to have occurred on the date stated above, at 9:45 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1938
Benign hypertrophy of prostate	1938
Chr. epithelial neoplasm	1938
Other contributory causes of importance:	
Pulmonary edema	2 days
Acute cardiac dilatation	1 day

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin. data Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos Schlenger M. D.

(Address) 3034 E. Baltimore St.

Huntington Press

F 64942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

F 64942 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3420 6 Druid Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert Haw Story Lynch

3 (b) If veteran, name war: World War

3 (c) Social Security Account No. 212-03-7511

4. Sex: Male | 5. Color or race: Wh | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Louise A. Lynch

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11th 1896

8. AGE: Years 43 | Months 7 | Days 3 | If less than one day: 0 hr. 0 min.

9. Birthplace Newton No. Carolina (Town, county, and state)

10. Usual Occupation Mgr-Refinery

11. Industry or business Swift & Co.,

FATHER
12. Name Adolphus P. Lynch
13. Birthplace No. Carolina

MOTHER
14. Maiden Name Julia Haw Story
15. Birthplace North Carolina

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16th 1940 (month) (day) (year)
(c) Cemetery or crematory Elmwood
Location Charlotte, N.C.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address Hunter & Pa Ave

JAN 14 1940 (Date received by registrar) (By) Registrar.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/14/ 1940 at 3:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/3/ 1940 to 1/14/ 1940, and that I last saw h[im] alive on 1/14/ 1940.

	Duration
Immediate cause of death: Cardiac Collapse	24 hrs.
Due to: Peritonitis	3 days
Due to: Resection Ascending Colon	11 days over 5 days
Other Conditions: Paralytic Ileus	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Peritonitis - Paralytic Ileus.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Douglas H. Stone M. D.
Address M. M. H. Date signed 1/14/40

VS 3

Hettenbach

64943 HEALTH DEPARTMENT—CITY OF BALTIMORE 64943

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3007 Kentucky ave St. ... Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sigmund Hettenbach

If U. S. Veteran specify WAR ...

(a) Residence: No. 3007 Kentucky Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced (or) WIFE of Wilhelmina Teufel

6. DATE OF BIRTH (month, day, year) Feb 28 - 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brewer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Michael Hettenbach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Ludwig

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. W. Hettenbach

(Address) 3007 Kentucky ave

18. BURIAL, CREMATION, OR REMOVAL Lorraine N. Y. Date Jan 17 1940

19. UNDERTAKER George S. Bayer Sr.

(Address) 512 Hoffman St

DATE RECEIVED JAN 14 1940 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1940 to Jan. 14, 1940

I last saw him alive on Jan. 13, 1940 Death is said to have occurred on the date stated above, at 7:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary heart disease	1/1/40
Myocardial degeneration	indef.

Other contributory causes of importance: ...

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Dr. Theodore Bosa M. D.

(Address) 817 Medical Arts Bldg.

VS 8

THIS CERTIFICATE, WITH UNDERLINE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 64944

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64944

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH Women's Hospital

Registered No.

CITY OF BALTIMORE: (No. St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Helen A. Stevens

If U. S. Veteran specify WAR

(a) Residence: No. 130 Mosher Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: white | 5. Single, Married, Widowed, or Divorced (write the word): single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): August 28 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	4	1615	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME:

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Mrs William Stewart

(Address) 205 Lanvale Street

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 1/16 1940

19. UNDERTAKER: Wilhelm Bros

(Address) 1219 E. Fayette St

20. FILED , 19 Registrar.

JAN 15 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/13/40

22. I HEREBY CERTIFY, That I attended deceased from 12/28/39 to 1/13/40

I last saw her alive on 1/13/40 Death is said to have occurred on the date stated above, at 10:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic cardio-vascular-renal disease	
Uremia-chronic glomerulonephritis	
Terminal coma	12/29/39

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard W Whitting M.D.

(Address) Womans Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 64945

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 64945 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2200 Sidney Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2200 Sidney Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jennie V. Meads

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: Female
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of husband ~~or wife~~: Wm B. Meads
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Mar 20th 1870

8. AGE: Years 69 | Months 9 | Days 23 | If less than one day ____ hr. ____ min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business at Home

FATHER
12. Name George Snyder
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant William B. Meads
(b) Address 2200 Sidney Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Baltimore

18 (a) Funeral director Pulhorn & Co
(b) Address 1217 E Pratt St

19 (a) ____ (Date received by registrar) (b) ____ Registrar

JAN 15 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13th 1940, at 11:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1, 1940 to Jan 13, 1940, and that I last saw her alive on Jan 12 1940.

Immediate cause of death
Cerebral Hemorrhage — Duration 1 Day
Due to —
Due to Hypertension & Arteriosclerosis — Duration 1 yr
Other Conditions none
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Thos Mortimer M.D.
Address 888 W Lafayette Ave Date signed 1/13/40.

F 64946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 64946 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lauderdale & Madison St
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days 22 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto.
(c) City or town Baltimore - City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2424 N. Charles St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

12-6

3 (a) FULL NAME Mary H. Bruin

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Divorced
6 (b) Name of husband: Unknown
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov 23 - 1875
8. AGE: Years 64 | Months 1? | Days 21? | If less than one day ..... hr. ..... min.
9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Home wife
11. Industry or business

FATHER
12. Name Frank I. Lewis
13. Birthplace Baltimore New York

MOTHER
14. Maiden Name Columbia Trapel
15. Birthplace Frederick Md Maryland

16 (a) Informant Mrs J. F. Wilhelm
(b) Address 107 E. 32nd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Mo
Location Baltimore
18 (a) Funeral director Wilhelm Bros
(b) Address 217 E. Pleasant St.

JAN 15 1940
(Date rec'd by registrar) (b) ..... Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1940, at 11:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/16 1939 to 1/14 1940 and that I last saw h[illegible] alive on 1/14 1940.

Immediate cause of death: Cerebral Hemmhage — Duration: .....
Due to: Hypertension
Due to: Arteriosclerosis
Other Conditions: Obesity
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature J B Mortimer M. D.
Address Maryland Gen. Hosp. Date signed 1/15/40

F 64947

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64947 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 5340 Winner Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 67yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 5340 Winner Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Florence Ada Benson

3 (b) If veteran, name war No

3 (c) Social Security Account No. NONE

4. Sex Female

5. Color or race White

6 (a) ~~Single, married~~, widowed, or divorced. Widowed

6 (b) Name of ~~husband or~~ wife Wm H. Benson

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 11 1859

8. AGE: Years 81 | Months 0 | Days 2 | If less than one day ... hr. ... min.

9. Birthplace Washington D.C. (town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER 12. Name Theophilus W. Gladmon

FATHER 13. Birthplace Washington D.C.

MOTHER 14. Maiden Name Mary A. Flexner

MOTHER 15. Birthplace Washington D.C.

16 (a) Informant Mrs James W. Pearson

16 (b) Address 5340 Winner Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/16/40 (month) (day) (year)

17 (c) Cemetery ~~or crematory~~ Druid Ridge

Location Balto Co. Md.

18 (a) Funeral director William Cook

18 (b) Address 1217 St. Paul St

19 (a) Date received by registrar JAN 15 1940 (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1940, at 11:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1 1939, to Jan 17 1940, and that I last saw h~~er~~ alive on Jan 17 1940

Immediate cause of death Coronary sclerosis — Duration 6 wks.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Anthony V. Bruckmeyer M. D.

Address 37 S. Stricker St Date signed 1/17/40

F 64948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-ar F 64948 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Church Home & Infirmary
(c) Hospital or institution: North Broadway
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1405 Poplar Grove Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Miss Eleanora Lang

3 (b) If veteran, name war — No

3 (c) Social Security Account No. — None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 29 1873

8. AGE: Years 66 | Months — | Days 15 | If less than one day — hr. — min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)

10. Usual Occupation Retired Housekeeper.

11. Industry or business —

FATHER
12. Name Philip Lang
13. Birthplace Germany

MOTHER
14. Maiden Name Edwardine Brown
15. Birthplace Maryland.

16 (a) Informant Hospital Chart.
(b) Address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Jan 16/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Wilbur Cook
(b) Address 1217 E. Fayette St

19 JAN 15 1940 (Date received by registrar) (b) Wilmington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13, 1940, at 7:25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 16, 1939, to Jan 13 1940.
and that I last saw her alive on Jan 13, 1939.

Immediate cause of death Myocardial Insufficiency — Duration
Bronchopneumonia
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Gastrectomy
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James D. Kerr M. D.
Address Church Home & Infirmary Date signed 1/13/40

F 64949

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 170-C

F 64949 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1909 Eutaw Place (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME STANLEY MILLS

3 (b) If veteran, name war: World. | 3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Divorced

6 (b) Name of husband or wife: Violet Mills
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 19 1896

8. AGE: Years	Months	Days	If less than one day
43	1	25	hr. min.

9. Birthplace Front Royal Va (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Henry Mills
13. Birthplace Front Royal Va

MOTHER
14. Maiden Name Hester Walters
15. Birthplace Front Royal Va

16 (a) Informant Mrs Alice Kohr
(b) Address 1909 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 19 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Natoma
Location Baltimore

18 (a) Funeral director Wilson Cox
(b) Address 1217 E. Lexington St. Baltimore, Md.

19 (a) JAN 15 1940 (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14 1940, at 2 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death	Duration
Hemmarrhage, ruptured brain	
Due to Fracture 1st lumbar vertebrae	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence January 14, 1940
(c) Where did injury occur? Baltimore Ave, near Baxter (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? —
(Specify type of place)
(e) Means of injury struck by auto while lying in road

23. Signature H. Lee Mallonee M.D.
Medical Examiner.

Date signed Jan 14, 1940

64950 HEALTH DEPARTMENT—CITY OF BALTIMORE E 64950

CERTIFICATE OF DEATH 46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 W 27th St. 12-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hyrcelee M. Reeves

If U. S. Veteran specify WAR

(a) Residence: No. 221 W 27th St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alberta Reeves

6. DATE OF BIRTH (month, day, year) July 27 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tobacco (Parker)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Alberta Reeves

(Address) 221 W 27th St.

18. BURIAL, CREMATION, OR REMOVAL Greene, Presbyterian Date Jan 15, 1940

19. UNDERTAKER Ellenworth & Donovan

(Address) 3615-17 Edmondson Ave.

20. FILED 19 Hunter for Williams, M.D. Registrar.

JAN 15 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept 6 1939 to Jan 11 1940

I last saw him alive on Jan 11th 1940 Death is said to have occurred on the date stated above, at 9 55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Transverse Colon	1939
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) J H Wilson M. D.

(Address) 617 W 40th St.

F 64951

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64951 Registered No. 124

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address W. Fayette St.

(c) Hospital or institution: Bon Secours

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3808 Gelston Drive (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Herman F. Grunewald Herman F. Grunewald

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Late Carrie H. Grunewald

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years 65 Months 4 Days If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Sign Painter

11. Industry or business

FATHER 12. Name Wilhelm Grunewald

13. Birthplace Germany

MOTHER 14. Maiden Name Mary Schweitzer

15. Birthplace Germany

16 (a) Informant Henry Schweitzer

(b) Address 2807 Woodwood Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 15/40 (month) (day) (year)

(c) Cemetery or crematory Lorraine Park

Location Woodlawn, Md.

18 (a) Funeral director Harry H. Mitzel

(b) Address 4101 Edmondson ave

19 (a) (Title of City Registrar) (b) Registrar

JAN 15 1940

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13- 19 40 at 3:03 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-9- 19 40 to 1-13- 19 40; that I last saw him alive on 1-13- 19 40

Immediate cause of death Uremia.

Due to Carcinoma of bowel

Due to Alcoholism

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. M. Collins M.D. M. D.

Address Bon Secours Hospital Date signed

F 64952

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 64952 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 703-E-22-St.
(c) Hospital or institution: at his home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 49 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore City.
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 703-E-22-St Balto. (If rural give location)
(e) If foreign born, how long in U. S. A.? Life. years

3 (a) FULL NAME Harry Walter Booth.

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Mary M. Booth

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sep-26-1863

8. AGE: Years 76 | Months 3 | Days 17 | If less than one day — hr. — min.

9. Birthplace Balto Co. Md. (Town, county, and state)

10. Usual Occupation Retired.

11. Industry or business Penna R.R. Co.

FATHER
12. Name John T. Booth
13. Birthplace Balto Co. Md.

MOTHER
14. Maiden Name Ida E. Matthews
15. Birthplace Maryland

16 (a) Informant Miss Hermie Booth (daughter)
(b) Address 703-E-22-St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jany-15-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md.

18 (a) Funeral director Stewart Memorial Co.
(b) Address 108 W Mount Ave. -

19 (a) [illegible] (Registrar) (b) Huntington Williams M.D.

JAN 15 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/12/1940 at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 27 1939 to 1/12/1940, and that I last saw h[illegible] alive on 1/12/1940.

Immediate cause of death: Myocardial Insufficiency — Duration 48 hours

Due to: Myocarditis — 6 mos

Due to: Arteriosclerosis — 1 year

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury

23. Signature Thomas F White M. D.
Address 703-E-22nd St Date signed 1/13/40

F 64953

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64953

CERTIFICATE OF DEATH

107

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 Wilson St. 14-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Jessie Snead

If U. S. Veteran specify WAR _____

(a) Residence: No. 403 Wilson St., _____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Colored	Widow

3a. If married, widowed or divorced HUSBAND of (or) WIFE of Hines Snead

6. DATE OF BIRTH (month, day, year) March 31, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	55	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Hines Snead

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) _____

17. INFORMANT Malinda Robinson

(Address) 403 Wilson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carleton Cemetery Date Jan 15 1940

19. UNDERTAKER Archibald A. Geddis

(Address) 210 N. Carrollton Ave.

20. FILED JAN 15 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11, 1940

22. I HEREBY CERTIFY, That I attended deceased from December 31, 1940 to Jan 11, 1940

I last saw h[illegible] alive on Jan 11, 1940 Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchio-Pneumonia	12-31-40

Other contributory causes of importance: None

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, [illegible]

(Signed) Charles T. Wortham M.D.

(Address) 861 Harlem Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PROFESSIONAL RECORD. ENTRIES should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 64954

F 64954

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-P

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fairfax Tavern 784 Washington Blvd
(c) Hospital or institution:
D. of A. Univ. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 711 Ramsay St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Frank L. Belt

3 (b) If veteran, name war No

3 (c) Social Security Account No. 212-07-9613

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Emma Belt

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct 3. 1884

8. AGE: Years 55 55 | Months 3 | Days 7 | If less than one day hr. ..... min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Gen Curator

11. Industry or business Coin Watches &

FATHER 12. Name Lloyd Belt

13. Birthplace Pittsburgh Pa

MOTHER 14. Maiden Name Elizabeth Dyson

15. Birthplace Pittsburgh Pa

16 (a) Informant Edward Shiloh

(b) Address 1017 N Gross St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16/40 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Baltimore Md

18 (a) Funeral director Wilson Co

(b) Address 1217 E Pratt St

19 (a) ..... (b) ..... (Date received by registrar) (Registrar)

JAN 15 1940

MEDICAL CERTIFICATION 4-P

20. DATE OF DEATH January 12 1940, at ..... M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) ..... find that said deceased came to his death on the day stated above.

Immediate cause of death Pulmonary tuberculosis — Duration

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature W. W. Vandersall M.D. Medical Examiner.

Date signed 1/13/40

F 64955

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-8 F 64955 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 703 Newington Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 703 Newington Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 Yrs. years

3 (a) FULL NAME ABE I. SAMUELSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of ~~husband or~~ wife Charlotte Samuelson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jany. 1873

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Retired Furniture Dealer
11. Industry or business

FATHER
12. Name Moses Samuelson.
13. Birthplace Russia.

MOTHER
14. Maiden Name Hannah ----------
15. Birthplace Russia.

16 (a) Informant Mr. Archie Samuelson.
(b) Address 4036 Cold Spring Lane.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Baltimore, Md.

18 (a) Funeral director David Samuelson & Sons
(b) Address 1902 Eutaw Place

19 (a) JAN 15 1940 (Date registered) (b) Hunter for Williams, Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jany. 14, 1940 at A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/11 1940 to 1/14 1940, and that I last saw him alive on 1/14 1940.

Immediate cause of death Acute Cardiac Dilatation — Duration 1 day

Due to Coronal arteriosclerosis — 3

Due to Aortic Enteritis — 2 months

Due to Pyelonephritis — 2 years

Other Conditions Prostatic Hypertrophy — 4 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Gentry M. D.
Address 2320 Eutaw Place Date signed

F 64956

F 64956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-D

Registered No.

LB 51868

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 min. 6 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1716 Westwood St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Waters

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	widowed

6 (b) Name of husband or wife Josephine (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1886

8. AGE: Years	Months	Days	If less than one day
53	11	11	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Waiter
11. Industry or business

FATHER
12. Name Jacob
13. Birthplace Md.

MOTHER
14. Maiden Name Martha
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 1/18/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E Preston St

19 (a) (Date rec'd by registrar) (b) Hunter Tom Williams, M.D. Registrar

JAN 15 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13 1940, at 5:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 13 1940 to Jan. 13 1940, and that I last saw h[illegible] alive on Jan. 13 1940.

Immediate cause of death	Duration
Cardiac failure	5 days.
Due to Hypertensive cardiovascular disease	[illegible].
Due to	
Other Conditions Arteriosclerosis of the Aorta	[illegible].

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy Pulmonary edema, arteriosclerosis.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Baltimore City Hospitals Date signed 1/19/40 M. D.

F 64957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166 Registered No. F 64957

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 52 W. West St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Johnson Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 20680

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	Col	Married

6 (b) Name of husband or wife Rosa Johnson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace N. Carolina (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER 12. Name Unknown.

13. Birthplace N. Carolina

MOTHER 14. Maiden Name Fannie

15. Birthplace N. Carolina

16 (a) Informant Rosa Johnson.

(b) Address 52 W. West St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 17 40 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cemetery

Location Balto.

18 (a) Funeral director Walter B. Griggs

(b) Address 1390 W. Fayette St.

(c) [illegible]

JAN 15 1940 (Date rec'd by registrar) Huntington Williams, Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12 1940, at 7 25a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Perforation of lung	
Hemorrhage of spinal cord	
Due to (Bullet wound of chest)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 12/30/39
(c) Where did injury occur? 52 W. West St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Shot by gun

23. Signature [illegible] M.D. Medical Examiner.

Date signed 1/12/40

M. D. B. 1268-9

64958

HEALTH DEPARTMENT—CITY OF BALTIMORE

64958

CERTIFICATE OF DEATH ✓ 33-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4106 Groveland Ave St. 28-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Mary E. Nelson

(a) Residence: No. 4106 Groveland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John M. Nelson

6. DATE OF BIRTH (month, day, year) March 8, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Edward A. Albaugh

14. BIRTHPLACE (city or town) (State or country) Frederick, Md.

MOTHER

15. MAIDEN NAME Mary E. Mitchell

16. BIRTHPLACE (city or town) (State or country) Snow Hill, Md.

17. INFORMANT Mr Edward M. Albaugh
(Address) 4106 Groveland Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Woodlawn Park Date Jan 15, 1940

19. UNDERTAKER Wm J. Lichenstein
(Address)

20. JAN 15 1940 19. Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1940 to Jan 13, 1940

I last saw her alive on Jan 12, 1940 Death is said to have occurred on the date stated above, at 5:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza a	1-1-40
Bronchio Pneumonia	1-10-40
Other contributory causes of importance:	
Arterio Sclerosis	Indefinite
Senility	

Name of operation ... Date of ...

What test confirmed diagnosis? Phys Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. R. Edson M. D.

(Address) 4936 Park Heights Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

F 64959

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64959 Registered No. 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4402 Towanda Ave.
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4402 Towanda Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Edward Burns

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 217-01-0573

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Ida B. Burns

6 (c) If wife, give age 55 years

7. Birth date of deceased (mo., day, yr.) Feb. 24, 1883

8. AGE: Years 56 | Months 10 | Days 18 | If less than one day: hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Lawrence

11. Industry or business Gutentype Mfg Co.

FATHER 12. Name Nathan Burns.

13. Birthplace Md

MOTHER 14. Maiden Name Annie Sherriff

15. Birthplace Md

16 (a) Informant Mrs. Ida B. Burns

(b) Address 4402 Towanda Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15 1940 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem.

Location Baltimore Md.

18 (a) Funeral director Wm. Peckrup Sons

(b) Address North & Po ave

19 (a) Date received by local registrar JAN 15 1940 (b) Huntington, Williams, Hall

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 11 1940, at 2 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 11 1939 to Jan 11 1940 and that I last saw him alive on Jan 10 1940

Immediate cause of death: Coronary Thrombosis — Duration: Dec 11-39 to Jan 11 1940

Due to Coronary Sclerosis

Due to

Other Conditions Air Bronchitis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ns
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. O. Lloyd M.D.
Address 701 Cathedral Date signed 1/12/40

F 64960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 64960

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3131 Kenyon Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3131 Kenyon Ave. (If rural, give location)
(e) If foreign born, how long in U. S.? years

22

3 (a) FULL NAME Irving W. Merrill

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. 217-09-7946

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Marie Eirich Merrill
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 1, 1889

8. AGE: Years	Months	Days	If less than one day: hr.	min.
57 50	10	11		

9. Birthplace Plymouth — N.Y.
10. Usual Occupation Teacher
11. Industry or business Balto. City College

FATHER
12. Name Jesse W. Merrill
13. Birthplace N.Y.

MOTHER
14. Maiden Name Margaret Hepburn
15. Birthplace England

16 (a) Informant Mrs Mark E. Merrill
(b) Address 3131 Kenyon Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Baltimore Md

18 (a) Funeral director Wm. J. Tuckey & Sons
(b) Address Wash & Hoffman Sts.

JAN 15 1940 (Date rec'd by Registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1940 at 6 05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1939 to Jan 12 1940 and that I last saw h[illegible] alive on Jan 12 1940

Immediate cause of death: Cerebral Hemorrhage — Duration 3 hours
Due to: Malignant Hypertension — 1 yr
Due to: Cardio-vascular disease
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. M. S. Shilling M.D.
Address 2352 Eutaw Place Date signed 1/15/40

VS 3

F 64961

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-B F 64961 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22nd & Calvert Sts
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2302 South Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Virginia Anne Crowther
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	infant

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24, 1939

8. AGE: Years	Months	Days	If less than one day
	6	20	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Lester H Crowther
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Virginia Payne
15. Birthplace Virginia

16 (a) Informant Mr. Lester H. Crowther
(b) Address 2302 South Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director Wm. J. Dickey & Sons
(b) Address North & Penna Aves

19 (a) DEC 15 1940 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1940, at 5:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 13, AM 1940, to Jan 13, AM 1940, and that I last saw alive on Jan 13. 1940.

Immediate cause of death	Duration
(a) Not determined - (Upon autopsy)	
Due to Intussusception due to Papilloma of	
Due to unattained age	over
Other Conditions Alkalosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Intussusception of Ileum due to Papilloma

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William F. Pearce M. D.
Address Union Memorial Date signed 1/6/39

H. L. Wollenweber M.D. Assisted

F 54962 1940 11

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

55-a

Registered No. F 64962

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3079 Armah Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julia Hodshon

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-13-39

8. AGE: Years	Months	Days	If less than one day
	9	27	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Arthur Hodshon
13. Birthplace W. Va.

MOTHER
14. Maiden Name Ophelia Carnell
15. Birthplace W. Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-40 (month) (day) (year)
Cemetery or crematory St Marks Cath. Locust Grove
Location Howard Co. Md

18 (a) Funeral director Wm. J. Dickus & Sons
(b) Address North & Paca Sts.

19 (a) JAN 15 1940 (b) Huntington Williams M.D.
(Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1940 at 5:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 10 1940 to Jan 12 1940 and that I last saw her alive on Jan 12 1940.

Immediate cause of death	Duration
Hemoblastoma of adrenal - metastasis	2 hrs
Due to to Skull & Long Bones	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry P. Goldberg
Address John Hopkins Hosp Date signed 1-12-40 M.D.

F 64963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

146-B Registered No. F 64963

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Linden & Madison ave.

(c) Hospital or institution Mercy Mansfield General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give county)

(d) Street No. 307 E. Highfield Rd (If rural, give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. P. Fredrick Obrecht

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male.	White	Married

6 (b) Name of husband or wife Louisa Lang Obrecht

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 5 1860

8. AGE: Years	Months	Days	If less than one day
79	5	8	hrs. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Grain Jobber

11. Industry or business Self

FATHER — 12. Name	Jacob H. Obrecht.
FATHER — 13. Birthplace	Germany
MOTHER — 14. Maiden Name	Eleanor A. Muth
MOTHER — 15. Birthplace	Germany

16 (a) Informant Mrs Louisa L. Obrecht

(b) Address 307 E. Highfield Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 15-40 (Month) (Day) (Year)

(c) Cemetery or crematory Loudon Park Cem.

Location Baltimore

18 (a) Funeral director Wm. Tickner & Sons

North & Pa Ave

JAN 15 1940

19 (a) (Date rec'd by registrar) (b) Huntington, West Virginia

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 13 1940, at 3:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/30 1939 to 1-13 1940; and that I last saw him alive on 1-13 1940

Immediate cause of death	Duration
Cancerous of Stomach	
Due to	
Due to	
Other Conditions Secondary Anemia (Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L. C. Root M. D.

Address Mansfield Gen. Hosp. Date signed 1-13-40

64964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

F 64964

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Edgewood Ave.

(c) Hospital or institution Bellona Ave.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2720 St. Paul St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Llewellyn W. Walker

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Clara M. Walker

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Feb. 13, 1858

8. AGE: Years 81 | Months 11 | Days 0 | If less than one day hr. min.

9. Birthplace Bridgeville - Del. (town, county, and state)

10. Usual Occupation Silversmith

11. Industry or business Retired

FATHER

12. Name Jonas Walker

13. Birthplace Del.

MOTHER

14. Maiden Name Lucy Pinney

15. Birthplace Phila. - Pa.

16 (a) Informant Mrs Clara M. Walker

(b) Address 2720 St. Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 15 '40 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Balto Co. Md.

18 (a) Funeral director Wm. Nicholas Sons

(b) Address Smith & Calvert

19 (a) JAN 15 1940 (Date rec'd by registrar) Hampton Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 13, 1940, at 3 12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2, 1940 to Jan 13, 1940 and that I last saw h[illegible] alive on Jan 13, 1940.

Immediate cause of death Interstitial Nephritis

Due to Cerebral Sclerosis - (Diffuse)

Due to Arteriosclerosis -

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?

(e) Means of injury —

23. Signature Thos. M. Baumbaker M. D.

Address 2740 St. Paul St Date signed 1/15/40

F 64965

F 64965

BALTIMORE CITY HEALTH DEPARTMENT

LB 51159

CERTIFICATE OF DEATH

83-B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1705 Woodyear St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

154

3 (a) FULL NAME Jacob Davis

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-09-5839

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	divorced

6 (b) Name of husband or wife Cora
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
65 ?	?	?	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Driller
11. Industry or business Manley & Co.

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location West Port

18 (a) Funeral director V. A. Brooks
Address 1413 N. Carey St

19 (a) JAN 13 1940 (Date rec'd by registrar) (b) Huntington, West Virginia

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13 1940, at 11:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 20 1939 to Jan. 13 1940, and that I last saw h[illegible] alive on Jan. 13 1940.

Immediate cause of death	Duration (between onset and death)
Cerebral Hemorrhage	
Due to	
Due to	
Other Conditions Pneumonia bronchopneumonia	3 weeks.

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Goldberg M. D.
Address Baltimore City Hospitals Date signed 1/14/40

64966

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 64966

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The accuracy is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 127 McPhail St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 127 McPhail St. (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore Md (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Agnes M. Sellman

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Charles H. Sellman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5, 1877

8. AGE: Years	Months	Days	If less than one day
62	10	8	hr. min.

9. Birthplace Soldiers Delight, Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Richard R. Stallings
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Caroline Greisheimer
15. Birthplace Soldiers Delight, Md.

16 (a) Informant Charles M. Sellman, Jr.
(b) Address 2433 Christian St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 16, 1940 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Road

18 (a) Funeral director Howard J. Bligh, Jr.
(b) Address 4914 Belair Road

Filed 1-15-1940 (Date received by registrar) Huntingtown, Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/13 1940 at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/13 1940 to 1/13 1940 and that I last saw h[illegible] alive on 1/13 1940

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to Hypertension	
Due to Diabetes	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward A. Anderson, M. D.
Address 1145 N. Belt St. Date signed 1/16-1940

VS 1940 DKR H. L. Wollenweber, M.D. Asst. Medical Examiner

Dunn M Simmons

F 64967
LB 51649

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

91-a

F 64967
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1319 Presstman St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dunn Montague Simmons
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married (Sep.)

6 (b) Name of husband or wife Grace
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17, 1910

8. AGE: Years	Months	Days	If less than one day
29	7	25	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Ball Hop - Md. Country Club
11. Industry or business Unemployed 8-9 years

FATHER
12. Name Granville Simmons
13. Birthplace Va.

MOTHER
14. Maiden Name Josephine Watkins
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/40 (month) (day) (year)
(c) Cemetery or crematory Arbutus
Location

18 (a) Funeral director Thos. E. Kelson
(b) Address 1303 Presstman St Huntingtown Williams, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

DAN 1-15-40 AM

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12 1940, at 6:37 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 6 1940, to Jan. 12 1940, and that I last saw h alive on Jan. 12 1940.

Immediate cause of death	Duration between onset and death
Subacute Bacterial Endocarditis	
Due to	
Due to	
Other Conditions Terminal bronchopneumonia	3 days.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Endocarditis of mitral & aortic valves

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Waggaman M. D.
Address Balto City Hosp. Date signed 1-13-40

F 64968

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 64968 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5615 Tramore Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5615 Tramore Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Otilia A. Wenzel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Frederick W. Wenzel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 9-1860

8. AGE: Years 79 | Months 2 | Days 3 | If less than one day hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER 12. Name

13. Birthplace Unknown

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant F. A. Wenzel

(b) Address 5615 Tramore Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-40 (month) (day) (year)

(c) Cemetery or crematory Loudon Pk

Location

18 (a) Funeral director Leonard J. Rusk

(b) Address 5305 Harford Rd

19 (a) JAN 15 1940 (Date received by registrar) (b) Interring for Baltimore, Md.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12, 1940, at 7.15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 31 1939 to Jany 12 1940 and that I last saw h alive on Jany 12 1940

Immediate cause of death: Acute Cardiac Dilatation

Duration: Jany 12

Due to

Due to

Other Conditions: Chronic Myocarditis

Duration: Several years.

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work? ✓
(Specify type of place)
(e) Means of injury ✓

23. Signature Morris B. Green M. D.

Address 3009 Evergreen Ave Date signed 1/14/40

F 64969

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1/31-B

F 64969 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4401 Cooke Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4401 Cooke Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sadie L. Cloutier

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	W.	Widow

6 (b) Name of husband or wife George L. Cloutier
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4 1878

8. AGE: Years	Months	Days	If less than one day
61	7	8	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation at Home
11. Industry or business

FATHER
12. Name James Murphy
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Tarr
15. Birthplace Md.

16 (a) Informant William Cloutier
(b) Address 4401 Cooke Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Leonard J. Keech

18 (a) Funeral director
(b) Address 5305 Harford Rd.

19 (a) Date received by registrar (b) Registered No.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1940 at 3:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 21 1939 to Jan 12 1940, and that I last saw her alive on Jan 12 1940.

Immediate cause of death Hypostatic Pneumonia — Duration 4 days

Due to Cardiac Decompensation — 7 mos

Due to Myocarditis Chronic Diffuse Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos T B Lennane M. D.
Address 718 N. Patterson Park Ave Date signed

F 64970

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 64970 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1026 N. Carey St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1026 N Carey St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward P. Armstrong

3 (b) If veteran, name war: Worlds
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife: Sadie Armstrong
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Oct. 24th 1892

8. AGE: Years	Months	Days	If less than one day
47	10	17	hr. min.

9. Birthplace Harford Co. Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Lewis Armstrong
13. Birthplace Md.

MOTHER
14. Maiden Name Virginia Curtis
15. Birthplace Md

16 (a) Informant Sadie Armstrong
(b) Address 1026 N. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 15th 1940 (month) (day) (year)
(c) Cemetery or crematory National Cem.
Location Frederick Rd. Md.

18 (a) Funeral director Belsom Thomas & Wright
(b) Address 1218 N. Eutaw & Lemmon St

19 (a) (b) Huntington Williams Md.

JAN 15 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 1940 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15 1939 to Jan 11 1940 and that I last saw him alive on Jan 11 1940.

Immediate cause of death	Duration
(a) Apoplexy	
Due to (b) Hypertension	
Due to (c) Cerebral hemorrhage	one
Due to (d) Nephritis	
Other Conditions	

(Include pregnancy within 3 months of death.)
Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. D. Woodward M. D.
Address 703 N. Eutaw St Date signed 1-14-40

50750 - RB

BALTIMORE CITY HEALTH DEPARTMENT

F 64971 **CERTIFICATE OF DEATH** 92-C Registered No. F 64971

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month, 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 929 N. Eden St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Sunkett

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-09-6589

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Divorced

6 (b) Name of husband or wife Minnie (dead)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 30, 1890

8. AGE: Years	Months	Days	If less than one day
49	11	11	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Porter
11. Industry or business International Boilers & Cleaning. Co.

FATHER
12. Name Henry Sunkett (dead)
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Johnson
15. Birthplace Md.

16 (a) Informant Records
(b) Address B.C.H.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 15th 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cems.
Location Brooklyn Anne Arundel Co. Md.

18 (a) Funeral director Byron Benjamin H. Hayes
(b) Address 1218 McElderry St.

19 (a) Date received JAN 15 1940 (b) Registrar Huntington Hillquist

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 1940, at 3:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 5 1939, to Jan. 11 1940, and that I last saw him alive on Jan. 11 1940.

Immediate cause of death: Rheumatic Heart Disease — Duration between onset and death

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy mitral and aortic stenosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Balto. City Hosp. M. D.
Date signed 1-11-40

64972

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 64972

CERTIFICATE OF DEATH

✓108

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 N Fremont St. 17-3 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mary A. Thomas Gumby

If U. S. Veteran specify WAR _____

(a) Residence: No. 603 N. Fremont St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oscar Gumby

6. DATE OF BIRTH (month, day, year) 1/31/13

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
26	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Belleney Mass.

FATHER

13. NAME William Thomas

14. BIRTHPLACE (city or town) (State or country) Belleyn Mt.

MOTHER

15. MAIDEN NAME Rosie Mary

16. BIRTHPLACE (city or town) (State or country) Belleicer

17. INFORMANT Father (Address) 1210 N Chester

18. BURIAL, CREMATION, OR REMOVAL Place Bellevue Md Date Jan 16, 19 4

19. UNDERTAKER Mr Kates R Williams (Address) 327 N Schroeder St

JAN 15 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-12-, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1/10, 1940, to 1-12, 1940

I last saw h[illegible] alive on 1-12-, 1940 Death is said to have occurred on the date stated above, at 7:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine Fibromyoma	1/10
Acute Cardiac Dilatation	1/12
Other contributory causes of importance:	

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, state _____

(Signed) H. C. Jackson M. D.

(Address) 6900 N Calvert St.

V2 8

F 64973

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 64973

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or days~~) 10 min.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street 316 S. Calhoun st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Marion Shipley

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: —

6 (b) Name of husband or wife: Single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 25th 1939

8. AGE: Years | Months 6 | Days 18 | If less than one day: hr. min.

9. Birthplace: Balto Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name: Jack Shipley
13. Birthplace: Balto Md

MOTHER
14. Maiden Name: Grace Hebler
15. Birthplace: Balto Md

16 (a) Informant: Mary Hebler
(b) Address: 316 S. Calhoun st.

17 (a) (Burial, cremation, or removal) (b) Date thereof: 1st (month) 16th (day) 40 (year)
(c) Cemetery or crematory: Loudon Park
Location

18 (a) Funeral director: A. Jones
(b) Address: 411 S. Gilmor st

JAN 15 1940 (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 13 1940, at 12 40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 13 1940 to Jan 13 1940, and that I last saw him alive on Jan 13 1940.

Immediate cause of death: Lobar Pneumonia, right — Duration: 2 days

Due to

Due to

Other Conditions: Otitis Media
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: William J. McCafferty M. D.
Address: Bon Secours Hosp. Date signed: 1-19-40

64974

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-aF 64974 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 33days
(e) Length of stay in Baltimore (yrs., mos., or days): 33 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County: Kent
(c) City or town: Millington (If outside city or town limits, write RURAL and give town)
(d) Street No. 12-C (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: John Thomas Redmond

3 (b) If veteran, name war: WW
3 (c) Social Security Account No.: Unknown

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife:
6 (c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Oct. 15, 1888
8. AGE: Years: 51 Months: 2 Days: 29 If less than one day: hr. min.
9. Birthplace: ~~Baltimore~~ Delaware (Town, county, and state)
10. Usual Occupation: carpenter
11. Industry or business:

FATHER
12. Name: John Redmond
13. Birthplace: Delaware

MOTHER
14. Maiden Name: Sarah Robertson
15. Birthplace: Delaware

16 (a) Informant: Records-U. S. Marine Hospital,
(b) Address: Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 17, 1940 (month) (day) (year)
(c) Cemetery or crematory: Millington
Location: Millington Md.
18 (a) Funeral director: Wm. H. Hood
(b) Address: Church Hill Md.
19 (a) JAN 15 1940 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 14 1940, at 1:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 9, 1939 to Jan. 14, 1940, and that I last saw him alive on Jan. 14, 1940.

Immediate cause of death	Duration
Hemiplegia, right	2 months
Due to: Cerebral hemorrhage	2 months
Due to: Cardiorenal vascular disease	Unknown
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings: Of operations: Hemorrhoidectomy
Of autopsy: No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: [signature] M.D.
Address: U. S. Marine Hospital, Baltimore, Md. Date signed: 1-15-40

VS 3

64975

CCH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (51-1)

47-50 64975 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 205 N. Eden St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Hickman

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-07-4921

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-9-06

8. AGE: Years	Months	Days	If less than one day
33	4	3	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Truck Driver

11. Industry or business

FATHER 12. Name Eddie

13. Birthplace Md.

MOTHER 14. Maiden Name Lula Hogan

15. Birthplace N.C.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-40 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Balto Co Md

18 (a) Funeral director J. L. P. Leuffer

(b) Address 5719 Harford St Huntington Station, Md.

19 (a) JAN 15 1940 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1940, at 6.30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-2 1939 to 1-12 1940, and that I last saw h/was alive on 1-12 1940

Immediate cause of death	Duration
Carcinoma Penis with metastasis	over 5 months
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. K. Woodward Jr. M. D.

Address Balto. City Hosp. Date signed 1-17-40

VS 2

F 64976

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. F 64976

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert Street
(c) Hospital or institution: Mercy Hospital, Balto.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2864 Harlem Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herman H. Klender

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary Klender
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 13 1871

8. AGE: Years	Months	Days	If less than one day
68	10	0	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Balto. Transit Co.

FATHER
12. Name William Klender
13. Birthplace Germany

MOTHER
14. Maiden Name ? ✓
15. Birthplace ✓

16 (a) Informant Mrs. Mary Klender
(b) Address 2864 Harlem Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto. Co.

18 (a) Funeral director Hess, Walter & Son
(b) Address 2503 Edmondson Ave.

19 JAN 15 1940 (Date rec'd by registrar) Huntington for Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/13 1940, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/30 1939 to 1/13 1940 and that I last saw him alive on 1/12 1940

Immediate cause of death	Duration
(a) Pneumonia	7 days
Bronchial Coronary Thrombosis	
Bronchial Cerebral Thrombosis	
Due to (b) Arteriosclerotic Cardiovascular disease	7 years
Due to (c) Diabetes	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Bock Mug Hospital M. D.
Address Date signed 1/13/40

F 64977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1502 Battery ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1502 Battery ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John E. Frey

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Charlotte E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 16, 1850

8. AGE: Years	Months	Days	If less than one day
89		27	hr. min.

9. Birthplace Glen Rock, Pa. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Dont Know
13. Birthplace Germany

MOTHER
14. Maiden Name Dont Know
15. Birthplace Germany

16 (a) Informant Mrs. Charlotte E. Frey
(b) Address 3702 North St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 16/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Frederick Rd.

18 (a) Funeral director Margaret G. Lyons
(b) Address 1423 Light St.

19 Jan 13 1940 (Date filed by registrar) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13, 1940, at 5 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5, 1940 to Jan 13 1940 and that I last saw him alive on Jan 13, 1940.

Immediate cause of death Bronco pneumonia — Duration 2
Contributory or predisposing — general
Arteriosclerosis
Due to
Due to
Other Conditions Hypertensive cardiovascular disease — 2
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Tony Leitch
Address 1226 Hanover St. Date signed 1/15/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 64978

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-MF 64978 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3906 Greenmount Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 60?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3906 Greenmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 60? years

3 (a) FULL NAME John T. Fahey

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Katharine Carroll
6 (c) If alive, give age 88 years

7. Birth date of deceased (mo., day, yr.) Apr 10 1852

8. AGE: Years	Months	Days	If less than one day
87	9	24	— hr. — min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Retired Broker
11. Industry or business Grain & Coal

FATHER
12. Name James Fahey
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace Ireland

16 (a) Informant Mrs. Harry A. Murphy
(b) Address 410 Bretton Place Guilford

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto, Md.

18 (a) Funeral director Henry W. Jenkins Sons Co.
(b) Address McCulloh & Orchard Sts

19 (a) JAN 15 1940 (Registrar) (b) Hattie L. Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 14, 1940, at 9.20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 13, 1940 to Jan. 14 1940. and that I last saw him alive on Jan. 14, 1940.

Immediate cause of death Coronary Thrombosis — Duration 1/2 hr.
Due to Generalized Arteriosclerosis with
Due to Hypertension —
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lloyd E. Saylor M. D.
Address 3902 Greenmount Ave Date signed Jan. 15 '40

64979

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

Registered No. E 64979

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 642 Hanover St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WINSTOIN CHAPMAN (CHOPPIN)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16 - 1921

8. AGE: Years	Months	Days	If less than one day
18	6	27	hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name Daniel Choppin
13. Birthplace Trinidad. B.W.I.

MOTHER
14. Maiden Name Lettie Diggs
15. Birthplace Md

16 (a) Informant Daniel Choppin
(b) Address 642 Hanover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location A-A-Co md

18 (a) Funeral director James a dayes
(b) Address 142 w steel St

19 (a) JAN 15 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18 1940, at 11 50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to h[illegible] death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Stab wound of chest. — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence January 13, 1940
(c) Where did injury occur? Tavern at 211 E Monument St Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public place While at work?
(Specify type of place)
(e) Means of injury knife - stabbing

23. Signature H. Williams Overmeier M.D.
Medical Examiner.
Date signed Jan 14, 1940

64980

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 64980

CERTIFICATE OF DEATH

1938

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 W. Lee St. St. 22 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred unascertain yrs. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Daniel Foster

If U. S. Veteran specify WAR

(a) Residence: No. 504 W. Lee St. St., Ward,

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elya Foster

6. DATE OF BIRTH (month, day, year) January 20 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cambridge (State or country) Maryland

FATHER

13. NAME William Foster

14. BIRTHPLACE (city or town) Cambridge (State or country) Maryland

MOTHER

15. MAIDEN NAME Lizzie Mason

16. BIRTHPLACE (city or town) Cambridge (State or country) Maryland

17. INFORMANT Daniel Foster 3rd

(Address) 504 W Lee st

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date Jan 16 1940

19. UNDERTAKER Joseph A Sisley

(Address) 40 & N Gilmor st

20. FILED JAN 15 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1940 to Jan 12 1940

that saw him alive on Jan 11 1940 Death is said to have occurred on the date stated above, at 4 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	about 6 months previous
Other contributory causes of importance: age of patient	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? None If so, specify

(Signed) John W. Garner M. D.

(Address) 615 S. Gaza St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 2

64981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64981

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1317 N. Caroline St
(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) City Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1317 N. Caroline St
(If rural give location)
If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mary L. Brown (Mazie L. Brown)

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 12 - 1873

8. AGE: Years 66 | Months 2 | Days 2 | If less than one day: hr. — min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business —

FATHER — 12. Name Joseph Brown
13. Birthplace Maryland

MOTHER — 14. Maiden Name Caroline Veal
15. Birthplace Maryland

16 (a) Informant Mrs Jennie Lewis
(b) Address 1716 N. Milton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 - 17 - 40 (month) (day) (year)
(c) Cemetery or crematory St Vincents
Location Mt Olivet Park

18 (a) Funeral director Chas. F. Evans & Son
(b) 1800 Pennsylvania Avenue

19 (a) JAN 15 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1940 at H M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/14 1940 to 1/14 1940 and that I last saw him alive 1/14 1940.

Immediate cause of death Coronary Thrombosis — Duration

Due to Cardio Vascular Disease

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature H. L. Litterer M. D.
Address 1304 E. Cold Date signed 1/15/40

N. F. Wallenwein M.D. Asst Medical Examiner

VS 3

F 64982

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64982 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2018 Barclay St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME ELIZABETH CLEMENTONE

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-16-0684

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 18 1922

8. AGE: Years 17 | Months 9 | Days 26 | If less than one day 25 hr. min.

9. Birthplace Conn. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Nicola Clementoni
13. Birthplace Italy

MOTHER
14. Maiden Name Angiolina D'Eusebio
15. Birthplace Italy

16 (a) Informant Angelo Clementoni (Uncle)
(b) Address 104 N. Clinton St.

17 (a) Holy Redeemer Ce. (Burial, cremation, or removal) (b) Date thereof Jan. 16-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Ce.
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St. Williams, M.D.

19 JAN 15 1940 (Date rec'd by registrar) (b) Huntington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13 1940, at 8:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death: Subacute bacterial endocarditis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed Jan 14, 1940

VS 6

F 64983 — 1800 N. Chas. St — F 64983

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-W Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Oaklyn Apts
(b) Street address 3319 Liberty Hghts Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3319 Liberty Hghts Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Earl Rapp

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Josephine Rapp
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 7th 1892

8. AGE: Years	Months	Days	If less than one day
47	10	8	hr. min.

9. Birthplace Reading Pa (Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business Industrial

FATHER
12. Name John A. Rapp
13. Birthplace Reading Pa

MOTHER
14. Maiden Name Sarah C. Ramsey
15. Birthplace Reading Pa

16 (a) Informant Josephine Rapp
(b) Address 3319 Liberty Hghts Ave

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/15/40 (month) (day) (year)
(c) Cemetery or crematory
Location Reading Pa
Funeral director William Cook
Address 6217 St. Paul St

19 (a) JAN 15 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15th 1940, at 12:20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Coronary Thrombosis — Duration 2 days

Due to Arteriosclerosis

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. W. Jacobson M. D.
Address 1500 N. Charles St Date signed 1-15-40

F 64984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 122-P

Registered No. F 64984

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Towson (If outside city or town limits, write RURAL and give town)
(d) Street No. 113 Eighth Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Weathers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fe	White	Married

6 (b) Name of husband or wife Wilmer B.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 21, 1901

8. AGE: Years	Months	Days	If less than one day
38	4	24	hr. min.

9. Birthplace Indiana (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business own home

FATHER
12. Name Jacob Howard
13. Birthplace Indiana

MOTHER
14. Maiden Name Lydia Woods
15. Birthplace Indiana

16 (a) Informant Wilmer B. Weathers
(b) Address 113 Eighth Road Towson

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Jany 15 1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Balto Md

18 (a) Funeral director John Oursler Sons
(b) Address 400 Eutaw Place

19 (a) JAN 15 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-14-40 19 , at 2:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-2-40 19 40 to 1-14-40 19 ; and that I last saw h alive on 1-14-40 19 .

Immediate cause of death: Bronchopneumonia — Duration 3 days

Due to Paralytic ileus — 1-4-40

Due to Abdominal distension

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Gastric st. emptying
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Huntington Williams M. D.
Address Md Gen Hosp Date signed 1-14-40

VS 3

F 64985

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 64985

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3127 N. Calvert St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry K. Rosenberger

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-0835

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Julia
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 9, 1888

8. AGE: Years	Months	Days	If less than one day
51	4	5	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name James A. Rosenberger
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Ella Armbrust
15. Birthplace Baltimore, Md

16 (a) Informant Julia Bond Rosenberger
(b) Address 3127 N. Calvert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Place

19 JAN 15 1940 (Date received by registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-14-40 19 at 11:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-18 1939 to 1-14 1940 and that I last saw him alive on 1-14-40

Immediate cause of death: Carcinoma of lung

Due to: Cardiac collapse

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy Ca of lung.

Duration
?
1-13-40

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Magruder

Address Md Gen Hosp Date signed 1-14-40 M. D.

F 64986

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 64986 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2320 E. Fairmont Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto Co.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2320 E Fairmont Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John J. V. Mudd.
3 (b) If veteran, name war —
3 (c) Social Security Account No. 215-05-1890

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 29, 1874

8. AGE: Years	Months	Days	If less than one day
65	11	13 14	hr. min.

9. Birthplace Baltimore MD (Town, county, and state)
10. Usual Occupation Saver for Bot Factory
11. Industry or business

FATHER 12. Name John J. Mudd
13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Margaret McNally
15. Birthplace Va.

16 (a) Informant Mrs Margaret V. Callender
(b) Address 2320 E. Fairmont ave

17 (a) (Burial, cremation, or removal) Burial (b) Date thereof 1/16/40 (month) (day) (year)
(c) Cemetery or crematory Mt Cathedral
Location —

18 (a) Funeral director J. J. Moran
(b) Address 1312 Bank St. Baltimore, Md.

JAN 15 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13, 1940, at 10:30 A.M. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 29, 1939, to Jan. 13, 1940, and that I last saw him alive on Jan. 13 1940

Immediate cause of death	Duration
Acute Congestive Failure	1 hour
Cerebral Hemorrhage	3 days
Due to Arteriosclerosis	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philbert Antignani M. D.
Address 2942 E. Fayette St. Date signed 1/15/40

VS 3

25437 - RB

F 64987

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-1 Registered No. F 64987

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs., 5 mo., 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1207 Edmondson Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minnie Carroll

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Black

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife James

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14, 1868

8. AGE: Years 71 | Months 8 | Days 29 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name John Camper
13. Birthplace Md.

MOTHER 14. Maiden Name Annie Davis
15. Birthplace Md.

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan 17 1940 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 327 N Schroeder St

19 JAN 5 1940 (Date rec'd by registrar) (b) Huntington or Williams Mgr

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13 1940, at 11:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 30 1937 to Jan. 13 1940, and that I last saw h[illegible] alive on Jan. 13 1940.

Immediate cause of death Arteriosclerotic Heart disease — Duration (mo., day, or hr.)

Due to

Due to

Other Conditions Generalized arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy enlarged heart, pulmonary edema

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Baltimore City Hospitals Date signed 1/14/40

F 64988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107 F 64988

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 629 Cumberland St. 15th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma A. Dobson

If U. S. Veteran specify WAR

(a) Residence: No. 629 Cumberland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 7, 1877.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62.	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hanover Co. Va.

FATHER

13. NAME Louis Dobson

14. BIRTHPLACE (city or town) (State or country) Hanover Co. Va.

MOTHER

15. MAIDEN NAME Lucinda James.

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Sophia Brown
(Address) 629 Cumberland St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem. Date 1/15 1940

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder st.

20. FILED JAN 15 1940 19... Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/11, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1/1, 1940 to 1/11, 1940.

I last saw h[illegible] alive on 1/11, 1940. Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia.	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) B. M. R. Little, M. D.

(Address) 2134 Druid Hill Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3 73 F 64989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-a

F 64989 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BE SURE YOUR NAME IS SIGNED ON REVERSE FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6741 Roberts St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Andrew Wysocki

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-30-92

8. AGE: Years: 47 | Months: 1 | Days: 12 | If less than one day: hr. min.

9. Birthplace: Poland (Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: Steve Wysocki
13. Birthplace: Poland

MOTHER
14. Maiden Name: Agnes Milestki
15. Birthplace: Poland

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/40 (month) (day) (year)
(c) Cemetery or crematory: Sacred Heart of Mary
Location: Balto County, Gorman Mill Rd

18 (a) Funeral director: John M. Weber
(b) Address: 401 S. Chester Street

19 (a) JAN 15 1940 (Date received by registrar)
(b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 12 1940, at 4:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 27 1939 to Jan 12 1940, and that I last saw him alive on Jan 12 1940.

Immediate cause of death: Carcinoma of The Oesophagus. Tracheo-oesophageal fistula — Duration: 1 yr ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Gastrostomy was done; no unusual findings
Of autopsy: ——

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Robert C. Abrams M. D.
Address: Johns Hopkins Hospital Date signed: Jan 12, 1940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 64990 — 97 — Registered No. F 64990

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1843 W. North ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 52

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1843 W. North ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 52 years

3 (a) FULL NAME LEAH. SONNER

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Morris Sonner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years	Months	Days	If less than one day
75 74	—	—	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Zelig Wolf.
13. Birthplace Poland

MOTHER
14. Maiden Name Rachel
15. Birthplace Poland

16 (a) Informant Mr Morris Sonner
(b) Address 1843 W. North ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16, 1940 (month) (day) (year)
(c) Cemetery or crematory Balto Hebrew Cemetery
Location Blair Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 124-26 W. North ave

19 JAN 15 1940 (Registrar) (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14 1940 at 1015 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1939 to Jan. 14 1940, and that I last saw her alive on Jan. 13 1940.

Immediate cause of death
Chronic arterio-sclerosis — Duration Chronic
Due to Terminal bronchio-pneumonia — 2 days
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature M. H. Clemens M. D.
Address 2310 Eutaw Pl. Date signed 1/15/40

64991

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193

Registered No. F 64991

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 615 S. Elwood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 615 S. Elwood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Joseph Reynolds

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-0910

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Anna Hill Reynolds

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10 - 1874

8. AGE: Years	Months	Days	If less than one day
65	8	2	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Blacksmith

11. Industry or business Eastern Rolling Mills

FATHER
12. Name Michael Reynolds
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Flanigan
15. Birthplace Ireland

16 (a) Informant Mary A. Reynolds
(b) Address 615 S. Elwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 17-40 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Gorsuch Hill Rd.

18 (a) Funeral director John G. Connelly
(b) Address Govans Md.

19 (a) JAN 15 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 12 1940, at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5 1940, to Jan. 12 1940 and that I last saw him alive on Jan 12 1940.

Immediate cause of death Acute myocarditis — Duration 3 wks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. Joseph Tinley M. D.
Address 4441 S. Elwood Ave. Signed 1/13/40

No 1870

F 64992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-D

Registered No. F 64992

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 920 Little Penn St
(c) Hospital or institution:
D. of A. Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 920 Little Penn St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arline Ward

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
20			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location JOHNS HOPKINS MEDICAL SCHOOL JAN 15 1940 Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address Huntington Williams, M.D.

19 (a) JAN 15 1940 (Date rec'd by registrar) (b) 5327 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6 1940; at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Pulmonary tuberculosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Underhill M.D.
Medical Examiner.
Date signed 1/7/40

VS 6

F 64993

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 64993

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 128 Winter St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME NEHEMIAH W. BROWN

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
44			hr min

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 15 1940
Commissioner

18 (a) Funeral director Per H. A. Moore
(b) Address Huntington Williams, M.D.

19 JAN 15 1940 (Date rec'd by registrar) (b) 5328 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 1940, at 8 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hypertensive heart disease	—
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ted Allen Medical Examiner. M.D.
Date signed Jan 7, 1940

THE MORGUE MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

64994

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

123 Registered No. 64994

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3mo. 16da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1716 Homestead St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles J. Marburg

3 (b) If veteran, name war WW

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 6, 1886

8. AGE: Years 53 | Months 4 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Elevator operator

11. Industry or business

FATHER
12. Name Pete Marburg
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Jennie Imhoff
15. Birthplace Baltimore, Md.

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/40 (month) (day) (year)

(c) Cemetery or crematory New National
Location

18 (a) Funeral director Leonard Buck
(b) Address 3305 Hanfield Rd

19 JAN 15 1940 (Date received by Registrar) (b) Huntington Williams, M.D. (Signature of Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14, 1940, at 7:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 28, 1939, to Jan. 14, 1940, and that I last saw him alive on Jan. 14, 1940.

Immediate cause of death: Duodenal fistula, post operative and peritoneal abscess — Duration: 4 wks.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operation Laparotomy and appendectomy
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. B. H. Anderson M. D.
Address U. S. Marine Hospital Date signed 1-15-40
Baltimore, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B74016
B 64995

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 157-E

Registered No. C 3990
F 64995

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1512 Mulliken St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marshall Boone

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-24-39

8. AGE: Years	Months	Days	If less than one day
	7	19	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Boone
13. Birthplace NC

MOTHER
14. Maiden Name Gladys Adams
15. Birthplace Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Cedar Hill - Md

18 (a) Funeral director Elroy Wilson
(b) Address 4000 Brantley ave, Huntington Williamsport, Md

19 (a) JAN 15 1940 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1940 at 8 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1940 to Jan 13 1940. and that I last saw him alive on Jan 13 1940.

Immediate cause of death	Duration
Congenital Heart Disease	
Myocardial Failure	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Congenital Heart.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles H Clarson M. D.
Address 1934 MC Elderry Date signed 1-15-40

VS 8

64996

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. 64996

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 219 S. Fulton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 219 S. Fulton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James E. Kelly

3 (b) If veteran, name war: Spanish American

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Adelaide Kelly

6 (c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.) Dec. 27, 1870

8. AGE: Years 69 | Months | Days 17 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business

FATHER
12. Name Thomas E. Kelly
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Bridget A. Kelly
15. Birthplace Ireland

16 (a) Informant Mrs. Adelaide Kelly
(b) Address 219 S. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 17, 1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md.

18 (a) Funeral director Martin Dalrymple
(b) Address 1827 W. Baltimore St. Washington, D. C.

19 (a) JAN 15 1940 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1940 at 5.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to Jan 14 1940, and that I last saw him alive on Jan 13 1940.

Immediate cause of death: Arteriosclerotic Cardio-Vascular Disease — Duration: 2

Due to

Due to

Other Conditions Parkinson's Disease

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Seagrott M. D.
Address 1724 W. Lombard St. Date signed 1/15/40

V8 2

F 64997

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 Registered No. F 64997

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 122 So. Arlington Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 122 So. Arlington Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME John Beyer

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: no

4. Sex: M. | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary Ann

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865 March 19

8. AGE: Years 74 | Months 10 | Days 23 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Md. Envelope Co

FATHER
12. Name George Beyer
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Burkhardt
15. Birthplace Germany

16 (a) Informant John C. Beyer (Brother)
(b) Address 1874 N. Wilkens st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 16, 1940 (month) (day) (year)
(c) Cemetery or crematory St. Johns
Location Long Green, Md.

18 (a) Funeral director Frederick A. Cole
(b) Address 2040 W. Lombard St.

19 JAN 15 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

6 50

20. DATE OF DEATH January 12 1940 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. Fendelich M.D.
Medical Examiner.

Date signed 1/15/40

F 64998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V83-4 Registered No. F 64998

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2805 Elsinore Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2805 Elsinore (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Hoffman

3 (b) If veteran, name war —
3 (c) Social Security Account No. 60BE

4. Sex Male | 5. Color or race Wht | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Agnes Hoffman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16. 1875

8. AGE: Years 64 | Months 8 | Days 0 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Engineer, self
11. Industry or business

FATHER
12. Name George H Hoffman
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Charlotte Ford
15. Birthplace Ashmore, Ireland

16 (a) Informant Mrs Agnes E Hoffman
(b) Address 2805 Elsinore Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Location Baltimore Md

18 (a) Funeral director [illegible]
(b) Address 1214 E Baltimore

19 (a) (Date rec'd by registrar) JAN 16 1940 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-15 1940. at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 23 1939. to Jan 15 1940.
and that I last saw him alive on Jan 14 1940.

Immediate cause of death Cerebral Arterio Sclerosis, with Myocardial Degeneration. Senile Dementia. Cerebral Hemorrhage, Cardiac and Due to Respiratory Failure
For 3 days 14 hours

Duration
15 yrs
2 yrs
5 days

Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stanley Cole
Address 2202 Garrison Date signed 1/15/40

F 64999

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-04 Registered No. F 64999

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4646 Pimlico Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) All

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4646 Pimlico Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Lewis Bookhultz

3 (b) If veteran, name war No

3 (c) Social Security Account No. 218-09-3506

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Elsie D. Bookhultz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27th 1885

8. AGE: Years	Months	Days	If less than one day
54	4	16	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Bethlehem Steel Works

FATHER
12. Name Joseph Bookhultz
13. Birthplace Balto Md

MOTHER
14. Maiden Name Mary Bitzel
15. Birthplace Balto. Md.

16 (a) Informant Lewis W. Bookhultz
(b) Address Lombardy Beach Pasadena Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Lorraine
Location Balto Co Md

18 (a) Funeral director Wm Cook
(b) Address 127 St. Paul St

19 (a) JAN 18 1940 (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13th 1940, at 8:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1939 to Jan 13 1940 and that I last saw him alive on Jan 12 1940.

Immediate cause of death (a) Apoplexy — Duration 6 hrs
Due to (b) Hypertension — Duration 10 yrs
Due to (c) Arteriosclerosis — Duration 5 yrs
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Van Ness Williams M.D.
Address 6 Park Ave Date signed Jan 15 1940

Funeral Director for Williams, M.D.

F 65000

21721 84 F 65000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PENALTY ATTACHED FOR WILFUL FALSE REPORTING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3218 Piedmont Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Wright

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. None

4. Sex: F

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/23/1849

8. AGE: Years 90 | Months 10 | Days 21 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER

12. Name Joshua Wright

13. Birthplace Maryland

MOTHER

14. Maiden Name Amanda Shipley

15. Birthplace Maryland

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/40 (month) (day) (year)

(c) Cemetery or crematory Mt Kendrick Church

Location Howard Co. Md

18 (a) Funeral director William Cook

(b) Address 1217 E. Pratt St

19 (a) (Date rec'd by local reg.) (b) Registrar

JAN 16 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14 1940, at 1.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 9 1937 to Jan. 14 1940, and that I last saw h Le alive on Jan. 14 1940.

	Duration
Immediate cause of death: Hypertensive Cardiovascular Disease	
Due to	
Due to	
Other Conditions: Terminal bronchopneumonia	Duration 4 days.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy not done.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [signature] M. D.

Address Balto City Hosp. Date signed 1-15-40

9667 - RB

F 65001

F 65001

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

114-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2659 Edmondson Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 20 years

3 (a) FULL NAME Edward Walsh

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	None	Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 5, 1864

8. AGE: Years	Months	Days	If less than one day
75	2	9	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Unknown

FATHER
12. Name Edward Walsh
13. Birthplace Baltimore

MOTHER
14. Maiden Name Hannah ? Kravitz
15. Birthplace Baltimore

16 (a) Informant Records
(b) Address B.C.H.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Md.

18 (a) Funeral director Wm Cook
(b) Address 1217 St Paul St

19 (a) (Date rec'd by registrar) (b) Registrar

JAN 16 1940

correct age is especially important. Pay

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14 1940, at 1:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 12 1932, to Jan 14 1940, and that I last saw h alive on Jan 14 1940.

Immediate cause of death: Lung abscess — Duration between onset and death: unknown

Due to

Due to

Other Conditions generalized arteriosclerosis — unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy lung abscesses, arteriosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Baltimore City Hospitals Date signed Jan 16 1940 M. D.

F 65002

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 65002
Registered No.

LB 51751

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 546 S. Paca St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Heinz

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-9097

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 22, 1878

8. AGE: Years	Months	Days	If less than one day
61	2	21	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business United Fruit Co.

FATHER
12. Name John Heinz (d)
13. Birthplace Md.

MOTHER
14. Maiden Name Minnie Detz (d)
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-40 (month) (day) (year)
(c) Cemetery or crematory Westview Cem. Co.
Location Edmondson Ave.

18 (a) Funeral director Joseph Feinstein Inc.
(b) Address 607 Fulton, Balto.

JAN 16 1940 (Date rec'd by registrar)

(a) (b) Hunter & Williams Mtf.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13 1940, at 1:32 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 9 1940, to Jan. 13 1940, and that I last saw him alive on Jan. 13 1940.

Immediate cause of death Bronchopneumonia — Duration 2 weeks

Due to Hemolytic streptococcus meningitis — 1 week

Due to Hemolytic streptococcus.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Pneumonia and hemolytic

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. Speaker M. D.
Address Baltimore City Hospitals Date signed 1/14/40

Correct age is especially important. Physicians: please write the exact age in years, months, days, hours, or minutes.

F 65003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 65003 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1201 Washington Blvd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Sylvester H. Kneller

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-8594

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Minnie M. Kneller

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 31 1880

8. AGE: Years 59 | Months | Days 13 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Ston Reaper Confectionery

11. Industry or business

FATHER
12. Name Daniel Kneller
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Frenkel
15. Birthplace Maryland

16 (a) Informant Mrs. Minnie M. Kneller
(b) Address 1201 Washington Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16 1940 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Ave

18 (a) Funeral director William M Marech
(b) Address 715 Light St

19 (a) JAN 16 1940 (b) [illegible]
(Date received by Registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13 1940 at 4:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-10 1940 to 1-13 1940 and that I last saw him alive on 1-13 1940.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to Hypertension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. C. Rost M. D.
Address Maryland Gen. Hosp. Date signed 1-13-40

Please write the causes of death clearly, correct age is especially important. Physicians:

F 65004

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133-a

F 65004 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 16 W Hamburg St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Joseph Donnelly

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-16-8922

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Sarah E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 8 1871

8. AGE: Years	Months	Days	If less than one day
68	10	5	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Labor
11. Industry or business

FATHER
12. Name Charles Donnelly
13. Birthplace Ft Washington Md

MOTHER
14. Maiden Name Agnes
15. Birthplace Md

16 (a) Informant Mrs Sarah E Donnelly
(b) Address 16 W Hamburg st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18 1940 (month) (day) (year)
(c) Cemetery or crematory St Mary
Location Govans

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

JAN 16 1940 (Date received by registrar) William M. Mareck Registrar

VS 2.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13 1940 at 9 45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-12 1940 to 1-13 1940 and that I last saw him alive on 1-13 1940.

Immediate cause of death: Pulmonary Thrombosis
Pyelonephrosis, bilateral — Duration: unknown
Due to C
Due to
Other Conditions Pulmonary thrombosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Pulmonary thrombosis
Of autopsy: Pyelonephrosis, Recto-vesical fistula

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes (violence) state the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Jerome P. Urlock Jr. M.D.
Address 1414 Bank Bldg

correct age is especially important. Physicians: please write the causes of death plainly.

F 65005
LB

F 65005

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4240 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 939 N. Chester St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John F. Stoler - Jack Coles
3 (b) If veteran, name war
3 (c) Social Security Account No. 217-03-7856

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Alice R.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1 - 1900

8. AGE: Years	Months	Days	If less than one day
39. 3?	3?	18 13	hr. min.

9. Birthplace [illegible] Missouri
(Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business Brooks Trans. Co.

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 18 40 (month) (day) (year)
(c) Cemetery or crematory St. Matthews
Location Baltimore

18 (a) Funeral director Philip Herwig Lowe
(b) Address 2016 Orleans st

19 (a) (Date rec'd by registrar) (b) [illegible]

JAN 18 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14 1940, at 9:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 14 1940 to Jan. 14 1940, and that I last saw h[illegible] alive on Jan. 14 1940.

Immediate cause of death Coronary Thrombosis — Duration 4 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] City Hosp. Date signed

Physicians: please write the causes of death clearly. Be sure that the correct age is especially important.

F 65006 ✓ 51652 F 65006

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2434 Druid Hill Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-3659

4. Sex: M

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 3, 1894

8. AGE: Years 45 | Months 0 | Days 11 | If less than one day hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Porter

11. Industry or business: Unemployed

FATHER
12. Name: Charles Wilson (d)
13. Birthplace: Md.

MOTHER
14. Maiden Name: Alice Boone (d)
15. Birthplace: Maryland

16 (a) Informant: Records
(b) Address: Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-16-40 (month) (day) (year)
(c) Cemetery or crematory: Carlton Memorial Pk.
Location: Balto. Md.

18 (a) Funeral director: Archibald A. Gladden
(b) Address: 2101 McCulloh St.

19 (a) (Date received by Registrar) (b) Registrar

JAN 16 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14 1940, at 9:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 6 1940, to Jan 14 1940, and that I last saw him alive on Jan 14 1940.

Immediate cause of death: Uraemia — Duration 4 days

Due to: Antarioles nephrosclerosis — Duration unknown

Due to: — Duration

Other Conditions: — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: enlarged heart, scarred kidneys

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: A. L. Greaton M. D.
Address: Baltimore City Hospitals Date signed 1/14/40.

correct age is especially important. Physicians: please write the cause of death plainly.

65007

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 F 65007 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution: St. Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Ellicott City (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank C. Higinbotham, Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 27, 1861

8. AGE: Years 78 Months 3 Days 19 If less than one day hr. min.

9. Birthplace Balto Md. (town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name John C Higinbotham
13. Birthplace Md

MOTHER
14. Maiden Name Frances Claggett
15. Birthplace Md.

16 (a) Informant Mrs A H Roache
(b) Address Ellicott City Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 18 1940 (month) (day) (year)
(c) Cemetery or crematory St Johns
Location Ellicott City Md

18 (a) Funeral director F C Higinbotham
(b) Address Ellicott City Md

(a) Received by Registrar JAN 16 1940 (b) Registered by Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-16- 1940, at 6:10 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-9 1940 to 1-10 1940 and that I last saw him alive on 1-16 1940

Immediate cause of death: Lobar Pneumonia — Duration: 7 days

Due to

Due to

Other Conditions Arteriosclerotic heart disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles V. Lemmon M. D.
Address St Agnes Hosp Date signed 1-16-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

65008

LB 51006

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B

F 65008

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mth.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 205 N. Wolfe St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Bory

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	widowed

6 (b) Name of husband or wife Johanna Bory (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/6/1863

8. AGE: Years	Months	Days	If less than one day
76	4	8	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business unemployed

FATHER
12. Name Ferdinand Bory (d)
13. Birthplace Germany

MOTHER
14. Maiden Name Dorothy Bauer (d)
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof Jan 18 40 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director Jos J Sterrtown
(b) Address 2001 Huntsdy ave

19 (a) (Date rec'd by registrar) (b) [illegible]

JAN 20 1940

VS-3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-14- 1940, at 7:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-14- 1939 to 1-14- 1940, and that I last saw h[illegible] alive on 1-14- 1940.

Immediate cause of death Cerebral thrombosis
Bronchopneumonia - terminal
Secondary paralysis arm
Due to Gen. & cerebral arteriosclerosis

Interval between onset and death
5 days
3 days
?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J Mervyn Goldstein M. D.
Address Balto City Hosp. Date signed 1-15-40

correct age is especially important. Physicians: please write plainly

F 65009

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 65009

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 632 Savage St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME DAVID G: EDER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Kate Eder

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
about 70			hr. min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Edward J Eder
(b) Address 632 S Savage St

17 (a) Burial (b) Date thereof Jan 17-40
(Burial, cremation, or removal) (Month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Balto

18 (a) Funeral director Jos J Henrtson
(b) Address 3001 Kentucky ave

19 (a) (b)
(Date rec'd by Reg'r of Vr)

JAN 15 1940
VS

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14 1940, at 5 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Arteriosclerotic heart disease — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. H. Wollenweber M.D.
Medical Examiner.
Date signed Jan 14, 1940

correct age is especially important. Physicians: please write the cause of death

65010

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 186-a E 65010

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2795½ Alameda Blvd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME WALTER HACKER

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Carrie Hacker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 29/69.

8. AGE: Years 70 | Months 2 | Days 14 | If less than one day: hr. min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation Engraver

11. Industry or business

FATHER
12. Name Carl Hacker
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace Germany

16 (a) Informant Carrie Hacker
(b) Address 3341 Coltsmont

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16-40 (month) (day) (year)
(c) Cemetery or crematory Bonds Londonderry Location Md

18 (a) Funeral director Jos. J. Steger & Son
(b) Address 3001 Eutaw Place

19 (a) Date received JAN 16 1940 (b) Registrar's signature

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13 1940, at 6 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Fracture, skull	
Hemorrhage, intracranial	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence January 8th, 1940
(c) Where did injury occur? Kennedy Ave, near Alameda (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? No
(Specify type of place)
(e) Means of injury Probably slipped on ice and fell to pavement

23. Signature H. W. Blenneberg M.D.
Coroner Medical Examiner.

Date signed Jan 13, 1940

correct age is especially important. Physicians: please write the cause of death

F 65011

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 817 N. Linwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Christian Willumsen

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-17-71

8. AGE: Years	Months	Days	If less than one day
68	0	28	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Paving Worker
11. Industry or business

FATHER
12. Name Earl Willumsen
13. Birthplace Denmark

MOTHER
14. Maiden Name Augusta Holm
15. Birthplace Sweden

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18-40 (month) (day) (year)
(c) Cemetery or crematory Baltolawn
Location Balto Md

18 (a) Funeral director Jos J Otter Son
(b) Address 300 E Lafayette ave

JAN 16 1940

(b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1940 at 12 50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1940 to Jan 15 1940 and that I last saw him alive on Jan 15 1940.

Immediate cause of death	Duration
Cerebral lacerations	
Due to Fractured Skull	
Due to	
Other Conditions Pulmonary oedema	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Cerebral lacerations and subdural hydroma
Of autopsy Cerebral lacerations

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Jan 7 1940
(c) Where did injury occur? Baltimore Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? About home While at work? (Specify type of place)
(e) Means of injury Fall on ice

23. Signature Charles E. Froland
Address Johns Hopkins Hospital Date signed 1-16-40

VS 3

correct age is especially important. Physicians: please write the causes of death clearly

F 65012

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

F 65012

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr 45'
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County Md
(c) City or town
(If outside city or town limits, write RURAL and give town)
Street No 1205 Lakeside
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Ellen Pats. Pryor

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 3 1927

8. AGE: Years 12 | Months 11 | Days 11 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation School

11. Industry or business —

FATHER 12. Name Robert Lamar Pryor
13. Birthplace Balto

MOTHER 14. Maiden Name Josephine Plumpitt
15. Birthplace Balto

16 (a) Informant R Lamar Pryor
(b) Address 1205 Lakeside Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 17-40 (month) (day) (year)
(c) Cemetery or crematory New Bath
Location Balto

18 (a) Funeral director Jos J Sterrenton
(b) Address 3061 Kentucky Ave

19 (a) [illegible] JAN 16 1940 [illegible]
(Delivered by registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-14-40 19 at 10:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-14-40 19 to 1-14-40 19, and that I last saw her alive on 1-14-40 19.

Immediate cause of death Coronary thrombosis — Duration

Due to Ruptured appendix

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Ruptured appendix
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J M Collins M D M. D.

Address Bon Secours Hospital Date signed 1-14-40

correct age is especially important. Physicians: please write the cause of death plainly.

65013

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 65013

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Hebrew Aged Home
(b) Street address Greenspring & Belvedere
(c) Hospital or institution:
Levindale
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt
(If outside city or town limits, write RURAL and give town)
(d) Street No. Greenspring & Belvedere
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jennie Lapsing

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 86 | Months | Days | If less than one day hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Sig. Feinberg
(b) Address Greenspring - Belvedere

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-40 (month) (day) (year)

(c) Cemetery or crematory Hebrew Mt. Carmel
Location Hyman Hill Road

18 (a) Funeral director Jack Levine Inc
(b) Address 1739 E. Baltimore St

19 (a) JAN 16 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/15 1940, at 12:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/26 1937, to 1/15 1940, and that I last saw h alive on 1/15 1940.

Immediate cause of death Bronchopneumonia — Duration 1-14-40

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edmund Levin M.D.
Address Levindale Date signed 1/16/40 M. D.

VS 3

correct age is especially important. Physicians: please write plainly

65014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 65014 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Carter
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 134 Newburg Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Charles H. Walker

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
WW	None	Male	White	Widower

6 (b) Name of husband or wife Louise Skuder
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 4, 1877

8. AGE: Years	Months	Days	If less than one day
62	9	10	hr. ____ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business U.S.Store Keeper.

FATHER
12. Name Samuel H. Walker,
13. Birthplace Baltimore, Maryland.

MOTHER
14. Maiden Name Sarah Frances Rider,
15. Birthplace Baltimore, Maryland.

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A.A.Co.Md.

18 (a) Funeral director Geo. M. Sittle
(b) Address 2700 Edmondson Ave

19 (a) JAN 16 1940 (Date rec'd by registrar) Registrar

VS 3

correct age is especially important. Physicians: please write the cause of death plainly.

MEDICAL CERTIFICATION

28. DATE OF DEATH January 14, 1940, 7:20P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 14, 194 to Jan. 14, 1940, and that I last saw him alive on Jan. 14, 1940.

Immediate cause of death	Duration
Pneumothorax due to pulmonary tuberculosis	3 mo.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas A. Dixon, M.D.
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 1-15-40

F 65015 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 92-cF 65015

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2135 McCulloh St. 14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard H Minniphy

If U. S. Veteran specify WAR

(a) Residence: No. 2135 McCulloh St., 14 Ward (Richard Minniphy)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Daniel Minniphy

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Jennie ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Susie Conway

(Address) 2135 McCulloh

18. BURIAL, CREMATION, OR REMOVAL

Place Arlington Date 1/16 40 19

19. UNDERTAKER Thos. E. Kelson

(Address) 1303 Preston St

FILED JAN 16 1940 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-13, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 39 to Jan 13 1940

I last saw him alive on Jan 12 1940 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. T. Coleman M. D.

(Address) 2039 McCulloh

State CAUSES OF DEATH in plain words. OCCUPATION is very important. See instructions on back of certificate.

VS 3

Mrs Catherine Elizabeth Hilde Pabst

65016 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 65016

CERTIFICATE OF DEATH

63-C

1. PLACE OF DEATH St. Joseph's Hosp.

CITY OF BALTIMORE: (No. Caroline & Oliver St. 27-2 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mrs. Catherine E. Pabst

If U. S. Veteran specify WAR _____

(a) Residence: No. 460 R Arabia Ave. St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry C. Pabst

6. DATE OF BIRTH (month, day, year) Nov 23, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	63	1	22, 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frederick Hille

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Hildebrand

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Catherine Pabst
(Address) 460 R Arabia Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oaklawn Cem Date Jany 18 1940

19. UNDERTAKER Jobson & Whitehill Sons
(Address) 1900 Eutaw Place

JAN 16 1940 19 Hunting for Written Authority

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16th, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1939 to Jan 16th 1940

I last saw her alive on Jan 16th 1940 Death is said to have occurred on the date stated above, at 4 45 4m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myxoedema	1920
Cardiac Hypertrophy and Dilatation	1928
Cardiac Failure	1939

Other contributory causes of importance:
Secondary Anemia (Metastasis Al Basis)

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? B.M.R. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) M. P. Cunniff M. D.

(Address) St. Joseph's Hosp

MAKE CAUSES OF DEATH CLEAR. OCCUPATION is very important. See instructions on back of certificate.

V8 8

EKD

65017 ✓ F 65017

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 Bruce St. 19-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charlotte White

If U. S. Veteran specify WAR

(a) Residence: No. 310 N. Bruce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles White

6. DATE OF BIRTH (month, day, year) Oct 31, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Pitt Brown

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Charlotte —

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Florence Simmons

(Address) 310 N. Bruce St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Jan. 17, 1940

19. UNDERTAKER Adolphus Halstead

(Address) 918 Druid Hill Ave.

20. FILED JAN 16 1940 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1939, to Jan 14, 1940.

I last saw her alive on Jan 13, 1940. Death is said to have occurred on the date stated above, at 8 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac insufficiency	?
aortic —	?

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury? —

Name of operation none Date of ...

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Douglas Sheppard M. D.

(Address) 1631 W. Franklin St

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

372741
F 65018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52-a

F 65018 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3205 Abel ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Klutch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	MARRIED

6 (b) Name of husband or wife Amelia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years	Months	Days	If less than one day
75 74			hr. min.

9. Birthplace GERMANY (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER 12. Name Louis Klutch

13. Birthplace GERMANY

MOTHER 14. Maiden Name BOWMAN

15. Birthplace GERMANY

16 (a) Informant RECORDS

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto. City

18 (a) Funeral director Wm. J. Rickus & Son

(b) Address North & Pa Aves

JAN 16 1940 (Date rec'd by registrar) Interring to Williamsport Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 14 1940, at 907 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Dec 11 1939, to JAN 14 1940, and that I last saw him alive on JAN 14 1940.

Immediate cause of death PULMONARY EDEMA

Due to CO Conjestion (myocarditis)

Due to Surgical Shock

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operation Rupt duodenal ulcer Appendicitis

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James R. Gay M. D.

Address Johns Hopkins Hosp Date signed 1-15-40

Please write the cause of death clearly; correct age is especially important. Physicians:

Barbara Gabris

F 65019

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

146-a

Registered No. F 65019

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balt. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec 30 Jan 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Anne Arundel
(c) City or town Pasadena, Ellicott City
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Barbara Gabris

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband ~~or wife~~ Joseph Gabris

6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) April 11, 1916

8. AGE: Years 23 | Months 9 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER 12. Name John Roll

13. Birthplace Hungary

MOTHER 14. Maiden Name Theresa ~~Connack~~ Connack

15. Birthplace Hungary

16 (a) Informant Joseph Gabris

(b) Address Pasadena, Ellicott City

17 (a) Burial — (b) Date thereof Jan 18, 1940
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Anne Arundel Co

18 (a) Funeral director Thomas D Singleton

(b) Address Glen Burnie, Md.

19 (a) [illegible] Hunting & Williams Undertakers

JAN 16 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 - 1940, at 8:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1940 to Jan 15 1940, and that I last saw h[illegible] alive on Jan 15 1940.

Immediate cause of death Post partum Hemorrhage — Duration

Due to Placenta Previa

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence -
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. D. Taylor

Address 4 Bs 2 H Date signed 1-15-40

Howard E. Wardens M. D.
Chief Clerk Examiner

65020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 ✓

F 65020

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6201 Eastern Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 6 5

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 6201 Eastern Ave

(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Sophie D. Filbain

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Married

6 (b) Name of husband or wife John W. Filbain

6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) March 25, 1871

8. AGE: Years	Months	Days	If less than one day
68	9	16	hr. ..... min.

9. Birthplace Balto. Md.

(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name August Deems

13. Birthplace Md.

MOTHER

14. Maiden Name Caroline Deems

15. Birthplace Md.

16 (a) Informant Mrs. Lora Tillett

(b) Address 2518 S. Bouldin

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 17 40 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel

Location Edmondson Ave.

18 (a) Funeral director J. J. McCully

(b) Address 130 S. Fort Ave.

19 (a) (Date received by Registrar) JAN 18 1940 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1940, at 10:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 1936 to Jan 14 1940 and that I last saw h. alive on Jan 14 1940

Immediate cause of death Arteriosclerotic C.V. Disease with Auricular Fibrillation — Duration 3½ yrs

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....

(Specify type of place)

(e) Means of injury .....

23. Signature J. Howard Deems M.D. M. D.

Address 59 Dundalk Ave Date signed 1-15-40

Howard J. Watkins M. D. Study Attendant Secretary

correct age is especially important. Physicians: please write the cause of death plainly

65021 51402

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 a F 65021 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1513 Jackson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edgar Bartholomew

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-05-3457

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 2-23-1888

8. AGE: Years	Months	Days	If less than one day
51	10	22	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation welder
11. Industry or business

FATHER
12. Name August
13. Birthplace Pa.

MOTHER
14. Maiden Name Sybil Metz
15. Birthplace Pa.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/40 (month) (day) (year)
(c) Cemetery or crematory Maryland (Glen Haven) Mem. Park
Location Annapolis Byld.

18 (a) Funeral director J. F. McCully
(b) Address 130 Oxford Ave.

19 (a) (Date received by registrar) (b) JAN 16 1940 Huntington Williams Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 15 1940, at 6:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 2 1940, to Jan 15 1940, and that I last saw h im alive on Jan. 15 1940.

Immediate cause of death Uremia. — Duration 2 weeks

Due to Chronic glomerulo nephritis — Duration unknown

Due to — Duration

Other Conditions Hypertension — Duration unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Scarred kidneys, enlarged heart.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murray Schlosser M. D.
Address Balto City Hosp. Date signed 1-15-40

correct age is especially important. Physicians: please write plainly

F 65022

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 65022 1634 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1424 Jackson St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1424 Jackson St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alma Rae Randall

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Chas. M. Randall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 7 - 1894

8. AGE: Years	Months	Days	If less than one day hr	min
45	3	8		

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Wm J. Jennings
13. Birthplace Virginia

MOTHER
14. Maiden Name Susie Hartless
15. Birthplace Virginia

16 (a) Informant Chas. M. Randall
(b) Address 1424 Jackson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet.
Location Frederick Ave.

18 (a) Funeral director D. J. H. Cauley
(b) Address 130 E. Fort Ave.

19 (a) JAN 18 1940 (Date rec'd by registrar) Hunter of Jr. Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 - 15 - 1940 at 7:45 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquest & Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death
Asphyxiation
Due to Illuminating Gas
Due to —

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 1 - 15 - 40
(c) Where did injury occur? City - above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Illuminating Gas, kitchen, open jets

23. Signature Howard J. Madison M.D.
Medical Examiner.
Date signed 1 - 16 - 40

correct age is especially important. Physicians: please write the cause of death plainly.

M. D. B. 1268-0

F 65023

F 65023 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1354 Whatcoat St., 12th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hattie May Jessups

(a) Residence: No. 1354 Whatcoat St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of: Luther Jessups

6. DATE OF BIRTH (month, day, year): NOV. 12, 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	22	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Norfolk, Va.

FATHER

13. NAME: Lancaster Harris

14. BIRTHPLACE (city or town) (State or country): Bath Md

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Lancaster Harris

(Address) 1031 W Fayette

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date 1/16/ 19 40

19. UNDERTAKER: Mrs. Eva M. Holland

(Address) 1631 West Fayette

20. FILED JAN 16 1940 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 14, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1940 to Jan 14, 1940

I last saw her alive on Jan 11, 1940 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. William Frey M. D.

(Address) 1928 Penna Ave

Information should be carefully supplied. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.

F 65024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

11 Ya F 65024 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 212 Loyola Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 - 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 212 Loyola Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLES C BENNET. JR

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col.	S.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2, 1935

8. AGE: Years	Months	Days	If less than one day
	8	13	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Charles C Bennett
13. Birthplace Baltimore

MOTHER
14. Maiden Name Carrie S Hughes
15. Birthplace Baltimore

16 (a) Informant Father
(b) Address same

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 1 17 40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore

18 (a) Funeral director Sarah L Brownlow
(b) Address 1080 Montgomery St

19 (a) Received by Registrar JAN 16 1940 (b) Registered Hunting for Willie Jules Hunter

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 15 1940, at 2 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Acute gastroenteritis
Due to: Malnutrition
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Wollenweber M.D. Medical Examiner.
Date signed Jan 15, 1940

correct age is especially important. Physicians: please write the cause of death clearly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65025

CERTIFICATE OF DEATH

9-5-837

F 65025

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Redwood + Greene St. 9-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Faith Blanche S. Ross

If U. S. Veteran specify WAR

(a) Residence: No. 813 Homestead St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 12. 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	25	1	2 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME William M. Ross

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Amanda E. Stephens

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Amanda E. Ross

(Address) 813 Homestead St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Jan 17 1940

19. UNDERTAKER Mr. Mrs. John W. Teufel & Son

(Address) 201 W. Fayette St

20. FILED JAN 16 1940 19 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 15, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1940, to Jan 15 1940

I last saw her alive on Jan. 15 1940 Death is said to have occurred on the date stated above, at 1.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia - left	1.14.40
Pulmonary Edema	1.14.40
Etiology unknown	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. C. Bradley M. D.

(Address) University Hospital

STATE CAUSE OF DEATH IN PLAIN WORDS. DO NOT USE ABBREVIATIONS OR SYMPTOMS. OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 65026

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95 C

F 65026 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1706 Division St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EMILY FUNNY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col.	Divorced

6 (b) Name of husband or wife John Funn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1st 1891

8. AGE: Years	Months	Days	If less than one day
48	3	13	hr. min.

9. Birthplace Richmond Va (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16. (a) Informant Jno Leroy Funn
(b) Address 1706 Division St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Baltimore, Md.

18 (a) Funeral director Wm. Geo. F. A. Gibson
(b) Address 1735 Druid Hill Ave.

JAN 16 1940 (Date rec'd by Registrar) Hunter [illegible] Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14 1940, at 7 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Acute cardiac dilatation — Duration
Due to: Bronchial asthma
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. de Wolfe Smith M.D. Medical Examiner.
Date signed Jan 14, 1940

correct age is especially important. Physicians, please write plainly.

5027

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

943 ✓

F 65027
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 52 S. Carrollton Avenue.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) --- 18 ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 62-6-29

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ----
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 52 S. Carrollton Avenue.
(If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME Arthur Bennett Appler

3 (b) If veteran, name war ----
3 (c) Social Security Account No. ----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Grace Appler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16th 1877

8. AGE: Years	Months	Days	If less than one day
62	6	29	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Roofing & Tinning
11. Industry or business Self

FATHER
12. Name Henry Appler
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Susan Bennett
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Grace Appler
(b) Address 52 S. Carrollton Avenue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18th 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.,
(b) Address Baltimore, Md.

JAN 16 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 15th 1940, at 10½ AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1. 1940, to Jan 15. 1940. and that I last saw him alive on Jan 15. 1940.

Immediate cause of death ..... Duration
Cerebral Hemorrhage. 1 Day
Due to Hypertension.
Due to Chronic Arteriosclerosis.
Other Conditions Angina Pectoris.
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Rhee Norton, M.D.
Address 888 N. Eutaw St. Date signed 1/16/40 M. D.

correct age is especially important. Physicians, please

65028 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E65028

CERTIFICATE OF DEATH

94a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 Jackson St. 24th Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Henry Seymour

If U. S. Veteran specify WAR

(a) Residence: No. 1507 Jackson St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy B Seymour

6. DATE OF BIRTH (month, day, year) Aug 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pass B&O R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Talbot Co Md

FATHER

13. NAME Thomas K. Seymour

14. BIRTHPLACE (city or town) (State or country) Talbot Co Md

MOTHER

15. MAIDEN NAME Francis G. Neal

16. BIRTHPLACE (city or town) (State or country) Talbot Co Md

17. INFORMANT Lucy B Seymour

(Address) 1507 Jackson St

18. BURIAL, CREMATION, OR REMOVAL

Place Meadowridge Date Jan 18 1940

19. UNDERTAKER A. Randolph Evans

(Address) Howard & Lanvale Sts

20. FILED JAN 16 1940 H. Huntington Williams Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 16, 1940

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on Jan. 12, 1940 Death is said to have occurred on the date stated above, at 8 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4 Days

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. C. Ballard M. D.

(Address) 707 E. Fort Ave

H. Lee Wallenmeyer M.D.
Assistant Medical Examiner

#15894 - RB

65029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a Registered No. F 65029

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 yrs., 7 mo., 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1909 Fleet St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Regina Lanewska (Laszewska)

3 (b) If veteran, name war

3 (c) Social Security Account No. Seth last 4 digits

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Louis (dead)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March ? 1870 1876

8. AGE: Years	Months	Days	If less than one day
63 70	? 9.	? 27	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business Packing House

FATHER
12. Name John Marsky (dead)
13. Birthplace Poland

MOTHER
14. Maiden Name Mary ? (dead)
15. Birthplace Poland

16 (a) Informant Records
(b) Address B.C.H.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17 40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Ozarowski
(b) Address 1930 Eastern Ave

19 (a) JAN 16 1940 (Date received by Local Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14 1940, at 1.45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1939, to Jan 14 1940, and that I last saw her alive on Jan 14 1940.

	Duration
Immediate cause of death: Cerebral Hemorrhage	30 min.
Due to:	
Due to:	
Other Conditions Generalized arteriosclerosis	unknown.

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H H Goldberg M. D.
Address Baltimore City Hospitals Date signed Jan 16 1940

Correct age is especially important

F 65030

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

125B

F 65030 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caldwell + Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Hyde
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mark Joseph Dannenmann Dannenmann

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Katherine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 14 1902

8. AGE: Years	Months	Days	If less than one day
38 38	0	2	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Coal Co.

FATHER
12. Name John Dannenmann
13. Birthplace Germany

MOTHER
14. Maiden Name Agnes Henry Ohler
15. Birthplace Maryland.

16 (a) Informant John Dannenmann Jr.
(b) Address Hyde Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18 '40 (month) (day) (year)
(c) Cemetery or crematory St. Stevens
Location Baldwin Md

18 (a) Funeral director E. E. Arthur
(b) Address Fork. Md.

19 (a) JAN 16 1940 (Registrar) (b) Hunting for Wife Resident M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1940, at 3 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1940 to Jan 16 1940 and that I last saw him alive on Jan 16 1940.

Immediate cause of death Peritonitis — Duration 5 days
Due to Liver Abscesses — 2 weeks
Due to
Other Conditions Atelectasis of lower lt + lt lobes
(Include pregnancy within 3 months of death)

Major findings:
Of operations Peritonitis
Of autopsy Liver abscesses

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Hamaman M. D.
Address Mercy Hospital Date signed 1/16/40

Correct age is especially important. If uncertain, say so.

5031 ✓ F 65031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1742 Lamont Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1742 Lamont Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Sophia Mary Straub ✓

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Charles J. Straub
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24th, 1868

8. AGE: Years	Months	Days	If less than one day
71		20	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name ? Stoll
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Richard A. Sehlhorst
(b) Address 1742 Lamont Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 17, 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Baltimore City

18 (a) Funeral director George J. Ruth, Inc.
Address 1735 Harford Avenue

19 (a) JAN 16 1940 (Date rec'd by Registrar) Hunting for Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14 1940 at 11:00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 15 1939, to Jan. 14, 1940, and that I last saw her alive on Jan. 14 1940.

Immediate cause of death Bronchopneumonia — Duration 2 days.
Due to Hypertension, Cardio vascular renal disease — Duration ?
Due to
Other Conditions Cerebral Hemorrhage 1 mo. with hemiplegia (left).
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lloyd E. Saylor M. D.
Address 3902 Greenmount Ave Date signed Jan 15, 40

correct age is especially important. Physicians: please write the exact

5032 HEALTH DEPARTMENT—CITY OF BALTIMORE F 65032

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Volunteer of America Hosp. St., 1148B Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. 1 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Carrie Morrow
If U. S. Veteran specify WAR
(a) Residence: No. Randallstown Md St., Ward.
(Usual place of abode)
Treatment Baltimore
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Everett Martin Morrow

6. DATE OF BIRTH (month, day, year): 1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	28		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): 7 weeks. 11. Total time (years) spent in this occupation: 6 yrs.

12. BIRTHPLACE (city or town) (State or country): Randallstown Md.

FATHER
13. NAME: William H Lohr.
14. BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

MOTHER
15. MAIDEN NAME: Rhoda Owings
16. BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

17. INFORMANT (Address): Everett Martin Morrow. Randallstown, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Olive Date: Jan 19, 1940

19. UNDERTAKER (Address): William Berryman & Sons. Reisterstown, Md.

20. FILED JAN 16 1940 Huntington Williams M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 16, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1939 to Jan 16, 1940
I last saw her alive on Jan 16, 1940 Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis Toxemia	11/1/39
& Pregnancy	
acute Cardiac Failure	1/16/40
Other contributory causes of importance:	

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Leonard M. Thomas M.D.
(Address) 1101 N. Eutaw St. Balto. Md.

65033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. F 65033

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 hours
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1223 E Federal St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William K. Becker

3 (b) If veteran, name war: No
3 (c) Social Security Account No. No

4. Sex: Male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 20, 1921

8. AGE: Years 18 yrs | Months 1 | Days 16 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Chauffeur Dr.
11. Industry or business Jewelry Trade for Father

FATHER
12. Name Walter L. Becker
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Catherine Hallock
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Walter L. Becker
(b) Address 1223 E. Federal St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Taylor Ave. East of Harford Rd

18 (a) Funeral director Edgar W. Corkran & Sons
(b) Address 2246 E. Eager St.

19 (a) JAN 16 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 15 1940, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/14/1940 to 1/15/1940, and that I last saw him alive on 1/15/1940.

Immediate cause of death: Lobar pneumonia — Duration: 3 days
Due to:
Due to:
Other Conditions: Agranulocytic angina (Include pregnancy within 3 months of death) — undetermined

Major findings:
Of operations:
Of autopsy: Lobar pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas E Lipton M. D.
Address Mercy Hosp. Date signed 1/15/40

correct age is especially important

VS 3

F 65034

65034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland.
(b) Street address Sinai Hospital
(c) Hospital or institution: Balto Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3905 Fait Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? - years

3 (a) FULL NAME John Hilgeman (JOHN HERMAN HILGEMAN)

3 (b) If veteran, name war: no

3 (c) Social Security Account No.:

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: Carrie Jenkins

6 (c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.) Oct. 23. 1887

8. AGE: Years 52 | Months 2 | Days 22 | If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Carpenter-Balto. City.

11. Industry or business:

FATHER
12. Name: Henry Hilgeman
13. Birthplace: Germany

MOTHER
14. Maiden Name: Louise Louhause
15. Birthplace: Germany

16 (a) Informant: Mrs. Anna M. Rubeling (Sister)
(b) Address: 3905 Fait Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 18. 1940 (month) (day) (year)
(c) Cemetery or crematory: Mt. Carmel Cemetery
Location: Baltimore Md.

18 (a) Funeral director: HENRY SANDER & SONS. INC.
(b) Address: Baltimore & Broadway.

19 (a) JAN 16 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/15/40 1940, at 2100 Hr

21. I certify that death occurred on the date above stated; that I attended deceased from 1/14 1940 to Death 1940; and that I last saw h alive on 19

Immediate cause of death: Cardiac failure - Type undetermined — Duration:

Due to

Due to

Other Conditions: Bronchopneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Herman L. Hilgeman M. D.
Address Sinai Hospital Date signed 1/15/40

VS 8

correct age is especially important. Physicians, please

65035

HEALTH DEPARTMENT—CITY OF BALTIMORE

65035

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 409 S. Washington St. St., 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME MRS. MARGARET ROESEL

If U. S. Veteran specify WAR

(a) Residence: No. 409 S. Washington St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Roesel

6. DATE OF BIRTH (month, day, year) Jan. 25. 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Kaiser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dorothea Rugheimer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. John Roeser (Husband)

(Address) 409 S. Washington St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Carmel Cem. Date Jan. 20. 1940

19. UNDERTAKER HENRY SANDER & SONS. INC.

(Address) Balto. & Broadway.

Filed JAN 16 1940 Huntington Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15. 1940

22. I HEREBY CERTIFY, That I attended deceased from James 1940 to January 1940

I last saw her alive on Jan. 15 1940 Death is said to have occurred on the date stated above, at 7.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/14/40
Chr. Cerebral arteriosclerosis	?
Chr. myocarditis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howe Stevenson M. D.

(Address) 700 N. Eutaw St.

65036

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94W

Registered No. F 65036

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2028 Mt Royal Ter.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 15

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2028 Mt Royal Terrace (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Paul F. Loris

3 (b) If veteran, name war

3 (c) Social Security Account No. 324-03-3081

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 7th 1886

8. AGE: Years	Months	Days	If less than one day hr.	min.
53 52	6	6		

9. Birthplace Mouesdale Pa (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Hardwood

FATHER
12. Name (Unknown) Loris
13. Birthplace "

MOTHER
14. Maiden Name Margaret Schroder
15. Birthplace Unknown

16 (a) Informant Mrs. Ellen Reese
(b) Address 2028 Mt Royal Terrace

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/16/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mattituck
Location Long Island

18 (a) Funeral director Wm Cook
(b) Address 1217 St. Paul St

19 (a) JAN 16 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15th 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 14 1937, to Jan 15 1940, and that I last saw h alive on Dec 31 1939.

Immediate cause of death Coronary thrombosis — Duration —
Due to Hypertension — 14 year
Due to Arteriosclerosis ? Obesity
Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams, M.D.
Address 20 E. Preston St. Date signed 1/16/40

VS 3

correct age is especially important — typewriter preferred

65037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-B ✓ Registered No. F 65037

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 616 W. 34th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 616 W. 34th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** Annie F. Crowther

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Benjamin Crowther
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec 20, 1879

8. AGE: Years 60. Months 0 Days 25 If less than one day: hr. ..... min.

9. Birthplace Balto Co Md (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name William T. Riley
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Dailey
15. Birthplace Md.

16 (a) Informant William E. Wilson
(b) Address Point Pleasant. Brooklyn Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16 1940 (month) (day) (year)
(c) Cemetery or crematory Poplar Grove.
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. Mrs John W. Teufel & Son
(b) Address 801 W. Lafayette Ave. Huntington or Williams, M.D.

19 JAN 16 1940 (Date rec'd by registrar) (b) ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1940, at 5 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/3 1939 to Jan. 15 1940 and that I last saw her alive on Jan. 13 1940

Immediate cause of death: Carcinoma of Uterus — Duration: 1 yr.
Due to .....
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. Hilgeman M. D.
Address 2310 Eutaw Pl. Date signed 1/16/40

correct age if especially important

VS 3

51597 SD

65038

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-L

Registered No. F 65038

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street address 604 Franklintown Road (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Heckwolf

3 (b) If veteran, name war WWI

3 (c) Social Security Account No. 218-10-2978

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Cecelia B Heckwolf

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 20, 1888

8. AGE: Years 51 | Months 2 | Days 24/26 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Clerical Work

11. Industry or business

FATHER

12. Name Peter Heckwolf

13. Birthplace Germany

MOTHER

14. Maiden Name Margaret Kreig

15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals

(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 19/40 (month) (day) (year)

(c) Cemetery or crematory Arlington Cemetery

Location Arlington Md.

18 (a) Funeral director Bernard E. Hartke

(b) Address 12 E. West St Huntingtown Williamsport, Md.

19 JAN 16 1940 (b) Registrar

(Date received by city registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16 1940, at 10:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 1940 to Jan 16 1940, and that I last saw h[illegible] alive on Jan 16 1940.

Immediate cause of death	Duration between onset and death
Carcinoma of Bronchus	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Bronchoscopy - tumor in left main bronchus

Of autopsy not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible]

Address Balto City Hosp. Date signed 1-16-40 M. D.

correct age is especially important. Physicians, please write plainly.

VS 3

F 65039

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 Poplar Grove St. 16-6 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 5 mos. 4 ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Joseph D. Hooper

If U. S. Veteran specify WAR _____

(a) Residence: No. 923 Poplar Grove St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Catherine Hooper

6. DATE OF BIRTH (month, day, year): Aug. 9-1866

7. AGE: 73 Years | 5 Months | 4 Days | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Registry of wills
10. Date deceased last worked at this occupation (month and year): 1/1/40
11. Total time (years) spent in this occupation: 14

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Geo. R Hooper
14. BIRTHPLACE (city or town) (State or country): Cambridge Engd.

MOTHER

15. MAIDEN NAME: Mary Jennings
16. BIRTHPLACE (city or town) (State or country): Ireland.

17. INFORMANT: Mrs. Jos. Hooper
(Address) 923 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL
Place: New Cathedral Date: 1/12/40 19

19. UNDERTAKER: H. C. Sturm & Son
(Address) 2924 Edmondson Ave.

20. FILED JAN 16 1940 19 Williams MR Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 13, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1939 to Jan. 13, 1940

I last saw him alive on Jan 13, 1940 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Arteriosclerosis	1937
(b) Cerebral Hemorrhage	1937
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) James Brown M. D.

(Address) 1663 W. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

V2.2

F 65040

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 65040

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State New Jersey (b) County
(c) City or town Newark
(If outside city or town limits, write RURAL and give town)
(d) Street No. 132 Hudson Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Goldie

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14, 1908

8. AGE: Years	Months	Days	If less than one day
31	9	0	hr. min.

9. Birthplace New York City (Town, county, and state)

10. Usual Occupation Ordinary seaman

11. Industry or business Seafaring

FATHER
12. Name John Goldie
13. Birthplace Scotland

MOTHER
14. Maiden Name Charlotte (unknown)
15. Birthplace England

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland

17 (a) Removal (burial, cremation, or removal) (b) Date thereof Jan 16 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cemetary
Location Holy Cross Mt Arlington N.J.

18 (a) Funeral director Williams Cook
(b) Address 1217 St Paul Street

19 (a) JAN 16 1940 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14, 1940, at 2:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 11, 1940, to Jan. 14, 1940, and that I last saw him alive on Jan. 14, 1940.

Immediate cause of death	Duration
Tuberculosis of kidney	Unknown
Due to Miliary tuberculosis	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No operation
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. B. H. Anderson. M. D.
Address U.S.Marine Hospital Baltimore, Maryland. Date signed 1-15-40

correct age is especially important. Physicians please

VS 3

65041

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

58-B

Registered No. F 65041

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4202 Maine Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4202 Maine Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Helen Kirk Jones

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Mar 3 1925

8. AGE: Years 15 | Months 0 | Days 12 | If less than one day: hr. min.

9. Birthplace: Baltimore Md
(Town, county, and state)

10. Usual Occupation: Student
11. Industry or business:

FATHER
12. Name: John Wesley Jones
13. Birthplace: Fort Wayne Ind

MOTHER
14. Maiden Name: Amelia Lindsay
15. Birthplace: Baltimore Md

16. (a) Informant: John W. Jones
(b) Address: 4202 Maine Ave

17. (a) Buried
(Burial, cremation, or removal)
(b) Date thereof: Jan 17 40
(month) (day) (year)
(c) Cemetery or crematory: Woodlawn
Location: Baltimore Md

18 (a) Funeral director: [illegible]
(b) Address: 1217 E Pratt St

19 (a) JAN 16 1940
Date received by Registrar
Huntington Williams, M.D.
Registrar

VS 2

correct age is especially important. Information from

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1940, at 12:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 1939 to Jan 15 1940, and that I last saw h alive on Jan 15 1940.

Immediate cause of death: Strep. Viridans Septicemia — Duration: 9 mos.
Due to: Rheumatic End. Carditis — Duration: uncertain
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Edward Gear M.D.
Address: 705 Med. Arts
Date signed: 1/16/40
M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65042

CERTIFICATE OF DEATH

94-a

F 65042

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. University Hospital St. 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Allen

If U. S. Veteran specify WAR

(a) Residence: No. 919 S Paca St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
abt	75	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Not Known~~ Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~Not Known~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Herman G. Allen

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Virginia Ruff

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Mrs. A. Allen Rockwood & Eagle Sts.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Jan 17, 1940

19. UNDERTAKER M. Flynn (Address) 1422 Light

20. FILED JAN 16 1940 (Registrar) by Dorothy Williams M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1940

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure - probably due to Coronary Thrombosis	
Other contributory causes of importance: Patient died on arrival at the hospital	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John B. Bowen M. D.

(Address) University Hospital

W. J. Maldeis, M.D. Chief Medical Examiner

John B. Pitts

51915-FS

F 65043

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

104 Registered No. F 65043

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1803 Aliceanna St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME ~~Adam Walinski~~ (Adam Cwalina)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rozalia Cwalina
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Feb. 1886

8. AGE: Years	Months	Days	If less than one day
53 54	11		hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation on relief
11. Industry or business

FATHER
12. Name Anthony ~~Walinski~~ Cwalina
13. Birthplace Poland

MOTHER
14. Maiden Name Catherine Dambrowski
15. Birthplace Poland

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 17/40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary (Cem
Location Baltimore County

18 (a) Funeral director John M. Weber
(b) Address 401 S. Chester Street

19 JAN 16 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 15 1940, at 7:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 14 1940, to Jan. 15 1940, and that I last saw h alive on Jan. 15 1940.

Immediate cause of death Lobar Pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Lobar pneumonia, r. lower lobe

Duration between onset and death

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murray Steele M. D.
Address Balto. City Hosp. Date signed 1-15-40

VS 3

F 65044

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 65044

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1107 E Lombard St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 26

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1107 E Lombard St
(If rural give location)
(e) If foreign born, how long in U. S. A.) 25 years

3 (a) FULL NAME Mary Resnikoff

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	W

6 (b) Name of husband or wife Late Eugene
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 18 78

8. AGE: Years	Months	Days	If less than one day
61 62	9	28	hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation
11. Industry or business None

FATHER
12. Name unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Meyer Butler
(b) Address 1107 E Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt Carmel
Location O'donnell St

18 (a) Funeral director Sol Levinson Bro
(b) Address 1124 W North ave

19 JAN 16 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1940 at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1939 to Jan 16 1940 and that I last saw h[illegible] alive on Jan 16 1940

Immediate cause of death	Duration
acute Cardiac Dilatation	
Due to Hypertension, Cardio-vascular Renal	
Due to	
Other Conditions Cerebral Hemorrhage	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. C. Feldman M. D.
Address 1400 E Balto Date signed 1/16/40

VS 3

F 65045

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 65045

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Hebrew Aged Home
(b) Street address — Greenspring - Belvedere ave
(c) Hospital or institution: Levendale

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2yr-3mo
(e) Length of stay in Baltimore (yrs., mos., or days) 18

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Greenspring ave & Belvedere ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 33 years

3 (a) FULL NAME Bessie Leven

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Philip
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1857
8. AGE: Years 83 | Months | Days | If less than one day hr. min.
9. Birthplace: Russia (Town, county, and state)
10. Usual Occupation: maid
11. Industry or business

FATHER
12. Name: Yeaser Levin
13. Birthplace: Russia

MOTHER
14. Maiden Name: Nekmordon
15. Birthplace: Russia

16 (a) Informant: Sig Rembaldt
(b) Address: Greenspring - Belvedere
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 17/40 (month) (day) (year)
(c) Cemetery or crematory: Rosedale
Location: Philla Road
18 (a) Funeral director: Sol Levinson & Bro
(b) Address: 1124-26 W North ave
19 (a) JAN 16 1940 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16 1940 at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/18 1939 to 1/16 1940 and that I last saw h[er] alive on 1/16 1940.

Immediate cause of death: Broncho-pneumonia
Due to: Hypertension
Due to:
Other Conditions: (Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: H Edmund Levin MD
Address: Levendale Date signed 1/16/40 M. D.

VS 3

COK

5072

BALTIMORE CITY HEALTH DEPARTMENT

65046

CERTIFICATE OF DEATH

51-B

Registered No. F 65046

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 817 N. Port St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Andrew Hildebrandt Crossfiled with Hammond Andrew Hillbrandt

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-13-1879

8. AGE: Years	Months	Days	If less than one day
60	10	2	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Conrad Hildebrandt
13. Birthplace Unknown

MOTHER
14. Maiden Name Mary O'Neal
15. Birthplace Ireland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18 / 40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Francis Lynch & Son
(b) Address 906 Ashland Ave

19 (a) JAN 16 1940 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 15 1940, at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 4 1939, to Jan 15 1940, and that I last saw h alive on Jan 15 1940.

	Duration
Immediate cause of death: Hypertension Cardiovascular renal disease	unknown
Due to	
Due to	
Other Conditions Carcinoma of the Prostate	unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Large heart, carcinoma of prostate

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 1-16-40

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

5047 65047

CERTIFICATE OF DEATH

55-E

1. PLACE OF DEATH Hospital for Women of Maryland

CITY OF BALTIMORE: (No. Lafayette St. [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Margaret Lee Enson

If U. S. Veteran specify WAR .....

(a) Residence: No. Cockeysville Md. St., ... Ward. Baltimore

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~[illegible]~~ Carl Enson

6. DATE OF BIRTH (month, day, year) Oct. 6, 1913

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
26	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Robert Sarkett

14. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

MOTHER

15. MAIDEN NAME Elizabeth Smyg

16. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

17. INFORMANT Carl Enson

(Address) Cockeysville, Md.

18. BURIAL, CREMATION, OR REMOVAL Chestnut Ridge

Place Methodist Cemetery Jan. 20 1940

19. UNDERTAKER Lauchlin M. Brooks

(Address) Sparks, Md.

FILED JAN 17 1940 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

V8 2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17, 1940

22. I HEREBY CERTIFY, That I attended deceased from November 28, 1939 to January 17, 1940

I last saw her alive on January 17, 1940. Death is said to have occurred on the date stated above, at 2:17 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma	

Other contributory causes of importance:

Was an operation performed? Yes Date of? June 15, 40

For what disease or injury? Diagnosis

Name of operation Biopsy inguinal lymph node

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Richard W Wattington Jr. M. D.

(Address) Woman's Hospital

F 65048

COK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 65048

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1803 Edmondson Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Weatherman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sophia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 27, 1868

8. AGE: Years	Months	Days	If less than one day
71	5 (4)	28 (2)	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Water Dept. Balto. City

11. Industry or business

FATHER
12. Name Gilbert Weatherman
13. Birthplace Unknown

MOTHER
14. Maiden Name Mary ?
15. Birthplace Unknown

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) JAN 17 1940 (Signature of registrar) Harry Weatherman

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 15 1940, at 3:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 9 1940, to Jan. 15 1940, and that I last saw him alive on Jan. 15 1940.

Immediate cause of death
Cerebral hemorrhage — Duration 9 days.
Due to
Due to
Other Conditions Hemorrhage from duodenal ulcer — 3 days.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Cerebral hemorrhage.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Murray Hirschfeld M. D.
Address Balto City Hosp. Date signed 1-16-40

M. D. B. 1208-9

SOCIAL SECURITY NO 217-14-3035

HEALTH DEPARTMENT—CITY OF BALTIMORE

65049

65049

92-D

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1804 Brunt St. 14-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S. If, of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William W. Cole

Soc. Security No. 217-14-3036

(a) Residence: No. 1804 Brunt St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Charlotte Cole

6. DATE OF BIRTH (month, day, year) Mar 11, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dyer Office

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) St Marys Co Md

FATHER

13. NAME Leo R. Cole

14. BIRTHPLACE (city or town) (State or country) St Marys Co Md

MOTHER

15. MAIDEN NAME Sodonia Chase

16. BIRTHPLACE (city or town) (State or country) Balto Co Md.

17. INFORMANT (Address) Bertie Washington 1804 Brunt St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date 1-17 ... 40

19. UNDERTAKER (Address) William A Jackson 916 Penna Ave

19. FILED JAN 17 1940 Registrar. Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1940, to Jan 14, 1940

I last saw him alive on Jan 14, 1940. Death is said to have occurred on the date stated above, at 1230 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	?
Other contributory causes of importance: Cerebral Hemorrhage	Jan 13/40

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) G William Frey M. D.

(Address) 1928 Penna Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

Cas. 3

F 65050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65050 Registered No. 170-C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1505 E Eager St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1505 E Eager St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** JAMES HARRISON

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Elizabeth
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr) 10-15-1879

8. AGE: Years 60 | Months 3 | Days 28 | If less than one day hr min

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

MOTHER FATHER

12. Name Burden Harrison

13. Birthplace North Carolina

14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Elizabeth Harrison
(b) Address 1505 E. Eager St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Balto. Co. Md.

18 (a) Funeral director Mrs. R. A. Elliott-Undertr
(b) Address 1129 N. Caroline St

19 (a) JAN 17 1940 (Registrar) [illegible] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18 1940, at 4 05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture of left tibia
Thrombosis femoral vein left.
Due to Pulmonary embolism

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec 17th 1939
(c) Where did injury occur? Broadway + 100 ft S. of Madison Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? —
(Specify type of place)
(e) Means of injury struck by auto while crossing street

23. Signature Dr. L. W. Allenworth M.D.
Medical Examiner.

Date signed Jan. 17, 1940

Correct age is especially important if any benefit is by reason of death

65051

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 65051 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1823 E. Biddle St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ernest Gladden (51157)

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-09-0704

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Laura

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1916

8. AGE: Years	Months	Days	If less than one day
23	1	21	hr. min.

9. Birthplace South Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Ernest
13. Birthplace South Carolina

MOTHER
14. Maiden Name Bessie?
15. Birthplace South Carolina

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-1940 (month) (day) (year)
(c) Cemetery or crematory
Location Chesler & Co

18 (a) Funeral director Mrs. R. A. E. Elliott-Undertaker
(b) Address 1129 N. Carolina St

19 (a) JAN 17 1940 (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 15, 1940, at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 20 1939 to Jan. 15, 1940, and that I last saw him alive on January 05, 1940

Immediate cause of death Tuberculosis of the lungs — Duration April 1939

Due to

Due to

Other Conditions Fistula in ano (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto. City Hospitals Date signed 1/16/40

Correct age is especially important. Physicians, please

Handling by Milwaukee, Wis.

F 65052

45507 LB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a

F 65052 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days 9 mths.
(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2212 E. Ashland Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 51 yrs. years

3 (a) FULL NAME Barbara Soukup

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Frank

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/15/73

8. AGE: Years	Months	Days	If less than one day
66	1	29	hr. min.

9. Birthplace Czechoslovakia
(Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER
12. Name Joseph Kadlik
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Anna ?
15. Birthplace Czechoslovakia

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director C. E. Schimunek.
(b) Address 2601-3 E. Madison Street.

19 (a) (Registrar) (b)

JAN 17 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1940, at 12:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/3 1939 to Jan 13 1940 and that I last saw h[illegible] alive on Jan 13 1940

Immediate cause of death: Tuberculosis of the Lungs — Duration: Feb. 1939

Due to: Carcinoma of [illegible] of uterus — Duration: Feb 1939

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. J. Alessi

Address B. C. H. Date signed 1/13/40

65053

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 65053

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2002 Annapolis Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George E. Mitchell

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Edna Herald
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7, 1903

8. AGE: Years	Months	Days	If less than one day
36	7	9	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name George E. Mitchell,
13. Birthplace Baltimore County, Maryland

MOTHER
14. Maiden Name Alice Deriver,
15. Birthplace Baltimore, Maryland.

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20 1940 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Rd

18 (a) Funeral director Edward Ignatson
(b) Address 2369 Washington Blvd.

19 (a) JAN 17 1940 (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16, 1940, at 1:39PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 25, 1939, to Jan. 16, 1940, and that I last saw him alive on Jan. 16, 1940.

Immediate cause of death	Duration
Tuberculosis, pulmonary, chronic far advanced	Unknown
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. M. H. Audrain, M. D.
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 1-16-40

correct age is especially important

65054
LB 48569

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45-D

F 65054
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days 3 mths.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 915 Somerset St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME
Mary Anderson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Brown	widowed

6 (b) Name of husband or wife Mortikiah
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 30, 1884

8. AGE: Years	Months	Days	If less than one day
55	6	13	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name Annie Wise
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 17th 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Brooklyn Q. A. Co. Md

18 (a) Funeral director Belfont Manion & Hughes
(b) Address 1218 N. Eldersley St

19 (a) (b)
(Date received by Registrar) (Registrar)

JAN 17 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13 1940, at 6.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-22 1939 to 1-13 1940, and that I last saw h er alive on 1-13 1940.

Immediate cause of death	Duration
Bronchopneumonia	four days
Due to Carcinoma right jaw	over 4 months
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. K. Woodward Jr. M. D.
Address Balto City Hosp. Date signed 1-13-40

65055

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

51619 SD

Registered F 65055

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days

(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 3131 Tilden Street (Dun)

(If rural give location)

(e) If foreign born, how long in U. S. A.? 82 yrs. years

3 (a) FULL NAME Elizabeth Marion

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Widowed

6 (b) Name of husband or wife Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17, 1856

8. AGE: Years	Months	Days	If less than one day
83	9	29	hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER

12. Name Thomas Killroy

13. Birthplace Ireland

MOTHER

14. Maiden Name Mary Murphy

15. Birthplace Ireland

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Jan 18, 1940 (month) (day) (year)

(c) Cemetery or crematory St. Josephs

Location Govanstown Md.

18 (a) Funeral director Edmondson & Donovan

(b) Address 3615-17 Eastern Ave

19 (a) [illegible] (Registrar) (b) Thomas J. Williams, M.D. Registrar

JAN 17 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-16 1940, at 8:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-5 1940, to 1-16 1940, and that I last saw her alive on 1-16 1940.

Immediate cause of death	Duration
Carcinoma left breast with metastasis	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations same

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E. K. Woodward M. D.

Address Balto City Hosp. Date signed 1-16-40

correct age is especially important - registrar please check

5056

F 65056

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2408 Wilkens Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2408 Wilkens Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ___ years

3 (a) FULL NAME James Thomas Hicky

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Widower

6 (b) Name of husband or wife Mary Catherine

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) April 14 1870

8. AGE: Years	Months	Days	If less than one day
69	10	27	hr. min.

9. Birthplace Woodstock, Maryland
(Town, county, and state)

10. Usual Occupation Lumber Inspector

11. Industry or business

FATHER
12. Name James Hicky
13. Birthplace Ireland

MOTHER
14. Maiden Name Sarah Fox
15. Birthplace Penna

16 (a) Informant Agnes Herschel
(b) Address 2902 Winchester

17 (a) Burial (b) Date thereof 1/19/40
(burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Cemetery
Location Balto

18 (a) Funeral director Mary Jas F. Linka
(b) Address 25 12 Willkens ave. Huntingdon Pittsburgh, Pa.

19 (a) JAN 17 1940 (b)
(Registrar's signature) Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/15/1940, at 3:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/1/1939, to 1/15/1940, and that I last saw him alive on 1/15/1940.

Immediate cause of death	Duration
Bronchopneumonia	
Due to	
Due to	
Other Conditions Generalized arteriosclerosis, Cardiovascular disease	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. J. Baltzglier M. D.

Address 537 Wilkens Ave Date signed 1/15/40

Correct age if incorrectly supplied by informant

F 65057

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 65057 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hours
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime ~~4 hours~~

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2627 E. Biddle Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Paul W. Kley

3 (b) If veteran, name war WW

3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Nancy Wachter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 9, 1894

8. AGE: Years	Months	Days	If less than one day
46	0	5	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Truck Driver, P. O. Department
11. Industry or business U. S. Government

FATHER
12. Name Anton Kley
13. Birthplace Germany

MOTHER
14. Maiden Name Katharin Engelen
15. Birthplace Germany

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Jan 18/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director John Ulrich
(b) Address 2200 E Oliver [illegible]

JAN 17 10 AM (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14, 1940, at 5:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 14, 1940, to Jan. 14 1940, 1:30 P.M. and that I last saw him alive on Jan. 14, 1940

Immediate cause of death	Duration
Hemorrhage, cerebral	Unknown
Due to Cardiovascular renal disease	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. M. H. A Dunn. M. D.
Address U. S. Marine Hospital Date signed 1-15-40
Baltimore, Maryland.

correct age if especially important

65058

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

154

F 65058

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1st day.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3713 Shannon Drive
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Baby Boy Jasper (A)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 16, 1940.

8. AGE: Years	Months	Days	If less than one day
			5 hr. 47 min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William E. Jasper. Jr
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Violet Loyd
15. Birthplace Baltimore Md.

16 (a) Informant Wm. E. Jasper Jr
(b) Address 3713 Shannon Drive.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/40 (month) (day) (year)
(c) Cemetery or crematory Dr Kenal
Location Bolt Md

18 (a) Funeral director Geary J. Firth Inc.
(b) Address 225 Holland (Street) (City)

19 (a) (Date received by registrar) JAN 17 1940 (b) Huntington Pittsburgh, Pa.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1940, at 9:20 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 16 1940 to Jan 16 1940 and that I last saw him alive on Jan 16 1940:

Immediate cause of death	Duration
Pre-maturity (Twins)	
Due to	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. G. Dodd. M. D.
Address Mercy Hospital Date signed 1/16/40.

65059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 ✓

F 65059

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1st day.

(e) Length of stay in Baltimore (yrs., mos., or days) 1st

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore City

(If outside city or town limits, write RURAL and give town)

(d) Street No. 3213 Shannon Drive

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Jasper (B)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 16, 1940

8. AGE: Years	Months	Days	If less than one day
			9 hr. 40 min.

9. Birthplace Baltimore Md.

(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER — 12. Name William Jasper Jr.

13. Birthplace Baltimore Md.

MOTHER — 14. Maiden Name Violet Lynd

15. Birthplace Baltimore Md.

16 (a) Informant Wm. E. Jasper Jr.

(b) Address 3213 Shannon Dr.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1/18/40 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Baltimore Md.

18 (a) Funeral director George D. Poth Inc.

(b) Address 1325 Harlem Ave Baltimore, Md.

JAN 17 1940 (b) Registrar

(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1940, at 1 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 16 1940 to Jan 16 1940 and that I last saw him alive on Jan 16 1940.

Immediate cause of death	Duration
Pre-maturity (Twins)	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. A. Dodd. M.D.

Address Mercy Hospital Date signed 1/16/40

E 65060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

115-c E 65060 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 925 N. Eden St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter Moore

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-2351

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Elsie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-5-12

8. AGE: Years	Months	Days	If less than one day
27	9	11	hr. min.

9. Birthplace S.C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Sanitary Co

FATHER
12. Name Henry Moore
13. Birthplace S.C.

MOTHER
14. Maiden Name Annie Roundtree
15. Birthplace S.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Robert L. Young
(b) Address 847 N. Caroline St

JAN 17 1940 (Date rec'd by registrar) (b) Hunting for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1940 at 11:35 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1940 to Jan 16 1940 and that I last saw him alive on Jan 16 1940.

Immediate cause of death Not known - death occurred within 1 hr. following Tonsillectomy

Due to a Edenoid ectomy

Due to

Other Conditions Tonsillectomy & adenoidectomy 4 hrs. before death
(Include pregnancy within 3 months of death)

Major findings:
Of operations Chronically infected Tonsils & adenoids
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald F. Proctor M.D.
Address Johns Hopkins Hosp. Date signed 1/16/40

VS 8

5061 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 65061

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 2502 Erdman Ave. St. 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Frederick E. Wilson

If U. S. Veteran specify WAR .....

(a) Residence: No. 2502 Erdman Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice O. Mainster

6. DATE OF BIRTH (month, day, year) April 21, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Massachusetts (State or country)

FATHER

13. NAME Granville O. Wilson

14. BIRTHPLACE (city or town) Massachusetts (State or country)

MOTHER

15. MAIDEN NAME Ruth Tisdale

16. BIRTHPLACE (city or town) Massachusetts (State or country)

17. INFORMANT Mrs. Alice O. Wilson
(Address) 2502 Erdman Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Prospect Hill Cem. 1/18 1940

19. UNDERTAKER H. W. Mears & Son
(Address) 605 N. Calvert St.

20. FILED JAN 17 1940 19. Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 16, 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1938 to Jan 16 1940

I last saw him alive on Jan 15 1940 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis.	1917
(Died in Coma)	
Other contributory causes of importance:	
Arterio-sclerosis - Hypertension	
Hemiplegia of left side	1938

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wilmer C. Engor M. D.

(Address) Cockeysville Md.

OCCUPATION is very important. See INSTRUCTIONS on BACK of this CERTIFICATE

65062

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

9th-a

✓ F 65062

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 629 Orchard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 629 Orchard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

17

3 (a) FULL NAME Elizabeth Murray

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	widow

6 (b) Name of husband or wife deceased Thomas Murray

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22-1876

8. AGE: Years	Months	Days	If less than one day
63	11 10	14 23	hr. min.

9. Birthplace St. Mary Co. Md — Cause for town. (Town, county, and state)

10. Usual Occupation House maid

11. Industry or business —

FATHER
12. Name Thomas W. Brown
13. Birthplace St. Mary Co. Md.

MOTHER
14. Maiden Name Jane Rickley
15. Birthplace St. Mary Co. Md.

16 (a) Informant Mrs. Mary Bowie
(b) Address 1203 Myrtle ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-40 (month) (day)
(c) Cemetery or crematory Mt. Auburn Mem. Park
Location Balto. Co. Md

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 516 N. Bradd St.

19 JAN 17 1940 (Date rec'd by registrar) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-15- 1940, at 1:50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy, autopsy Surgeons (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary Occlusion — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mackey M.D.
Medical Examiner.
Date signed 1-16-40

65063

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 20-F

49661 65063 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 Madison Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Savage

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-29-39

8. AGE: Years	Months	Days	If less than one day
	3	13	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Edward
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Walker
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) cremation (Burial, cremation, or removal) (b) Date thereof 1-13-40 (month) (day) (year)
(c) Cemetery or crematory crematory
Location B.C.H.

18 (a) Funeral director
(b) Address Running for Williamsport, Md.

19 (a) JAN 17 1940 (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/12/40 19 at 6:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/4/40 19 to 1/12/40 19, and that I last saw h/M. alive on 1/12/40 19

Immediate cause of death Pneumonia Lobar — Duration 6 days

Due to Prematurity.

Due to

Other Conditions Congenital Syphilis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. K. Woodward Jr. M. D.
Address Balto City Hosp Date signed 1-12-40

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F 65064

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 65064
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4 South Front St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME EUGENE EDWARD HANKEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of ~~husband~~ or wife Ella G. Hankey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2-1861

8. AGE: Years 78 79 | Months 8 | Days 13,14 | If less than one day hr. — min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Elevator Operator
11. Industry or business —

FATHER 12. Name Jackson Hankey
13. Birthplace Balto. Md

MOTHER 14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs Ella J. Hankey
(b) Address 1520 N. Washington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18-40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Baltimore, Md

18 (a) Funeral director Milton Schilling
(b) Address 1122 E. Monument St

19 (a) (Date rec'd by registrar) JAN 17 1940 (b) [illegible]

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16 1940, at 9 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Acute dilatation of heart — Duration

Due to Bronchopneumonia — Duration

Due to Senility — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.

Date signed Jan 16, 1940.

65065

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. E 65065

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5114 Pembridge Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5114 Pembridge Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CARL N. HERMAN

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Tillie Herman
6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) Feby. 5, 1885

8. AGE: Years	Months	Days	If less than one day
54	11	11	hr. min.

9. Birthplace Marshall, Mo. (Town, county, and state)
10. Usual Occupation Optometrist
11. Industry or business

FATHER
12. Name Solomon Herman,
13. Birthplace Germany.

MOTHER
14. Maiden Name Pauline Alkan,
15. Birthplace France.

16 (a) Informant Mrs. Tillie Herman,
(b) Address 5114 Pembridge Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/40. (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Baltimore, Maryland.

18 (a) Funeral director David Sonnheim & Son
(b) Address 1902 Eutaw Place.

19 (a) JAN 17 1940 (Date received by registrar) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1940, at 8:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1940 to Jan 16 1940, and that I last saw him alive on Jan 16 1940.

Immediate cause of death: Coronary thrombosis — Duration 3 days
Due to: Hypertension C.V. lesions — Duration 1 year
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Manuel Levin M. D.
Address 4518 Reisterstown Rd Date signed Jan 17 1940

M. L. Wallenworker M.D.
Assistant Medical Examiner for E.R. Brantigan

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 117-B

F 65066 — Registered No. F 65066

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2327 W. North Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Earl Hammett Black (Earl Hammett Black)
3 (b) If veteran, name war Home
3 (c) Social Security Account No. 213-01-3361

4. Sex: Male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Lola B. Black
6 (c) If alive, give age 41 years
7. Birth date of deceased (mo., day, yr.) Jan. 13, 1891
8. AGE: Years 49 | Months 0 | Days 3 | If less than one day hr. min.
9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Collector
11. Industry or business Insurance Company

FATHER
12. Name Alex. Campbell Black
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Annie F. Mentzell
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Lola B. Black (wife)
(b) Address 2327 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 18/1940 (month) (day) (year)
(c) Cemetery or crematory Loraine Park Cem. Location Woodlawn Md.

18 (a) Funeral director Stewart & Brown Company
(b) Address 108 W. North Ave.

19 (Date received by registrar) JAN 17 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 15 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 31 1939 to Jan 15 1940, and that I last saw h.. alive on Jan 15 1940.

Immediate cause of death Hemorrhage — Duration 2 weeks
Due to Duodenal ulcer — 3 years
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Duodenal ulcer

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas Lester, M. D.
Address Mercy Hosp. Date signed 1/15/1940

VS 3

F 65067

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

48-B

Registered No. F 65067

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 77
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County St. Mary's
(c) City or town Hollywood
(If outside city or town limits, write RURAL and give town)
Street No. 1
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bertha Kelly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	B.	M.

6 (b) Name of husband or wife Ben. Kelly
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ?

8. AGE: Years	Months	Days	If less than one day
Ovr 50			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Cook
11. Industry or business Household

FATHER
12. Name Harrison Scott
13. Birthplace Virginia

MOTHER
14. Maiden Name Suzanne Beverly
15. Birthplace Virginia

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/40 (month) (day) (year)
(c) Cemetery or crematory St. Johns Cem.
Location Hollywood

18 (a) Funeral director P. H. Ralphsnyder
(b) Address Leonardtown Md

19 (a) JAN 17 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1940, at 10 3/4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1940, to Jan 16 1940, and that I last saw h alive on Jan 16 1940

Immediate cause of death Cardiac Failure — Duration

Due to Arteriosclerotic Cvd & Hypertension

Due to

Other Conditions Carcinomatosis — over

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy — Acute cardiac

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Edwin Schreiber M. D.
Address Mercy Hospital Date signed Jan 16 1940

VS 2

65068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 65068

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 600 Woodbourne ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 600 Woodbourne ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis A. Baker Sr.

3 (b) If veteran, name war No.

3 (c) Social Security Account No. 214-12-1915

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret M.
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) April 21 1875

8. AGE: Years	Months	Days	If less than one day
64	8	25	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Painter (House)
11. Industry or business

FATHER
12. Name Louis A. Baker
13. Birthplace Ga.

MOTHER
14. Maiden Name Mary Hammler
15. Birthplace Md.

16 (a) Informant Margaret M. Baker
(b) Address 600 Woodbourne ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 17 40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director Martin W. E. Dippel
(b) Address 321 S. Ann St

19 (a) JAN 17 1940 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1940 at 9 15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 10 1939 to Jan 16 1940
and that I last saw him alive on Jan. 16 1940

Immediate cause of death Coronary Artery Thrombosis. — Duration 8 mos.
Due to —
Due to —
Other Conditions Arteriosclerosis. 5 yrs?
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Anthony Fotenza M.D.
Address 5217 York Rd. Date signed 1/16/40

VS 8

AK

51630

BALTIMORE CITY HEALTH DEPARTMENT

F 65069

CERTIFICATE OF DEATH 30-e

Registered No. F 65069

1. PLACE OF DEATH:

(a) Baltimore City, Maryland 4940 Eastern Avenue

(b) Street address

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 684 Josephine Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Victor Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	C	Married

6 (b) Name of husband or wife Elizabeth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20 1904

8. AGE: Years	Months	Days	If less than one day
35	9	19	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business B. & O. RR

FATHER

12. Name George Robinson

13. Birthplace Maryland

MOTHER

14. Maiden Name Carrie

15. Birthplace Maryland

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location JOHNS HOPKINS MEDICAL SCHOOL JAN 17 1940

18 (a) Funeral director Commissioner of Health JAN 17 1940

(b) JAN 17 1940 H. A. Moore, Huntington Williams, M.D.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 1

5334

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-8 1940, at 1:15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-5 1940, to 1-8 1940, and that I last saw h[illegible] alive on 1-8 1940.

Immediate cause of death Central nervous system syphilis — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L. Woodward Jr. M. D.

Address Balto City Hosp. Date signed 1-9-40

12616 - RB

F 65070

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 65070

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hosps.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 yrs., 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 14 East St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anne Garrison

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? , 1895 ?

8. AGE: Years	Months	Days	If less than one day
45 ?	?	?	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business

FATHER
12. Name Major Darby
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Hill
15. Birthplace Md.

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 17 1940

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) JAN 17 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

5335

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 1940, at 6.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 7 1939, to Jan 7 1940, and that I last saw h[illegible] alive on Jan. 7 1940.

Immediate cause of death: Bronchopneumonia — Duration: 1 week

Due to:

Due to:

Other Conditions generalized arteriosclerosis — [illegible]

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 1-16-40

65071
LB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 65071

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., moe., or days) 62 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1128 Orleans St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Peter Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/12/1850

8. AGE: Years	Months	Days	If less than one day
89	5	0	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Peter Armstead
13. Birthplace Va.

MOTHER
14. Maiden Name Lucy
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL JAN 17 1940
Location JOHNS HOPKINS COMMISSION OF Health 7 1940

18 (a) Funeral director
(b) Address Per H. A. Moore

19 (a) JAN 17 1940 (Date rec'd by registrar) Hunter for Williams, M.D. Registrar
58933

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12 1940, at 7 05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5 1928 to Jan. 12 1940, and that I last saw h[illegible] alive on Jan. 12 1940

Immediate cause of death Arteriosclerotic Heart Disease — Duration unknown.

Due to

Due to

Other Conditions Arteriosclerosis, generalized — unknown.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Bello Clin Hosp. Date signed 1-16-40 M. D.

F 65072

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B Registered No. F 65072

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs.?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 616 N. Caroline St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Dorsey (51625)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? ?

8. AGE: Years	Months	Days	If less than one day
37?			hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Anna
15. Birthplace ?

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 17 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (c) JAN 17 1940 Huntington Williams, M.D. Registrar

VS 3

5338

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7, 1940, at 9:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5, 1940 to Jan. 7, 1940 and that I last saw h im alive on Jan. 7, 1940.

Immediate cause of death Tuberculosis of the lungs — Duration Several

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Balto. City Hospitals Date signed 1-8-40.

F 65073

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-D

Registered No. F 65073

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1424 E. Pratt St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3rd

3 (a) FULL NAME William Gordon (51302)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 20, 1895

8. AGE: Years	Months	Days	If less than one day
44	10	22 21	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Charles
13. Birthplace Md.

MOTHER
14. Maiden Name Anna Maria Dorsey
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 17 1940
Commissioner of Health
18 (a) Funeral director
(b) Address Per H. A. Modisett, M.D.
19 (a) JAN 17 1940 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11, 1940, at 1:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 26, 1939 to Jan. 11, 1940, and that I last saw him alive on Jan. 11, 1940.

Immediate cause of death Tuberculosis of the lungs — Duration December 1939
Due to Spontaneous pneumothorax
Due to Tuberculosis
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Falcaro M. D.
Address Balto. City Hospitals Date signed 1-11-40

VS 3

F 5337

Dr Shannon 710 N Fulton Ave

F 65074

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B Registered No. F 65024

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2018 Harlem Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2018 Harlem Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Blanche E. Bowen

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Emerick Bowen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 22 1874

8. AGE: Years	Months	Days	If less than one day
65	10	22	hr. min.

9. Birthplace Fairhaven Md.
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name George Wilson
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. E. Bowen
(b) Address 2018 Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 19, 40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave & Mo

18 (a) Funeral director Shannon & Co
(b) Address 1217 E. Monument

JAN 17 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1940, at 6:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 22 1939 to Jan 16 1940, and that I last saw h[illegible] alive on Jan 16 1940.

Immediate cause (a) Chr. Nephritis

Due to

Due to

Other Condition Chr. Nephritis.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos E. Shannon M.D.
Address 700 N. Fulton Ave Date signed Jan 16 1940

VS 8

5075

F 65075

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1201 Valley & Poplar Sts. (If rural give location) Little Sisters of the Poor
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME ANNA MC CAFFREY

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1, 1852

8. AGE: Years	Months	Days	If less than one day
87	3	15	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Patrick Mc Caffrey
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Mc Guire
15. Birthplace Ireland

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18 1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Bela Wiedefeld
(b) Address 914 Fremont Ave

19 (a) JAN 17 1940 (Date rec'd by registrar) (b) Hunting for Witness, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16 1940, at 11:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death: Arteriosclerotic heart disease
Due to: debility
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeier M.D. Medical Examiner.
Date signed Jan 16, 1940

5076

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A

F 65076
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1521 N. Appleton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or Town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1521 N. Appleton St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 29 years

3 (a) FULL NAME Ida Esther Truman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day hr.	min.
85				

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Isadore —
13. Birthplace Russia

MOTHER
14. Maiden Name Lottie —
15. Birthplace Russia

16 (a) Informant Jacob Truman
(b) Address 1521 N. Appleton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew Park
Location Old Pikesville Rd. Brooklyn Md.

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Baltimore St

Date filed (by registrar) JAN 2 1940 (Signature of registrar) Hortense Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-17-40 19 30 at 8 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1937 to Jan. 17, 1940.
and that I last saw her alive on Jan. 16, 1940.

Immediate cause of death Arteriosclerotic Cardio-vascular-Renal Disease — Duration ?

Due to

Due to

Other Conditions Bronchio-pneumonia — 4 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. J. Gerson M. D.
Address 2340 Eutaw Place Date signed Jan. 17, 1940

65077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 65077 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Brengsprung & Belvedere Ave
(c) Hospital or institution: Levindale
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town (If outside city or town limits, write RURAL and give town) Levindale
(d) Street No. 7 (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Ida Newhouse

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Phillip Newhouse

6 (c) If alive, give age 81 years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day hr.	min.
72				

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Sig Tumblett
(b) Address Brengsprung & Belvedere

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-40 (month) (day) (year)
(c) Cemetery or crematory Baal
Location Old Rd & Hamilton Ave

18 (a) Funeral director Jack Levin Inc.
Address 1832 E. Balto St

19 (a) JAN 17 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-16 1940 at 1 46 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/30 1939 to 1/16 1940 and that I last saw her alive on 1/16 1940

Immediate cause of death Bronchopneumonia

Due to 1

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Edmund Levin M. D.
Address Levindale Date signed 1/16/40

F 65078

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52-a

Registered No. F 65078

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 315 N. Calhoun St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Calvin Edward Gillette

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-2974

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Mattie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-25-88

8. AGE: Years	Months	Days	If less than one day
51 52		22 21	hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Moses ?

13. Birthplace Va

MOTHER 14. Maiden Name Jane Southall

15. Birthplace Va.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Baltimore, Md

18 (a) Funeral director Charles G. Corpus

(b) Address 514 N. Calhoun St.

19 (Date rec'd by registrar) JAN 17 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1940 at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 14 1939 to Jan 16 1940, and that I last saw him alive on Jan 16 1940.

Immediate cause of death Hypernephroma of Rt. Kidney — Duration 4 Months

Due to

Due to

Other Conditions Diabetes mellitus Arteriosclerosis (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Klumpfelhuge

Address J. H. Hosp. Date signed 1/16

VS 8

F 65070

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-6

Registered No. F 65079

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4013 Overlea Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Overlea
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4013 Overlea Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Becker

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Florence D. Becker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1, 1865

8. AGE: Years 74 | Months 5 | Days 15 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Station Engineer
11. Industry or business Public Utility

FATHER: 12. Name Conrad Becker
13. Birthplace Germany

MOTHER: 14. Maiden Name Catherine Pabst
15. Birthplace Germany

16 (a) Informant Miss Verna Becker
(b) Address 4013 Overlea Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 19th 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore, Maryland

18 (a) Funeral director Frederick Eschenburg Son
(b) Address 7901 Belair Road

19 (a) JAN 17 1940 (Date rec'd by registrar) Huntingtown, Md. (b) Address

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16, 1940, at 12:15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 8, 1940 to Jan. 16, 1940, and that I last saw him alive on Jan. 16, 1940.

Immediate cause of death	Duration
Cerebral hemorrhage	9 days
Due to Arteriosclerosis	Many yrs.
Due to Lues	Many yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. C. Wilkinson, M. D. M. D.
Address 5713 Bel Air Rd. Date signed 1-16-40

correct age is especially important. Physicians, please write plainly.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65080

CERTIFICATE OF DEATH

92-B

F 65080

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 150 South Culver Street.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John Baptist Schlaffer

If U.S. Veteran specify WAR ...

(a) Residence No. 150 South Culver Street (Usual place of abode)

S.S.NO.213-10-8731

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Schlaffer

6. DATE OF BIRTH (month, day, year): July 30, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Brush Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: John B. Schlaffer

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Mary Schlicht

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Anna Schlaffer

(Address): 150 S. Culver St.

18. BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Date: Jan. 18 19 40

19. UNDERTAKER: John A. Miller

(Address): 2334 Jefferson St.

20. FILED: JAN 17 1940 Hunting for Williams Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 15, 1940

I HEREBY CERTIFY, That I attended deceased from December 27, 1939 to January 15, 1940

I last saw him alive on January 15 1940 Death is said to have occurred on the date stated above, at 3.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Parenchymatous Nephritis	12.27.39
Pulmonary Embolus	1.11.40
Other contributory causes of importance: mitral Stenosis, Cardiac Hypertrophy	Not Known

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Physical + Laboratory examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) J. Edward Norris, M. D.

(Address) 107 East west street.

65081

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B ✓ Registered No. F 65081

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5319 Sturgeon Ook Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5319 Sturgeon Ook Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME EDWARD C. TRABANDT

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife ———
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 27-1891

8. AGE: Years	Months	Days	If less than one day
48	10	19	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Retired Farmer
11. Industry or business

FATHER
12. Name John C. Trabandt
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Margaret Wehr
15. Birthplace Balto. Md

16 (a) Informant John A. Trabandt
(b) Address 2908 Garrett Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 18-1940 (month) (day) (year)
(c) Cemetery or crematory Balto. Co.
Location Gay St. + North Ave.

18 (a) Funeral director John A. Myler
(b) Address 736 Jefferson St.

19 (a) JAN 17 1940 (Date rec'd by registrar) Hunting & Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16 1940, at 9a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to h— death on the day stated above.

Immediate cause of death	Duration
Cardiac disease	
mitral insufficiency	
Due to rheumatic heart disease.	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Major findings:	
Of operations	
Of autopsy no autopsy	

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. F. Wollenmaier M.D. Medical Examiner.
Date signed Jan 16, 1940

over

VS 6

CGK

65082

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45 F

51929

Registered E 65082

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 328 S. Duncan St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Antoni Dubicki

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1891

8. AGE: Years	Months	Days	If less than one day
48	5	1	hr. min.

9. Birthplace Poland
(Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business –

FATHER
12. Name John
13. Birthplace Poland

MOTHER
14. Maiden Name Rose
15. Birthplace Poland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem.
Location Baltimore County

18 (a) Funeral director John M. Debus
(b) Address 461 S. Chester St.

19 (Date received by local registrar) JAN 17 1940 Harrington Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-16 1940, at 5.35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-15 1940 to 1-16 1940, and that I last saw him alive on 1-16 1940.

Immediate cause of death	Duration
Carcinoma of pharynx	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Gastrostomy performed
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. K. Underwood Jr. M. D.
Address Baltimore City Hosp. Date signed 1-17-40

F 65083

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 65083 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 333 E. 25th St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) life
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 333 E. 25th St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME George H. Gardner

3 (b) If veteran, name war	3 (c) Social Security Account No.
-------	-------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Cora Eggers Gardner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1872

8. AGE: Years	Months	Days	If less than one day
68	10		hr. min.

9. Birthplace Brooklyn Md.
(Town, county, and state)

10. Usual Occupation Retired (Restaurant Bus)
11. Industry or business

FATHER
12. Name George H. Gardner
13. Birthplace Brooklyn, Md.

MOTHER
14. Maiden Name Christina Leyman
15. Birthplace Brooklyn Md.

16 (a) Informant Mrs. Cora Gardner
(b) Address 333 E. 25th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 18, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave

18 (a) Funeral director Mary M. Hirshfeld
(b) Address 501 E. 22nd St.

19 (a) Date received by Registrar (b) [illegible] Registrar

JAN 18 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15, 1940, at 2:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 31st 1939, to Jan 15th 1940 and that I last saw him alive on Jan 15th 1940

Immediate cause of death: Acute Cardiac Dilatation — Duration: 1 day
Due to Myocarditis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address 401 E 25th St. Date signed 1/17/40

F 65084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-W F 65084 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3402 W. North Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 3402 W. North Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? life years

15-6

3 (a) FULL NAME Virigina Carr Merritt

3 (b) If veteran, name war -----
3 (c) Social Security Account No. -----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Charles S. Merritt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12, 1864

8. AGE: Years	Months	Days	If less than one day
76 75	4 8	4	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housekeeper (at home)
11. Industry or business

FATHER
12. Name Henry Carr
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Catherine V. Stoner
15. Birthplace Baltimore, Md.

16 (a) Informant Miss Elizabeth Merritt
(b) Address 3402 W. North Ave.

17 (a) Loudon Park (Burial, cremation, or removal) (b) Date thereof Jan. 18, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd.

18 (a) Funeral director J. Liston Weidefeld
(b) Address 1501 E. 22nd St.

JAN 18 1940
(Date rec'd by registrar) [illegible] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16 1940, at 9:50 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1, 1939 to Jan. 16, 1940. and that I last saw her alive on Jan. 15 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration: 20 hours
Due to: Hypertension and arteriosclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Maurice E. Hamner, M. D.
Address 3300 W. North Ave Date signed 1/16/40

Correct age is especially important

F 65085

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-D

F 65085 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10mo3da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 522 E. 20th Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Staylor Cromwell Lowe

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
WW	212-10-5836	Male	White	Married

6 (b) Name of husband or wife Carolyn Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5, 1899

8. AGE: Years	Months	Days	If less than one day
40	10	12	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Chauffeur-Belle Isle Cab
11. Industry or business

FATHER
12. Name John Lowe,
13. Birthplace Baltimore, Maryland.

MOTHER
14. Maiden Name Margaret Dudrow,
15. Birthplace Baltimore, Maryland.

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ U. S. National
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 127 St Paul St. for Williamsport, Md.

JAN 18 1940 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17, 1940 at 12:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 14, 1939 to Jan. 17, 1940, and that I last saw h im alive on Jan. 17, 1940

Immediate cause of death: Bronchial pneumonia — Duration: 48 hrs.
Hydrothorax
Due to Carcinoma of lung with extension into the neck
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations Exploratory incision
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. M. M. Anderson M. D.
Address U.S.Marine Hospital Date signed 1-17-40
Baltimore, Maryland.

VS 3

49478 - RB

F 65086

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

98 ✓

Registered No. F 65086

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo., 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1713 Bolton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ernest A. Richardson

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-18-8013

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22, 1872

8. AGE: Years	Months	Days	If less than one day
67	8	18	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business

FATHER
12. Name James A. Richardson
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Rodgers Merryman
15. Birthplace Md.

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1/18/40 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

JAN 18 1940 (Date rec'd by Registrar) (Signature of Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-16 1940 at 1:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-23 1939 to 1-16 1940, and that I last saw him alive on 1-16 1940.

Immediate cause of death: Arteria Sclerotic gangrene of foot — Duration over 2 months
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations Gangrene right foot
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. A. Richardson M. D.
Address Balto city Hosp. Date signed 1-16-40

Dr Weinberg Park Heights

F 35087

87

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-0 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2061 Druid Park Drive
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(b) Street No. 2061 Druid Park Drive (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Raymond B. Lentz

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lillian R. Lentz
6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) Jan 21, 1891

8. AGE: Years	Months	Days	If less than one day
48	11	25	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

MOTHER | FATHER

12. Name Levi B. Lentz
13. Birthplace md.
14. Maiden Name Margaret S. Koontz
15. Birthplace md.

16 (a) Informant Lillian R. Lentz
(b) Address 2061 Druid Park Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20, 1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615-17 Eastern Ave

(a) (b) Hunting Ave Wholesale, Md
(Date rec'd by registrar)

JAN 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16, 1940, at 8 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 25th 1939. to Jan 16th 1940.
and that I last saw h alive on Jan 16th 1940.

Immediate cause of death Coronary thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Weinberg M. D.
Address 3735 Park Heights Ave Date signed 1-18-40

F 65088 Meyer

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 65088

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D. C. I. University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

20-8

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balt (If outside city or town limits, write RURAL and give town)
(d) Street No. 451 Gale Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Meyer

3 (b) If veteran, name war No | 3 (c) Social Security Account No. 215-09-4663

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Ida M.
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Aug 14 1865

8. AGE: Years	Months	Days	If less than one day
54	5	1	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Yard Worker
11. Industry or business Electromotive Co

FATHER
12. Name Edmund Meyer
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Wolf
15. Birthplace Germany

16 (a) Informant Ida M. Meyer
(b) Address 451 Gale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18 40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Waterlow Md

18 (a) Funeral director Wilson & Co
(b) Address 1219 Eutaw St

19 (a) Date received by Registrar JAN 18 1940 (b) Filed Jan 18 1940 Registrar

VS 6

MEDICAL CERTIFICATION

83-a

20. DATE OF DEATH January 17 1940 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner
Date signed 1/15/40

65089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

M-B

F 65089 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 N. Eutaw St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 100 N. Eutaw St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Arthur Durham

3 (b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Margaret F. Durham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 29-1878

8. AGE: Years	Months	Days	If less than one day
61	3	18	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Policeman retired
11. Industry or business

FATHER 12. Name Corbin Durham
13. Birthplace Balto. Md

MOTHER 14. Maiden Name Maria E. Minnick
15. Birthplace Balto. Md

16 (a) Informant Mrs. Marg. F. Durham
(b) Address 100 N. Eutaw St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 19-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto Md

18 (a) Funeral director Portmann Bros
(b) Address 2224 N Charles St

JAN 18 1940 (a) Registrar (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1940, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1931 to Jan 17 1940.
and that I last saw him alive on Jan 16 1940.

Immediate cause of death	Duration
Pulmonary Tuberculosis	over 9 yrs
Due to	
Due to Rheumatoid Arthritis	over 10 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. C. Pettelon M. D.
Address 817 Hamilton Ave Date signed

VS 3

F 65090 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 65090

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hosp. Registered No. 107

CITY OF BALTIMORE: (No.) Linden & Madison St., Ward 17

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Joan Eckert If U. S. Veteran specify WAR ___

(a) Residence: No. 3812 Woodbourne Ave St., ___ Ward. ___
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ___

6. DATE OF BIRTH (month, day, year) 4/6/39

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
9 months	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ___

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ___

10. Date deceased last worked at this occupation (month and year) ___ 11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Wilson Eckert

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Violet Hagen

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Wilson Eckert
(Address) Same

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date 1/19 1940

19. UNDERTAKER Leonard B. Ruck
(Address) 3206 Hartford Rd

20. FILED ___ 19 ___ ___ Registrar.

JAN 18 1940

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 1-17 1940

22. I HEREBY CERTIFY, That I attended deceased from 12-25 1939 to 1-17 1940

I last saw her alive on 1-17 1940 Death is said to have occurred on the date stated above, at 9:27 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, Bilateral	
Emphysema of Rt Chest	
Peritonitis	ovrl
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1-5-40

For what disease or injury? Peritonitis

Name of operation Laparotomy

What test confirmed diagnosis? Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___ 19___

Where did injury occur? ___ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___ If so, specify ___

(Signed) L. G. Post M. D.

(Address) Maryland General Hosp.

65091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A

F 65091 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1036 N. Dallas St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1036 N. Dallas St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mariah L. Lucas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	C	Widowed

6 (b) Name of husband or wife Elisha Lucas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 11th 1869

8. AGE: Years	Months	Days	If less than one day
70	5	4	hr. min.

9. Birthplace Dorchester Co. Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Batholma Woolford
13. Birthplace Md

MOTHER 14. Maiden Name Mariah Thomas.
15. Birthplace Md.

16 (a) Informant Loretta Jones.
(b) Address 1036 N. Dallas St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem.
Location Baltimore a.a. co Md

18 (a) Funeral director Belmont Mamie H. Wright
(b) Address 128 N. Eldersley St

19 (a) Filed JAN 18 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1940, at 4 H M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/27 1939, to June 15 1940, and that I last saw h[illegible] alive on 1-14 1940.

Immediate cause of death Chr. Interstitial nephritis — Duration 2 yrs
Due to Senile Changes
Due to
Other Conditions Chr. myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Calvin B. LeCompte M. D.
Address 413 N. Carolina St Date signed 1/17/40

F 65092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 65092 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1527 N. Bentalou St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) V V yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1527 N. Bentalou St (If rural give location)
(e) If foreign born, how long in U. S. A.? V V years

15 3

3 (a) FULL NAME Celia Klawan

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Michael
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Not known
13. Birthplace Russia

MOTHER
14. Maiden Name Not known
15. Birthplace Russia

16 (a) Informant Rose Klawan
(b) Address 1527 N. Bentalou St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-40 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Old Rd & Bowleys Lane

18 (a) Funeral director Jack Lewis Inc.
(b) Address 1439 E. Balto St.

JAN 18 1940 (Date rec'd by registrar) Standing for Hollis Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-17-40 19 . at 6.30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1934 to Jan 16 1940. and that I last saw h alive on 1/16 1940.

Immediate cause of death Hypertrophic Cirrhosis Myocarditis — Duration 5 yrs.
Due to
Due to
Other Conditions Chronic Laryngitis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Goodman
Address 3400 E. Balto St. Date signed 1/18/40

F 65093

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 65093 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave & Madison
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3123 O'Donnell St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ~~Life~~ years

3 (a) FULL NAME Mr Charles Duvall

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anna Duvall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 20 1899

8. AGE: Years	Months	Days	If less than one day
50	1	16	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Frank W. Duvall
13. Birthplace Anne Arundel Co

MOTHER
14. Maiden Name Katherine Keil
15. Birthplace Balto. Md

16 (a) Informant Mrs. Anne Duvall
(b) Address 3123 O'Donnell St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave Rd.

18 (a) Funeral director John A. McCann
(b) Address 3000 E Baltimore St.

19 JAN 18 1940 (Registered by number) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1940, at 12 15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-2 1940 to 1-16 1940 and that I last saw him alive on 1-16 1940.

Immediate cause of death	Duration
Lobar Pneumonia	
Chronic Nephritis	
Due to	
Due to	
Other Conditions Pleurisy & Pneumonia (include pregnancy within 3 months of death)	over

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. C. Post M. D.
Address Maryland Gen. Hosp. Date signed 1-16-40

VS 3

F 65094

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164 E

F 65094

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) one month and a half
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 601 N. Edmondson ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jonnes Peter Jensen

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03-2086

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lottie Jensen
6 (c) If alive, give age 22 years

7. Birth date of deceased (mo., day, yr.) Sept 4 1915

8. AGE: Years	Months	Days	If less than one day
24	4	12	hr. min.

9. Birthplace City
(Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Coal Co.

FATHER
12. Name Henry Jensen
13. Birthplace Denmark

MOTHER
14. Maiden Name Bertha Thompson
15. Birthplace Denmark

16 (a) Informant Lottie Jensen
(b) Address 601 N. Edmondson ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave. Rd.

18 (a) Funeral director John A. Hoffman
(b) Address 3000 E. Balto. St.

19 (a) JAN 18 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-16- 1940, at 4:15 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection - Injury (Autopsy or Inquiry) thereon and from the evidence obtained by said Inspection - Injury (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Multiple fractures, (accidental)	
Due to Cerebral hemorrhage	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 1-16-40
(c) Where did injury occur? City - Davis st. and Fleming (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Court House Building While at work? No
(Specify type of place) (CHARLES)
(e) Means of injury Jumped or fell from window

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 1-16-40

res. same as above

F 65095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 65095

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 N. Mount St., 16-3 Ward)

Registered No. 10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Shelley Worthey

If U. S. Veteran specify WAR

(a) Residence: No. 918 N. Mount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 4, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga.

FATHER

13. NAME John Worthey

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Lila Thaxton

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT Lillie Thaxton

(Address) 918 Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place Asperton, Georgia Date Jan 19, 1940

19. UNDERTAKER Mrs Katy R. Williams

(Address) 322 N Schroeder St

20. FILED JAN 18 1940 Harrington Williams M.D. Registrar.

OCCUPATION is very important. See instructions on reverse side.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/17, 1940

22. I HEREBY CERTIFY, That I attended, deceased from 12/27, 1939 to 1/17, 1940

I last saw her alive on 1/16, 1940 Death is said to have occurred on the date stated above, at 3:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12/27/39
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) J. T. Applewhite M. D.

(Address) 600 Lanvale St

F 65096 51863 - HB

F 1629

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

159 Registered No.

F 65096

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 121 S. Register Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Wendt, (Bonnie)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/13/40

8. AGE: Years | Months | Days: 1 | If less than one day: 1 hr. 5 min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Lee
13. Birthplace Texas

MOTHER
14. Maiden Name Bonnie Newcomb
15. Birthplace Texas

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1-17-40 (month) (day) (year)
(c) Cemetery or crematory crematory
Location BCH

18 (a) Funeral director
(b) Address

19 JAN 18 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-14 1940 at 5:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-13 1940, to 1-14 1940 and that I last saw him alive on 1-14 1940.

Immediate cause of death: Pneumonia — Duration

Due to: 2 Empyema
5 postoperative abdomen

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. Lamar Dawson M. D.
Address Balto City Hosp. Date signed 1-18-40

VS 3

374183
F 65097

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

160-3 F Registered No. 65097

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1018 N. Washington (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lester Zicha

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-14-40

8. AGE: Years | Months | Days: 3 | If less than one day: hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER / FATHER
12. Name Frank Zicha.
13. Birthplace Md.
14. Maiden Name Bessie Stinson
15. Birthplace Md.

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18, 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Horners Lane

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison St.

JAN 18 1940 (Date rec'd by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-16 1940. at 9:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-14 1940. to 1-16 1940. and that I last saw him alive on 1-16 1940.

Immediate cause of death: Intracranial hemorrhage from birth injury — Duration: 2 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 1/17/40

F 65098 ✓ F 65098

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 401 N East Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-10

(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 401 N. East Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Albert James

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-0033

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct 26 1884

8. AGE: Years	Months	Days	If less than one day
55	2	21/20	hr. ..... min.

9. Birthplace Baltimore (town, county, and state)

10. Usual Occupation Shoe Cutter

11. Industry or business

FATHER
12. Name Alfred Jones
13. Birthplace Baltimore

MOTHER
14. Maiden Name Emma Dorsey
15. Birthplace Baltimore

16 (a) Informant Mrs Blanche Smith
(b) Address 401 N East Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. Fork Ave.

18 (a) Funeral director John Albrecht
(b) Address 2004 Orleans St

19 (a) (Date received by registrar) Jan 18 1940 by [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1940, at 7 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 4-39, to Jan 16-40, and that I last saw him alive on Jan 16-40.

Immediate cause of death Carcinoma Rectum — Duration 6 mo

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Hamman, M. D.
Address 913 E Balto St Date signed 1/17/40

F 65099 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 65099

CERTIFICATE OF DEATH

51B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hosp. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 11 mos. 5 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Frederick Smith

If U. S. Veteran specify WAR

(a) Residence: No. 2327 E. Oliver St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sept 12, 1864

6. DATE OF BIRTH (month, day, year) Feb 4 1864

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
75	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frederick Smith Sr.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Doerr

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Raymond C. Smith

(Address) 2327 E. Oliver St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Jan 20, 1940

19. UNDERTAKER John H. Bush

(Address) 1508 Orleans St.

20. FILED JAN 18 1940 by J. C. Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-17-40, 19

22. I HEREBY CERTIFY, That I attended deceased from 5-18-39, 19, to 1-17-40, 19

I last saw him alive on 1-17-40 19. Death is said to have occurred on the date stated above, at 10:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	3 yrs.
Carcinomatosis	1 yr.
Other contributory causes of importance:	
Cardiac Collapse	2 days

Was an operation performed? Yes. Date of 1937

For what disease or injury? Ca. of prostate

Name of operation Transurethral prostatectomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. D. Magruder M. D.

(Address) Md. Gen'l Hosp

65100

COK

BALTIMORE CITY HEALTH DEPARTMENT 50328 Registered No. E 65100

CERTIFICATE OF DEATH 186-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Md.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 843 W. Lombard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hannah Jennie Reed

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 9, 1863

8. AGE: Years 76 | Months 11 | Days 7 | If less than one day: hr. min.

9. Birthplace: Delaware (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Wm. LeCompte
13. Birthplace: Del.

MOTHER
14. Maiden Name: Ellen Brown
15. Birthplace: Del.

16 (a) Informant: Records
(b) Address: Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20, 40 (month) (day) (year)
(c) Cemetery or crematory: Old St Pauls Cemetery
Location: Kent County, Maryland

18 (a) Funeral director: Pott & Bro. M. Walters
(b) Address: Pratt & Stricker Sts

19 (a) (Date received by registrar) (b) Registrar

JAN 18 1940

Hunter, Jr. Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-16 1940 at 38. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-20 1939, to 1-16 1940, and that I last saw her alive on 1-16 1940.

Immediate cause of death: Fracture left femur — Duration: 8 weeks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Accident
(b) Date of occurrence: 11-20-39
(c) Where did injury occur? Baltimore (City or town) Md (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Back yard of home (Specify type of place) While at work? yes
(e) Means of injury: Fall on slippery ground in clothes

23. Signature: E. Brandenburg Jr. M. D.
Address: Balto City Hosp. Date signed 1-17-40

65101

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

184

F 65101 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6203 Eversall Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME ROBERT SNELLING

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 21-29

8. AGE:

Years	Months	Days	If less than one day
10	1	29	hr min

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Scholar

11. Industry or business

FATHER
12. Name Richard Talbot
13. Birthplace Not known

MOTHER
14. Maiden Name Evelyn Snelling
15. Birthplace Baltimore

16 (a) Informant Evelyn Snelling
(b) Address 6203 Eversall Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date then Jan 17 39 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Harford Road

18 (a) Funeral director H. L. Marshall
(b) Address 3539 Falls Road

(c) (Date received by Registrar) (b) Registrar

JAN 18 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16 1940, at 4:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Hemorrhage intra-abdominal — Duration

Due to Bullet wound of abdomen

Due to

Other Conditions no history

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence January 16, 1940
(c) Where did injury occur? 6222 Eversall Ave, Balto (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury 22 Caliber rifle bullet wound

23. Signature H. L. Wollenweber M.D. Medical Examiner

Date signed Jan 17 1940

HEALTH DEPARTMENT—CITY OF BALTIMORE

65102 F 65102

CERTIFICATE OF DEATH

96

65102

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph's Hosp. St., 17-W Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Oscar Stewart
If U. S. Veteran specify WAR

(a) Residence: No. 1023 Myrtle Ave St., S.S. No. 219-05-5918 Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	C	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lena

6. DATE OF BIRTH (month, day, year) April 10 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	109	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lena Stewart
(Address) 1023 Myrtle ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 1-19 1940

19. UNDERTAKER A Hohfeld & Bro
(Address)

20. FILED 1940 Registrar.

JAN 18 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-15 1940 to 1-15 1940

I last saw him alive on 1-15 1940 Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from ruptured aorticaneurism	

Other contributory causes of importance: Early lobar pneumonia

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. R. Arnaut M. D.

(Address) St. Joseph's Hosp

Howard J. Malloy M.D.
Chief Medical Examiner

Attending Physician, Baltimore, Md.

OCCUPATION IS VERY Important. See Instructions

65103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-40 65103

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 Penna ave St. 17-1 Ward)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Hill

If U. S. Veteran specify WAR .....

(a) Residence: No. 909 Penna ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Hill

6. DATE OF BIRTH (month, day, year): 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Richmond Va

FATHER

13. NAME: Lee Hutchins

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Mary Anderson

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Henry Hill
(Address) 909 Penna ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 1-19-40 19..

19. UNDERTAKER: William A Jackson
(Address) 916 Pennsylvania ave

20. FILED JAN 18 1940 Registrar for Williams M.D.

OCCUPATION is very important. See instructions on reverse side.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/14, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1940 to Jan 14, 1940

That I last saw h[illegible] alive on Jan 14, 1940 Death is said to have occurred on the date stated above, at 7.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1/14/40
Duration 6 hrs	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) D. J. Hafeli M. D.

(Address) 1718 Penna Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

65104 F 4970 CERTIFICATE OF DEATH 159 F 65104

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 22-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Baby Girl Yancey

(a) Residence: No. 607 Warner St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 10th 1940

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Green

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Alice Yancey

16. BIRTHPLACE (city or town) (State or country) Wright? Virginia

17. INFORMANT Mother

(Address) 607 Warner St

18. BURIAL, CREMATION, OR REMOVAL JOHNS HOPKINS MEDICAL SCHOOL JAN 18 1940

Place Commissioner of Health 19

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED Jan 18 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14th, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 10th, 1940 to Jan 14th, 1940

I last saw her alive on Jan 14th, 1940. Death is said to have occurred on the date stated above, at 10:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance: Aspiration Pneumonia	1 day

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. King B. E. Logan Jr. M. D.

(Address) University Hospital

OCCUPATION IS Very Important. Be Particular.

JAN 18 1940 15339

F 65105

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 65105

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 120 S. Castle Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 120 S. Castle Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Rozalia Barasowski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife 1871

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
69 68			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Mrs Arthur Bregel
(b) Address 414 S. Ann Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Balto. County

18 (a) Funeral director John M. Weber
(b) Address 1401 E. Chester St

19 (a) (Date received by Registrar) JAN 18 1940 (b) Registrar Hunter Jos Williamson, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1940, at 9.55 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1940, to Jan 16 1940, and that I last saw h alive on Jan 16 1940.

Immediate cause of death Acute Cardiac Dilatation
acute cholecystitis
Due to Chronic myocarditis
arteriosclerosis

Duration
3 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hunter Jos Williamson M. D.
Address 731 S. Patterson Pk Ave Date signed 1/18/40

F 65106

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 Registered No. F 65106

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Baltimore, Md.
(b) Street address 2127 W. Mulberry St
(c) Hospital or institution: F. 1660

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) ~~always~~

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2127 W. Mulberry St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Spencer

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife: None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 18, 1940

8. AGE: Years	Months	Days	If less than one day
0	0	0	0 hr. 2 min.

9. Birthplace Baltimore, Maryland (Town, county and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Theodore Spencer
13. Birthplace Washington D. C.

MOTHER
14. Maiden Name Blanche Cook
15. Birthplace Baltimore, Md.

16 (a) Informant Blanche Spencer
(b) Address 2127 W. Mulberry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 19 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director Williams & Tubman & Sons
(b) Address North & Pennsylvania Ave

19 (Date received) JAN 18 1940 Hunter ff Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18 1940, at 8:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 18 1940, to January 18 1940, and that I last saw h~~im~~ alive on January 18 1940.

Immediate cause of death — Duration

1: Prematurity
2: Asphyxia

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leon Ashman M. D.
Address 201 Public Square Ct. Date signed 1-18-40

51930 - RB

F 65107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53

Registered No. E 65107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 59 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1019 Central Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Degler

3 (b) If veteran, name war None

3 (c) Social Security Account No. 215-07-98-30

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Elizabeth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 8, 1880

8. AGE: Years 59 | Months 2 | Days 9 | If less than one day: hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Soliciting

11. Industry or business Four Besche Bros.

FATHER
12. Name Gottlieb Degler
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Zimmer
15. Birthplace Md.

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20-1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md.

18 (a) Funeral director Bertram B. Fife
(b) Address 2324 N. Charles St.

19 (a) JAN 18 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-17 1940, at 10.25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-15 1940, to 1-17 1940, and that I last saw h[illegible] alive on 1-17 1940.

	Duration
Immediate cause of death: Ludwigs angina	few days
Due to: Epithelioma of face and mouth - probably basal cell?	?
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations see above
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. K. Woodward M.D.
Address Balto. City Hosp. Date signed 1-18-40

VS 3

BReves

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 65108 Registered No. F 65108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2702 Riggs Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2702 Riggs (If rural give location)
(e) If foreign born, how long in U. S. A.? 75 years

3 (a) FULL NAME Louis Braves

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Fritz Braves dec'd
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3 [illegible]

8. AGE: Years 96 | Months 10 | Days | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Jacob Wald
13. Birthplace Germany

MOTHER
14. Maiden Name Sabina
15. Birthplace Germany

16 (a) Informant Lotta Braves
(b) Address 2702 Riggs Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20 '40 (month) (day) (year)
(c) Cemetery or crematory Westview
Location Beth, Md

18 (a) Funeral director Mamie Cook Lyles
(b) Address 1600 W. North Ave

19 (a) [illegible] (b) Huntington Williamsport, Md.

Registered JAN 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16th 1940, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3d 1940, to Jan 16 1940, and that I last saw h[illegible] alive on Jan 16 1940

Immediate cause of death	Duration
Myocarditis	
Due to Age	
Due to	
Other Conditions Hypostatic Pneumonia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis Gschwend M. D.
Address 920 Garrison Blvd Date signed

JAN 18 1940
VS 1

F 65109

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-A Registered No. F 65109

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2302 Tioga Pk Way
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2302 Tioga Pk. Way
(If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME Joseph Brenner

3 (b) If veteran, name war: 3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Married

6 (b) Name of husband or wife Hannah
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Scrap Iron Dealer
11. Industry or business

FATHER
12. Name Harry
13. Birthplace Rus.

MOTHER
14. Maiden Name Tobia
15. Birthplace Rus.

16 (a) Informant Nathan Brenner
(b) Address 2302 Tioga Pk. Way

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/40 (month) (day) (year)
(c) Cemetery or crematory Sons of Abraham Cem.
Location Hagerstown Md

18 (a) Funeral director Jack Lewis
(b) Address 1439 E. Balto. St.

19 (a) (Date received by registrar) (b) Huntington Williams M.D. Registrar

JAN 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17- 1940, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1936 to Jan 17 1940, and that I last saw him alive on Jan 17 1940.

Immediate cause of death: Coronary Thrombosis — Duration 6 yrs+
Due to Coronary arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Milton B. Fuss
Address 2904 Resterstown Rd. Date signed Jan 18/40 M. D.

F 65110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 65110

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 806 S. HIGHLAND AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 806 S. HIGHLAND AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

2-6-11

3 (a) FULL NAME ALEXANDER SIBISKI

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mary Sibiski

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan. 10-1849

8. AGE: Years 91 | Months 0 | Days 6 | If less than one day hr. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual Occupation: Retired

11. Industry or business: Laborer

FATHER
12. Name: Unknown
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Germany

16 (a) Informant: Henry J. Sibiski (Son)
(b) Address: 806 S. Highland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 19/40 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn
Location: Eastern Ave Road

18 (a) Funeral director: Lilly & Leiter Inc.
(b) Address: 403 S. Wolfe St.

19 JAN 18 1940 (Date rec'd by registrar) (b) Huntingtown Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 16/40 19 , at 8/45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 9 1940, to Jan. 16 1940, and that I last saw him alive on Jan. 16 1940.

Immediate cause of death: Chronic Myocarditis — Duration: ?

Due to: Arteriosclerosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Michael J. Dowd M. D.
Address 2530 E. Baltimore St. Date signed 1-17-40

VS 3

65111

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 ✓ F 65111 Registered No. 84494

1. PLACE OF DEATH: St. Agnes' Hospital
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Westport, Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2317 Sidney Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Annie Norris ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Henry Norris
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Nov. 23, 1883

8. AGE: Years	Months	Days	If less than one day
56	1	25	hr. min.

9. Birthplace Balto. Co., Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name John Rosengarn
13. Birthplace Balto. Co., Md.

MOTHER
14. Maiden Name Caroline Gegner,
15. Birthplace Balto. Co., Md.

16 (a) Informant Mr. Henry Norris
(b) Address 2317 Sidney Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20, 1940 (month) (day) (year)
(c) Cemetery or crematory Zion Luth. Cem.
Location Stemmers Run, Md.

18 (a) Funeral director F. Leonhardt
(b) Address 7401 Belair Road

19 (a) Filed (Registrar) JAN 18 1940 (b) Signature of Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 18, 1946, at 1 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 15 1940 to JAN 18 1940, and that I last saw her alive on JAN 18 1940.

Immediate cause of death: DIABETIC COMA — Duration: 2 days
Due to: DIABETES MELLITUS
Due to:
Other Conditions: OTITIS MEDIA — 2 days
BRONCHO-PNEUMONIA
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles V. Servis M. D.
Address St Agnes Hospital Date signed 1-18-40

49180 AHE 6-2-8.

65112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 65112

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1601 1/2 Webster St.

(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1601 1/2 Webster St. (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** William Milburn Lowman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Sarah E. Lowman

6 (c) If alive, give age — years

Deceased —

7. Birth date of deceased (mo., day, yr.) June 3, 1865

8. AGE: Years 74 | Months 7 | Days 13 | If less than one day: hr. min.

9. Birthplace Baltimore County, Md. (Town, county, and state)

10. Usual Occupation Retired B. & O. Brakman

11. Industry or business Railroad

FATHER

12. Name Richard Lowman

13. Birthplace Md.

MOTHER

14. Maiden Name Angeline R. Cromwell

15. Birthplace Md.

16 (a) Informant Milburn Lowman (Son)

(b) Address 132 E. Hillings St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 19, 1940 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Anne Arundel County, Md.

18 (a) Funeral director A. Howard Peters

(b) Address 1400-02 E. Baltimore St.

19 (a) Received JAN 18 1940 Registered Huntington Williams, M. D.

(b) Address 707 E. Fort Ave. Date signed 1-17-40

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 16, 1940, at 11:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 14, 1939 to Jan. 16, 1940 and that I last saw him alive on 1-15, 1940.

	Duration
Immediate cause of death: Chronic Myocardial Degeneration	3 mos.
Due to: Generalized Arteriosclerosis	? Yrs
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature A. L. Collod M. D.

VS 3

40181 above ✓

F 65113

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

89-A Registered No. F 65113

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland Sts
(c) Hospital or institution:
Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 608 Bryson Pl (If rural give location)
(e) If foreign born, how long in U. S. A.? years

24 N

3 (a) FULL NAME Jeanette Herzberger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 10, 1939

8. AGE: Years	Months	Days	If less than one day
	3	8	hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Herzberger
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Mary S Ledoux
15. Birthplace Balto Md

16 (a) Informant Mrs Herzberger
(b) Address 608 Bryson Pl

17 (a) Burial — (b) Date thereof Jan. 20, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill —
Location Anne Arundel Co., Md.

18 (a) Funeral director C. Howard Evans
(b) Address 400-02 S. Charles St

19 (a) JAN 18 1940 (Date received by Registrar) (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1940, at 2 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 13 1940, to Jan 18 1940, and that I last saw h alive on Jan 18 1940.

Immediate cause of death malnutrition — Duration 3 mos.

Due to

Due to

Other Conditions Otitis media
Acute Rhino-pharyngitis — 3 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Edwin L. Wolfe MD M. D.
Address Sinai Hospital Date signed 1/18/40

65114 Cullender

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. F 65114

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2320 E Fairmount
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2320 E. Fairmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret G. Cullender

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Married

6 (b) Name of husband or wife Wm. H.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20, 1871

8. AGE: Years	Months	Days	If less than one day
68	6	26	hr. min.

9. Birthplace Ky (Town, county, and state)
10. Usual Occupation Home
11. Industry or business

FATHER 12. Name John J. Mudd
13. Birthplace Ky

MOTHER 14. Maiden Name Margaret McNally
15. Birthplace Ky

16 (a) Informant Chas. Cullender
(b) Address 2320 E Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Rd.

18 (a) Funeral director Johan A Moran
(b) Address 3000 E. Baltimore

19 (a) 1-18-1940 (Date received by registrar) (b) Filing No. 8 Reg.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/16/1940 at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7th 1940. to Jan 16th 1940. and that I last saw her alive on Jan 14th 1940.

Immediate cause of death — Duration

Lobar Pneumonia — Jan 12 D. 16

Due to Pneumonia infection

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Lankford M. D.
Address 119 N. Fulton Ave Date signed 1/18/40

F 65115

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-N Registered No. F 65115

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2111 Barclay St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 2111 Barclay St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? life years

3 (a) FULL NAME Lillian A.M.Gardiner

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Francis X. Gardiner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1862.

8. AGE: Years	Months	Days	If less than one day
78. 77	7	14	hr. min.

9. Birthplace Waldorf, Charles Co., Md.
(Town, county, and state)
10. Usual Occupation Housekeeper (at home)
11. Industry or business

FATHER
12. Name Samuel A. Mudd
13. Birthplace Waldorf, Charles Co., Md

MOTHER
14. Maiden Name FRANCES DYER MUDD
~~Unknown~~
15. Birthplace

16 (a) Informant Mr. Gardiner
(b) Address 2111 Barclay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 19, 1940 (month) (day) (year)
(c) Cemetery or crematory Cathederal Cem.
Location Edmonston Ave.

18 (a) Funeral director J. Liston Hudefeld
(b) Address 501 E 22nd St

19 JAN 18 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16, 1940 10.00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1940 to Jan 16 1940 and that I last saw her alive on Jan 16 1940

Immediate cause of death: Cardiac Infarction with Myocardial degeneration and decompensation
Due to Generalized Arterio-sclerosis
Due to Contracted Kidney (Chr. Interstitial Nephritis)
Other Conditions

Duration a Number of years
Months
Days
?

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William R. Draughton M.D.
Address 10 E Biddle St Date signed 1/17/40

STRUHAR

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65116 — CERTIFICATE OF DEATH 48-W — F 65116

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 6543 Parnell Ave St., 1st Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? 21 yrs. mos. ds.

2. FULL NAME Agnes Struhar — If U. S. Veteran specify WAR .....

(a) Residence: No. 1239 S Decker Av St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Thomas Struhar

6. DATE OF BIRTH (month, day, year): Jan 21 1884 or 91

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48 ~~50~~	11	17 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Slovakia

FATHER
13. NAME: Stefan Mikbaric
14. BIRTHPLACE (city or town) (State or country): Slovakia

MOTHER
15. MAIDEN NAME: Alzbeta Vlcek
16. BIRTHPLACE (city or town) (State or country): Slovakia

17. INFORMANT: Thomas Struhar
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: Jan 22, 1940

19. UNDERTAKER: Frank B Sheldon
(Address): 1906 Eutaw Ave

20. JAN 18 1940 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 17, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1939, to Jan. 17, 1940.
I last saw her alive on Jan. 17, 1940. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinomatosis of abdominal Viscera	3 wks.
Other contributory causes of importance: Carcinoma of Cervix	Unknown

Was an operation performed? Yes Date of Feb 1938
For what disease or injury? (Carcinoma) Cervix
Name of operation: Pan. Hysterectomy -
What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Virgilio M. D.
(Address) 2 Market St Dundalk -

OCCUPATION is very important — see instructions

VS 3

35442

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

80-a Registered No. F 65117

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2125 Eastern ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Amelia Elsie Brozowski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife ~~Peter~~

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-28-11

8. AGE: Years 28 | Months | Days 17 | If less than one day hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation 2

11. Industry or business

FATHER
12. Name John Brozowski
13. Birthplace Germany

MOTHER
14. Maiden Name Sophie Welzant-
15. Birthplace Germany

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Balto. County

18 (a) Funeral director John M Weber
(b) Address 401 E. Chase St Baltimore, Md.

JAN 19 1940
(Date rec'd by registrar)

Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1940, at 7.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1940. to Jan 15 1940 and that I last saw her alive on Jan 15 1940

Immediate cause of death: Brain Abscess (due to Otitis Media Streptococcus) — Duration

Due to

Due to

Other Conditions Bronchiectasis

(Include pregnancy within 3 months of death)

Major findings:
Of operations large abscess in left temporal lobe
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Kenneth L. Pickrell M. D.
Address Johns Hopkins Hosp. Date signed 1-19-40

Coroner's Physician or Medical Examiner

- RB

65118

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 65118

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 yrs., 3 mos., 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) If foreign born, how long in U. S. A.? 39 yrs. years

3 (a) FULL NAME Peter Wojcik

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married - Separated

6 (b) Name of husband ~~or wife~~ Amelia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/5/1876 (?)

8. AGE: Years 63 | Months 64 8 10 | Days 14 12 | If less than one day ... hr. ... min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Stanley Wojcik

13. Birthplace Poland

MOTHER 14. Maiden Name Marie [Marianna] ?

15. Birthplace Poland

16 (a) Informant Records

(b) Address Balto. City Hosps.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/40 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary Cem

Location Baltimore County

18 (a) Funeral director John M. Weber

(b) Address 401 S. Chester Street

19 (a) ... (b) Thomas J. Williams M.D.

JAN 19 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17 1940, at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 3 1934 to Jan. 17 1940, and that I last saw h. alive on Jan. 17 1940.

Immediate cause of death: Coronary Thrombosis — Duration: 2 days.

Due to:

Due to:

Other Conditions: Generalized arteriosclerosis — unknown.

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murray Kelly M. D.

Address Balto City Hosp. Date signed 1-17-40

F 65119

51932 - RB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 65119

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 412 St. Paul St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Hill

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 9, 1861

8. AGE: Years	Months	Days	If less than one day
78	11	7	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation Baker
11. Industry or business

FATHER
12. Name Charles Hill
13. Birthplace England

MOTHER
14. Maiden Name Mary Louise ?
15. Birthplace England

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 19 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Williams Cook
(b) Address 1217 St Paul St

19 JAN 19 1940 (Registered by registrar) (Signature) Jos. Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16 1940, at 1.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 15 1940, to Jan. 16 1940, and that I last saw him alive on Jan 16 1940.

Immediate cause of death: Arteriosclerotic Heart disease — Duration (interval between onset and death)

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jos. Williams M.D.
Address Balto City Hosp. Date signed 1-17-40

Weller

F 65120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P Registered No. F 65120

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Ed 600 Belloma Ave
(c) Hospital or institution: Edgewood Sanatorium
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 801 Forrest Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Elizabeth Weller

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 6 1862

8. AGE: Years 77 | Months 1 | Days 11 | If less than one day: hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Unknown Ernst
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Gordon A Weller
(b) Address 322 E 33rd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20 40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvert
Location Baltimore Md

18 (a) Funeral director Guilmon Co
(b) Address 1207 Cathedral St

19 (a) Date rec'd by Registrar JAN 19 1940 (b) Registered No. 1st Ward 3rd Williams U.P. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1940, at 10:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 28 1939 to Jan 17 1940 and that I last saw h[er] alive on Jan 16 1940.

Immediate cause of death: Cerebral Hemorrhage
Due to: Arteriosclerosis ? Hypertension
Due to: Myocarditis

Duration
9-28-39
1-14-40
1-17-40

Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isidore Greenfield M. D.
Address 540 Y Belair Rd Date signed 1-17-40

VS 8

F 65121

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

XV 164-E

F 65121 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D.O.G. Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto Co
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 7301 York Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nelson J. Miller

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 217-09-4137

4. Sex: M
5. Color or race: Wh
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married
6 (b) Name of ~~husband or~~ wife: Dorothy Miller
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 27th 1901
8. AGE: Years 37 | Months 10 | Days 20 | If less than one day: hr min.
9. Birthplace: Balto Md. (Town, county, and state)
10. Usual Occupation: Telegrapher
11. Industry or business: Postal Tel Co

MOTHER / FATHER
12. Name: Ferdinand Miller
13. Birthplace: Balto Md
14. Maiden Name: Emma Becker
15. Birthplace: Balto Md

16 (a) Informant: Dorothy Miller
(b) Address: 1431 Patterson Pk Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/20/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~: Balto
Location: Balto Md

18 (a) Funeral director: William Cook
(b) Address: 1217 E Pratt St

JAN 19 1940 (Date rec'd by registrar)

(b) Signature of Registrar: J. Fenton Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17 1940, at 4 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death: Crushing injury of Chest and Spleen — Duration:
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 1/17/40
(c) Where did injury occur? Balto Calvert St near Mercantile Trust (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Office Bldg (Specify type of place) While at work?
(e) Means of injury: Jumping from building

23. Signature: [illegible] M.D. Medical Examiner.
Date signed 1/17/40

F 65122
LB 52020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 65122
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4240 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1708 N. Broadway
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard C. Thompson

3 (b) If veteran, name war NO
3 (c) Social Security Account No. 215-18-5626

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Louise
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 3, 1882

8. AGE: Years	Months	Days	If less than one day
57	5	15	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Clerical Work
11. Industry or business City

FATHER
12. Name John (d)
13. Birthplace Md.

MOTHER
14. Maiden Name Mary ? (d)
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 1/20/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 JAN 19 1940
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18 1940, at 5 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 17 1940 to Jan 18 1940, and that I last saw him alive on Jan 18 1940.

Immediate cause of death Arteriosclerotic Heart Disease — Duration unknown.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not completed.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 1-18-40

65123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 65123

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mount Royal & Calvert
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1936 Norfolk Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alexander M. Arnold

3 (b) If veteran, name war: World
3 (c) Social Security Account No. NONE

4. Sex: M.
5. Color or race: W
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married
6 (b) Name of ~~husband~~ or wife: Lena Arnold
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 28th 1886
8. AGE: Years 53 | Months 10 | Days 19 | If less than one day: hr. min.
9. Birthplace Chicago Ill (Town, county, and state)
10. Usual Occupation Investigator
11. Industry or business U.S. Govt

FATHER
12. Name Chas. W. M. Arnold
13. Birthplace Chicago Ill

MOTHER
14. Maiden Name Rhonella Van Els
15. Birthplace Chicago Ill

16 (a) Informant Lena Arnold
(b) Address 3936 Norfolk Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20th 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Arlington U.S. National Cemetery
Location Arlington Va

18 (a) Funeral director Wm Cook
(b) Address 1217 St Paul St

19 (a) (Date received by registrar) (b) [illegible] Registrar

JAN 19 1940

MEDICAL CERTIFICATION 1 15 P

20. DATE OF DEATH January 17 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wound of head — Duration:
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 1/17/40
(c) Where did injury occur? Room 718 Mt. Royal Hotel (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Hotel (Specify type of place) While at work? Yes
(e) Means of injury 45 Colt automatic pistol bullet

23. Signature [illegible] Medical Examiner. M.D.
Date signed 1/17/40

65124

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

65124

131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4939 Edgemere Ave St., 7-18 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 4 mos. 25 da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Ezra Frank Valentine Sr.

If U. S. Veteran specify WAR _____

(a) Residence: No. 4939 Edgemere Ave St., _____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of Katie Leona Valentine

6. DATE OF BIRTH (month, day, year) August 23, 1865

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
74	4 mos.	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. building construction

10. Date deceased last worked at this occupation (month and year) June 1938

11. Total time (years) spent in this occupation 57 yrs.

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Ezra Frank Valentine

14. BIRTHPLACE (city or town) Carroll Co. (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Trone

16. BIRTHPLACE (city or town) Smith's Station (State or country) Pa.

17. INFORMANT Ezra Frank Valentine Jr.

(Address) 4939 Edgemere Ave Balto Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 20, 1940

19. UNDERTAKER George L. Schwartz

(Address) 2101 Frederick Ave

20. FILED JAN 19 1940 19__

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Thursday January 18, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1939 to Jan 18, 1940

I last saw him alive on January 16 1940 Death is said to have occurred on the date stated above, at 3:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Jan 18, 1940
Hypertensive Cardio Vascular disease	July 1939
Chronic Nephritis	July 1939

Other contributory causes of importance:

None

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) Milton E. Lowman M. D.

(Address) 5013 Park Heights Ave

F 65125

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a F 65125 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2203 Roslyn.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2203 Roslyn Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bridget Gibney

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Patrick

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2 1847

8. AGE: Years 92 | Months 7 | Days 16 | If less than one day hr. min.

9. Birthplace Dublin Ireland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Patrick John Andrew Hughes
13. Birthplace Ireland

MOTHER 14. Maiden Name Catherine Butler
15. Birthplace Ireland.

16 (a) Informant Mrs. Margaret O'Donovan
(b) Address 2203 Roslyn Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md.

18 (a) Funeral director Wilson J Turner
(b) Address North + Pennsylvania Ave

19 (a) JAN 19 1940 (Date rec'd by registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1940, at 9 30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 3 1939 to Jan 18 1940, and that I last saw her alive on Jan 18 1940

	Duration
Immediate cause of death Chronic nephritis with terminal uraemia	4 mos.
Due to cerebral arteriosclerosis	3 years
Due to None	
Other Conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature S. Kenley Wallace M. D.
Address 2839 Walbrook Ave Date signed Jan 18, 40

VS 2

F 65126

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

F 65126 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2415 N Calvert St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Joseph B. Legg

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 16, 1884

8. AGE: Years	Months	Days	If less than one day
55	9	2	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Auditor
11. Industry or business same

FATHER
12. Name John C Legg
13. Birthplace Va

MOTHER
14. Maiden Name Martha Cunningham
15. Birthplace Va

16 (a) Informant Patient
(b) Address —

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Wm. J. Luckett Son
(b) Address Northern Parkway

19 (a) (Signature of registrar) (b) [illegible] M.D.

JAN 19 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 18, 1940, at 7.25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5, 1940, to Jan. 18, 1940, and that I last saw h alive on Jan. 18, 1940.

Immediate cause of death	Duration
Cardiac failure	
Due to Post operative carcinoma of colon	?
Due to Perforation & duodenum due to Slowly healing post-operative	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of ascending colon with extensive infiltration
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank W. Sattler M. D.
Address Union Memorial Hospital Date signed 1-18-40

65127 51197-FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a F 65127 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 142 Ogarth St (If rural give location)
(e) If foreign born, how long in U. S. A.? 46 years

3 (a) FULL NAME Bessie Schwartz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Mike
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1892

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name Elliott
13. Birthplace Russia

MOTHER
14. Maiden Name Annie
15. Birthplace Russia

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-40 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Herman Hill Rd

18 (a) Funeral director Jos. Levin
(b) Address 39 E. Balto St.

JAN 19 1940
(Date rec'd by registrar)

(b) 24 W. Lexington St. Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-18 1940, at 8:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-21 1939 to 1-18 1940, and that I last saw her alive on 1-18 1940.

Immediate cause of death	Duration
Carcinoma of cervix with metastases resulting in	7
Due to intestinal obstruction	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Intestinal Obstruction
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L.K. Woodward Jr. M. D.
Address Balto city Hosp. Date signed 1-18-40

VS 3

F 65128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B ✓ F 65128 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3211 Washington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3211 Washington Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harvey Spencer ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mary N. Spencer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1909

8. AGE: Years	Months	Days	If less than one day
30	1	23	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business

FATHER
12. Name Joseph H. Spencer
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah H. Arrington.
15. Birthplace Maryland

16 (a) Informant Mary N. Spencer
(b) Address 3211 Washington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Avenue

18 (a) Funeral director Chenoweth and Donovan
(b) Address 3615-17 Chestnut Avenue.

19 (a) (Date received by registrar) (b) [illegible] (Signature of Registrar)

JAN 19 1940

MEDICAL CERTIFICATION 72a

20. DATE OF DEATH Jan 18 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Pulmonary tuberculosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.

Date signed 1/18/40

F 65129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 65129 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1311 Linden Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1311 Linden Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Cornelia Barnes

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: Not

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 6 1849

8. AGE: Years	Months	Days	If less than one day: hr.	min.
90	9	11		

9. Birthplace Baltimore City (Town, county, and state)
10. Usual Occupation at Home
11. Industry or business at Home

FATHER
12. Name ? Hopkins
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. N. Louise Garrett
(b) Address Fidelity Building

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Lucerne Ave

18 (a) Funeral director J. B. Hilpert & Son
(b) Address 1900 Eutaw Place

19 (a) [illegible] (b) [illegible] (Registrar)

JAN 19 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17 1940 at 9 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/6 1940 to 1/17 1940 and that I last saw her alive on 1/16 1940

Immediate cause of death: Pulmonary Edema — Duration: 1 day

Due to Chr. Myocarditis — Duration: 18 mos.

Due to Arteriosclerosis

Other Conditions Senility

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. B. Lemmon M. D.
Address 1901 Eutaw Place Date signed 1/19/40

F 65130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 65130 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1206 E. Biddle Street
(c) Hospital or institution: ------
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1206 E. Biddle Street (If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

10 ward

3 (a) FULL NAME JOHN SULLIVAN

3 (b) If veteran, name war ----
3 (c) Social Security Account No. ----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of ~~husband~~ or wife Mary M. Sullivan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 17/ 1863

8. AGE: Years	Months	Days	If less than one day
76	10	1	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired Fireman
11. Industry or business Ret. Fire Dept

FATHER 12. Name William Sullivan
13. Birthplace Ire.

MOTHER 14. Maiden Name Rebecca Ellyn Sunderling
15. Birthplace Md.

16 (a) Informant John M. Sullivan
(b) Address 1206 E. Biddle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20/40 (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial
Location

18 (a) Funeral director Chas. F. Fraud & Son Inc.
(b) Address 118 W. Mt Royal ave

19 (a) JAN 19 1940 (b) [illegible] Registrar M. D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 18 1940 at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to Jan 18 1940
and that I last saw ~~her~~ alive on Jan 17 1940.

Immediate cause of death: Hypostatic Pneumonia — Duration 4 days
Due to Myocarditis
Due to Arterio Sclerosis
Other Conditions Chronic Prostatis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. B. Freeman M. D.
Address 718 N. Parkwood Ave Date signed

F 65131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

18-W

Registered No. F 65131

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2435 Calverton Heights (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Josephine Buttaro - Gaglione)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 16, 1901

8. AGE: Years	Months	Days	If less than one day
38 39	4	1	hr. min.

9. Birthplace Baltimore City (Town, county, and state)

10. Usual Occupation Home work

11. Industry or business

FATHER
12. Name Salvadore Gaglione
13. Birthplace Italy

MOTHER
14. Maiden Name Vincenza Favatavia
15. Birthplace Italy

16 (a) Informant Rose Cairnes
(b) Address 2417 Calverton Heights

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 1/20/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Geo. M. Fink & Son
(b) Address 811 N. Wolfe St.

19 JAN 19 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

137

20. DATE OF DEATH Jan 17 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Fracture of Base of Skull 2 days.
Due to Intracranial Injury
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 1/17/40
(c) Where did injury occur? Home 2435 Calverton Hts Balto
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Fell down cellar while cleaning it

23. Signature Wm. Randall Hoffman M.D.
Medical Examiner.
Date signed 1/18/40

F 65132

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a

F 65132 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2915 The Alameda
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2915 The Alameda
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martin D Berger

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Edith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 9 1880

8. AGE: Years 60 | Months 0 | Days 9 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Foreman
11. Industry or business B & O R R

FATHER
12. Name John D Berger
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Berg
15. Birthplace U S A

16 (a) Informant Mrs. Edith Berger
(b) Address 2915 The Alameda

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore

18 (a) Funeral director William J Tickner & Sons
(b) Address North & Charles Sts

19 (a) (Date received by registrar) (b) Registrar

JAN 19 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1940, at 4:30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 13 1940 to Jan 18 1940 and that I last saw him alive on Jan 17 1940

Immediate cause of death: Coronary Thrombosis — Duration: 4 days

Due to

Due to

Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas B Zimmerman M. D.
Address 5 Bal Blvd Date signed 1/18/40

F 65133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

(31-a) F 65133 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Lens' Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) /
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 612 S Eaton (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary M. Enders - Cole

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Divorced

6 (b) Name of husband or wife McClael Enders
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5. 1889

8. AGE: Years	Months	Days	If less than one day
50	7	13	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Wm H Schulte
13. Birthplace Germany

MOTHER
14. Maiden Name Hilda Nordorf
15. Birthplace Germany

16 (a) Informant Mrs Freda B Post
(b) Address 2105 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Baltimore

18 (a) Funeral director John Allen
(b) Address 2201 Eastern

19 (a) (Date rec'd by registrar) (b) Francis T Williams M.D. Registrar

JAN 19 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-17-1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 16 1940, to Jan 17 1940, and that I last saw her alive on Jan 17 1940.

Immediate cause of death Cerebral vascular accident
Due to Hypertension
Due to Chronic Glomerular nephritis
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Cerebral hemorrhage (left)

Duration
=
?
8

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arnold A. Freed M. D.
Address Date signed

65134

HEALTH DEPARTMENT—CITY OF BALTIMORE

65134

CERTIFICATE OF DEATH

131-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Seiling Home St., 1-1 Ward)

600 Chapel Gate Lane

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Margeret Hubbard

If U. S. Veteran specify WAR

(a) Residence: No. 1105 S. Curley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry C. Hubbard

6. DATE OF BIRTH (month, day, year) Aug. 24, 1848

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	91	4	24 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Lentz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Caroline Hanan

(Address) 1105 S. Curley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemt. Date Jan. 20 1940

19. UNDERTAKER Clarence F. Hoffmann

(Address) 2723 E. Preston St.

20. FILED JAN 9 1940 19

Registrar

OCCUPATION is very important. See instructions on reverse side.

V8 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January, 17, 1940

22. I HEREBY CERTIFY, That I attended deceased from January, 2, 1940 to January, 17, 1940

I last saw her alive on January, 13, 1940. Death is said to have occurred on the date stated above, at 10. A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CEREBRAL APOPLEXY	15 Dys.
Chronic Nephritis	Years

Other contributory causes of importance:

SENILITY.	Years

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No, If so, specify

(Signed) J. Lloyd Johnson M. D.

(Address) CATONSVILLE, MD.

F 65135

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-NF 65135 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3712 E Pratt St
(c) Hospital or institution:

26-5

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3712 E Pratt St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Oscar Stupnick

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-10-0313

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Theresa Stupnick

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 11 1873

8. AGE: Years 66 | Months 2 | Days 7 | If less than one day hr. min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation
11. Industry or business Blacksmith

FATHER
12. Name Peter Stupnick
13. Birthplace Austria

MOTHER
14. Maiden Name Rosa Zeitler
15. Birthplace Austria

16 (a) Informant Theresa Stupnick
(b) Address 3712 E Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20/1940 (month) (day) (year)
(c) Cemetery or crematory Mount Carmel
Location Baltimore Md

18 (a) Funeral director John Ullrich
(b) Address 2005 Eden

19 (a) (Date received by registrar) (Registrar)

JAN 19 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1940, at 2 40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15th 1940 to Jan 18 1940, and that I last saw him alive on Jan 18 1940.

Immediate cause of death (A.) Cerebral Hemorrhage — Duration: —
Due to (B.) Arterio Sclerosis with Hyp[er]tension — 5 yrs
Due to (C.) —
Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Warren F. Schmidlin Jr
Address 3508 Bank St, Date signed 1/19/40

correct age is especially important

F 65136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82

Registered F 65136

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo24da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 834 Woodington Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GEORGE CONRAD WICH

3 (b) If veteran, name war WW

3 (c) Social Security Account No. Unknown

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Nellie Moore Wich

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 18, 1892

8. AGE: Years 47 | Months 2 | Days 0 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Lithographer

11. Industry or business U.S. Vet. not worked for 20 yrs.

FATHER
12. Name Conrad Wich
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Wohn
15. Birthplace Baltimore, Maryland.

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location City

18 (a) Funeral director Mr. & Mrs. John W. Teufel & Son
(b) Address 600 W. Lafayette St

19 JAN 19 1940 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 18, 1940, at 5:22 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 24, 1939, to Jan. 18, 1940, and that I last saw him alive on Jan. 18, 1940.

Immediate cause of death
Bronchopneumonia
Transverse myelitis
Due to Metastases to spinal cord
Due to Kidney tumor removed at operation previously
Other Conditions
(Include pregnancy within 3 months of death)

Duration
Terminal
3 months
3 months over
4 years

Major findings:
Of operation Exploratory of spine
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature O. E. Denney, M.D.
Address U.S.Marine Hospital, Baltimore, Maryland. Date signed 1-18-40

Correct age if apparently inconsistent with other data.

F 65137

HEALTH DEPARTMENT—CITY OF BALTIMORE F65137

CERTIFICATE OF DEATH

45-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME August L. Giesemann

If U. S. Veteran specify WAR

(a) Residence: No. 1838 W. Franklin St., 20 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary C. Giesemann

6. DATE OF BIRTH (month, day, year): August 10, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Restaurant Keeper

10. Date deceased last worked at this occupation (month and year): 1929

11. Total time (years) spent in this occupation: 40 yrs

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mary C. Giesemann

(Address) 1838 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Date: Jan 22, 1940

19. UNDERTAKER: Gus & Nus. John K. Penfel & Son

(Address) 801 W. Fayette St.

20. FILED ... 19...

JAN 19 1940 Registrar.

Hennig for Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-18-40, 19...

22. I HEREBY CERTIFY, That I attended deceased from 11-13-39, 19... to 1-18-40, 19...

I last saw him alive on 1-18-40, 19... Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left tonsil	?
Carcinomatosis	
Other contributory causes of importance:	
Cardiac collapse	1-15-40

Was an operation performed? Yes. Date of ...

For what disease or injury? ...

Name of operation: Ligation of left external carotid artery

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) W. K. Mayfield M. D.

(Address) M. General Hosp.

OCCUPATION is very important. See instructions on back of certificate.

65138

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65138 Registered No. 112

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U. S. A. Mercy Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1420 Dellwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME David W. Gardner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30, 1939

8. AGE: Years	Months	Days	If less than one day
	7	18	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Wilbert Gardner
13. Birthplace Maryland

MOTHER
14. Maiden Name Hazel H. Fanwell
15. Birthplace Maryland

16 (a) Informant Wilbert Gardner
(b) Address 1420 Dellwood Avenue

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 1/20/40 (month) (day) (year)
(c) Cemetery or crematory St. Marys Hampden
Location Baltimore, Maryland

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 (a) JAN 19 1940 Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 18 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquest) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Acute bronchial asthma	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. D. Gardner Gupto M.D. Medical Examiner.
Date signed 1/18/40

5139
3720 53

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 F 65139
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 428 N. Register St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Vestele McElrath

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-29-00

8. AGE: Years 39 | Months 8 | Days 17 | If less than one day: hr. min.

9. Birthplace S.C. (Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Gray
13. Birthplace S.C.

MOTHER
14. Maiden Name Florence ?
15. Birthplace S.C.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20th 40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemet
Location Brookland

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 E. Biddle St or Baltimore Md

19 (Date rec'd by registrar) Registrar

1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1940 at 8 30/a M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 27 1939 to Jan 16 1940. and that I last saw her alive on Jan 16 1940.

Immediate cause of death: Bronchopneumonia
Ulcer of Buttocks
Due to: Diabetes Mellitus
Due to:

Other Conditions: Late Latent Syphilis (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Bronchopneumonia, Ulcer

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. M. Welty M. D.
Address Johns Hopkins Hosp Date signed 1-18-40

65140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-D

F 65140

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto Genl Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 47 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 837 Hollens St (If rural give location)
(e) If foreign born, how long in U. S. A.? ? years

3 (a) FULL NAME Frank Kondzjela

3 (b) If veteran, name war: ✓
3 (c) Social Security Account No.: ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Single (?)

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March ? 1890

8. AGE: Years	Months	Days	If less than one day
49	10		hr. 1890 min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Steel Worker
11. Industry or business Bethlehem Steel

FATHER
12. Name John Kondzjela
13. Birthplace Poland

MOTHER
14. Maiden Name Catherine Klacz
15. Birthplace Poland

16 (a) Informant Patient
(b) Address 837 Hollens St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 1/22/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4430 Belair Road

18 (a) Funeral director Chas B. Kershaw & Sons
Address 637 Washington Blvd.

19 (a) JAN 19 1940 (Date received by Registrar) (b) Hunter for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1940 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 2 1939 to Jan 18 1940, and that I last saw him alive on Jan 18 1940.

Immediate cause of death
The. Glomerular Nephritis
Due to Nutritional Edema.
Due to
Other Conditions Possible Pulmonary Tuberculosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jno. R. Shear, M.D.
M. D.
Address W. B. & G. H. Date signed 1/18/40

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

65141

CERTIFICATE OF DEATH

131-a F 65141

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1648 N. North Ave. St., 15th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. 25 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mattie West Myers

If U. S. Veteran specify WAR

(a) Residence: No. 1648 N. North Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 23-1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74		25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Skilled Dressmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Myers

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Jessie Brown

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Miss Jessie Myers

(Address) 1648 N. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Jan 19 1940

19. UNDERTAKER Albert W Berry

(Address) 440 E north ave

20. FILED JAN 19 1940 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1939 to Jan. 17 1940

I last saw him alive on Jan. 17 1940 Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis	1935
Ch. Interstitial Nephritis	1935

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Typical Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Jane Brown M. D.

(Address) 1663 W North Ave

OCCUPATION IS Very Important

V2 8

F 65142

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-E

Registered No. F 65142

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 227 S. Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 227 S. Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Anthony J. Oldenwaldt

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 4 1880

8. AGE: Years	Months	Days	If less than one day
59	4?	13	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Merchant
11. Industry or business Dry Goods

FATHER
12. Name Henry Oldenwaldt
13. Birthplace Germany

MOTHER
14. Maiden Name Lena Hatzfeld
15. Birthplace Germany

16 (a) Informant Marie Oldenwaldt
(b) Address 227 S. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 22-'40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4430 Belair Rd.

18 (a) Funeral director Martin V. S. Dippel
(b) Address Lombard & Aisquith Sts.

19 JAN 19 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1940, at 8:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 17 1940 to Jan 17 1940 and that I last saw [illegible] alive on Jan 17 1940

Immediate cause of death: Cerebral Coronary Occlusion — Duration 12 hrs.
Due to: Coronary Sclerosis? Chr. Hypertension? — ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jose Fernandez
Address 700 E. Eager St. Date signed 1/18/40

VS 1

F 65143

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 65143

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 312 S. Highland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 312 S. Highland Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary A. Mc Ginnis

3 (b) If veteran, name war	3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Late James McGinnis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 27/[illegible]0

8. AGE: Years	Months	Days	If less than one day hr.	min.
70	1	25		

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation House work at home
11. Industry or business

FATHER
12. Name Patrick Coyne
13. Birthplace Ireland

MOTHER
14. Maiden Name Rose A. McKenna
15. Birthplace Ireland

16 (a) Informant Margaret A. Coyne
(b) Address 2313 Ellamont St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location Edmonson ve.

18 (a) Funeral director Lilly & Gailenbow
(b) Address 403 S. Howe St.

19 (a) JAN 19 1940 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1940, at 6 am PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 28 1939 to Jan 18 1940.
and that I last saw her alive on Jan 16 1940

Immediate cause of death — Duration

Cardiovascular — Created
Due to Acute Dilatation — Sudden
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Horace B. Tiblow M.D.
Address 315 S. Highland M.D. Date signed 1/18/40

VS 8

65144

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-P

Registered No. F 65144

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2447 EAST EAGER ST.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) LIFE

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MD. (b) County BALTIMORE

(c) City or town ALTIMORE (If outside city or town limits, write RURAL and give town)

(d) Street No. 2447 EAST EAGER ST. (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME CHARLES EDELMAN

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife MAGGIE EDELMAN

6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) SEPT. 12 1864

8. AGE: Years	Months	Days	If less than one day
75	4	5 29	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation RETIRED LABORER

11. Industry or business

FATHER

12. Name CHARLES EDELMAN

13. Birthplace BALTIMORE MD.

MOTHER

14. Maiden Name UNKOWN

15. Birthplace BALTIMORE MD.

16 (a) Informant MAGGIE EDELMAN WIFE

(b) Address 2447 EAST EAGER ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 20/ 40 (month) (day) (year)

(c) Cemetery or crematory BALTIMORE [illegible]

Location END OF EAST NORTH AVE.

18 (a) Funeral director Lilly & Zeiler INC.

(b) Address 403 SOUTH WOLFE ST.

19 (a) JAN 19 1940 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 17 19 40 at 2/45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 2, 1939 to Jan. 17, 1940 and that I last saw h im alive on Jan 16, 1940.

Immediate cause of death: Carcinoma of the Bladder and Prostate Gland — Duration: 6 Mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Albert E Singewald M. D.

Address 613 E North Ave Date signed 1/18/40

VS 3

373938 F 65145

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a Registered No. F 65145

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County St Marys
(c) City or town Chaptico
(If outside city or town limits, write RURAL and give town)
(d) Street No. 15
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Raymond Eller

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	MARRIED

6 (b) Name of husband or wife ANNA
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-7-02

8. AGE: Years	Months	Days	If less than one day
37	9	12	hr. min.

9. Birthplace N.C.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Rufus Eller
13. Birthplace N.C.

MOTHER
14. Maiden Name Mattie Fisher
15. Birthplace N.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Asheville N.C. (b) Date thereof 1-19-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Asheville N. C.

18 (a) Funeral director Geo. M. Frizzell Son
(b) Address 811 N. Fayetteville St.

19 (a) JAN 19 1940 (b) Huntington Williams, Registrar
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 19 1940, at 12:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 9 1940 to JAN 19 1940 and that I last saw him alive on JAN 19 1940.

	Duration
Immediate cause of death Uremia	10 days
Due to Arteriolar nephrosclerosis	9 mo.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Arteriolar nephrosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D. M. Welty M. D.
Address Johns Hopkins Hospital Date signed 1-19-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65146

65146

94-a

CERTIFICATE OF DEATH

Registered No. _____

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 S. Washington St., 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME John Roesel

If U. S. Veteran specify WAR _____

(a) Residence: No. 409 S. Washington St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Roesel

6. DATE OF BIRTH (month, day, year) Oct. 4, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	81	3	13 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Market

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 25 years

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Leonhardt Roesel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lena ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Geo. Knauer
(Address) 1937 E. 31st. St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date January 20

19. UNDERTAKER H. SANDER & SON INC.
(Address) BALTIMORE & BROADWAY

20. FILED JAN 19 1940 [illegible] Registrar.

JAN 19 1940

JAN 19 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17, 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1939 to Jan. 17, 1940

I last saw him alive on Jan. 16, 1940. Death is said to have occurred on the date stated above, at 8:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary occlusion	1/16/40
Senile atheroma-Arteriosclerosis Coronary Heart Disease ?	

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Grover E. Kerlin M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

65147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No. F 65147

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1105 N. Eutaw St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 86

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 N. Eutaw St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME (Meta E.) or Marguerita E. Gorter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/20/1853

8. AGE: Years 86 | Months 5 | Days 29 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER
12. Name Gosse O. Gorter
13. Birthplace Amsterdam

MOTHER
14. Maiden Name Mary A. Polk
15. Birthplace Md.

16 (a) Informant Miss. Marie A. Gorter
(b) Address 1105 N. Eutaw St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemy.
Location Fred. Ave. Balto. Md.

18 (a) Funeral director John O. Mitchell & Sons Inc.
(b) Address 1900 Eutaw Place

19 (a) JAN 19 1940 (Date received by registrar) Hunting to Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 19, 1940 at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from December 1939 to Jan. 19 1940 and that I last saw her alive on Jan 19. 1940.

Immediate cause of death: Generalized arterio sclerosis
Senility Cerebral vascular accident — Duration: over

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh E. Whitehead Jr. M. D.
Address 1123 N. Eutaw St. Date signed Jan. 19 '40

correct age is especially important

VS 3

65148

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 117-a

Registered No. F 65148

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Esplanade Apts. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Weis

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Pippi Weis
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Sept. 27 1869

8. AGE: Years	Months	Days	If less than one day
70 72	3	21	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Furniture Store Prop
11. Industry or business

FATHER
12. Name Herman Weis
13. Birthplace Austria

MOTHER
14. Maiden Name Fannie Bernard
15. Birthplace Austria

16 (a) Informant Mrs. C. Weis
(b) Address Esplanade Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Daniel Lowenheim & Sons
(b) Address 627 W. Lexington St.

19 (a) JAN 19 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18 1940, at 12:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/12 1940, to 1/18 1940.
and that I last saw h[illegible] alive on 1/18 1940

Immediate cause of death Hemorrhage from bleeding gastric ulcer — Duration 6 days
Due to Gastric ulcer — 5 yrs.
Due to
Other Conditions Jaundice septicemia Arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Erosion of large gastric artery

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Arnold M. Iread
Address Sinai Hospital Date signed 1/18/40

VS 3

F 65149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ Registered No. F 65149

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Eutaw Pl. & Lake Drive. Emersonian Apts.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Emersonian Apts. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LEO EISEMAN

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Flora Eiseman

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) July 19, 1857

8. AGE: Years	Months	Days	If less than one day
82	6	29	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired Mnfgr. Ladies Wear.

11. Industry or business

FATHER 12. Name Moses Eiseman,

13. Birthplace Germany.

MOTHER 14. Maiden Name Cecil ----------

15. Birthplace Germany.

16 (a) Informant Mrs. L. Eiseman,

(b) Address Emersonian Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/40. (month) (day) (year)

(c) Cemetery or crematory Balto. Hebrew

Location Baltol Md.

18 (a) Funeral director David Sondheim & Son

(b) Address 1902 Eutaw Place.

19 (a) JAN 19 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jany. 18, 1940 at 6.20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 19 1939, to Jan 18 1940. and that I last saw h[illegible] alive on Jan 18 1940.

Immediate cause of death

Acute dilatation of heart (attacks pyjamas past 3 mos) — Duration: 3 mos

Due to Myocarditis & arteriosclerosis — Duration: 2 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. Frederick Lantz M. D.

Address Temple Garden Apts Date signed

F 65150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 65150

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Delaware (b) County
(c) City or town Dover, (If outside city or town limits, write RURAL and give town)
(d) Street No. 24 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Austin Edward Ewell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Teresa Ewell
6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) July 26, 1899

8. AGE: Years	Months	Days	If less than one day
40	5	23	hr. min.

9. Birthplace Accomac Co., Va. (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Robert Ewell
13. Birthplace Accomac Co., Va.

MOTHER
14. Maiden Name Mary Nock
15. Birthplace Accomac Co., Va

16 (a) Informant Hosp. record
(b) Address So. Balto. Gen Hosp

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/40 (month) (day) (year)
(c) Cemetery or crematory Dover Del.
Location

18 (a) Funeral director Harry H. Witzke
(b) Address 1101 Edmondson Ave

19 (a) JAN 19 1940 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 17 1940, at 9 50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 3 1941. to Jan 17 1941. and that I last saw h in alive on Jan. 17, 1941.

Immediate cause of death Pneumonia, Bronchial — Duration 3 days

Due to

Due to

Other Conditions Lung abscess — Duration over

Thoracentesis, lt. (Include pregnancy within 3 months of death)

Major findings:
Of operations Lung abscess, lt.
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel L. Lee, M. D.
Address So. Balto. Gen Hosp Date signed 1/19/40.

VS 8

F 65151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

98

Registered No. F 65151

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Raymond & Parkland Sts
(c) Hospital or institution:
West Balt Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N. Y. (b) County —
(c) City or town Buffalo
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1529½ Herkimer Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Mrs Alice H Dohrman Dohrman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Widowed

6 (b) Name of husband or wife Chas J. Dohrman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 4 1868

8. AGE: Years	Months	Days	If less than one day
71	3	15	hr. min.

9. Birthplace Canada
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Swain
13. Birthplace New York

MOTHER
14. Maiden Name Melvina Mattice
15. Birthplace Niagara Co. N.Y.

16 (a) Informant [illegible]
(b) Address 1803 Russuma Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20 40 (month) (day) (year)

(c) Cemetery or crematory
Location Buffalo N. Y.

18 (a) Funeral director Wm. Fickinger & Sons
(b) Address Baltimore & Pulaski Sts

19 (a) JAN 20 1940 (b) Hunting for Wadsworth, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-19- 1940, at 5:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-11- 1940, to 1-19- 1940 and that I last saw her alive on 1-19 1940.

Immediate cause of death	Duration
Gangrene of Rt foot & leg	
Due to Embolectomy of Iliac & Femoral Arteries	
Due to	
Other Conditions Decomposition	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. R. Shaw M. D.
Address 1-19-40 Date signed

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

65152

CERTIFICATE OF DEATH

122B

F 65152

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. Gen. Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. days. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Barbara Behn

(a) Residence: No. 620 E 30th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Charles Behn

6. DATE OF BIRTH (month, day, year) July 24, 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	5 4	16 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year) Dec 1939

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Geo. Zimmer

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Hershberger

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT George R. Behn

(Address) 2908 Brandon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date 1/22/ 1940

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JAN 20 1940 Hunter of the Williams Hall

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-19-40, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-20, 1939 to 1-19, 1940

I last saw her alive on 1-19, 1940 Death is said to have occurred on the date stated above, at 8:10 a.m.

The principal cause of death and related causes of importance were as follows:

Duration
Pulmonary Tuberculosis

Other contributory causes of importance:

Was an operation performed? Yes Date of 12-23-39

For what disease or injury? Thoracic Stenosis

Name of Excision of diverticuli (Stern)

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Mangold M. D.

(Address) Md. General Hosp

OCCUPATION IS very important. See instructions on back of certificate.

VS 8

Dausch

65153

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. 65153

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1631 Patterson Park Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1631 N. Patterson Park Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Georgeanna Burke

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ James E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1 - 1879

8. AGE: Years	Months	Days	If less than one day
61	0	16	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name (Mahanna) Young.
13. Birthplace Unknown

MOTHER
14. Maiden Name Augusta Stanley
15. Birthplace Germany

16 (a) Informant Robert F. Schrader
(b) Address 1631 N Patterson Pk Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20 - 1940 (month) (day) (year)
(c) Cemetery or crematory London Pk
Location Balto Md

18 (a) Funeral director Williams Coop
(b) Address 12 E Saratoga St

19 JAN 20 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1940 at 11:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1940. to Jan 16 1940. and that I last saw him alive on Jan 16 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration: 4 days
Due to Hypertension — ?
Due to Chronic Myocarditis — ?
Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Michael J. Dausch M. D.
Address 1530 E. Baltimore St Date signed 1-19-40

F 65154

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-E

Registered No. F 65154

1. PLACE OF DEATH: Mercy Hospital
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4066

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4201 Falls Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Winner

3 (b) If veteran, name war W

3 (c) Social Security Account No. NONE

4. Sex: Male | 5. Color or race: White | 6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 20. 1939

8. AGE: Years | Months | Days: 29 | If less than one day: hr. min.

9. Birthplace Mercy Hospital (Town, county and state)

10. Usual Occupation Infant.

11. Industry or business

FATHER
12. Name Jack Winner
13. Birthplace Washington D.C.

MOTHER
14. Maiden Name Theresa Smith
15. Birthplace Balto Md

16 (a) Informant Jack Winner
(b) Address 4201 Falls Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 JAN 20 1940 (b) Huntingtown Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18 1940, at 10:21 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 20 1939. to Jan. 18 1940. and that I last saw him alive on Jan. 18 19 40.

Immediate cause of death: Prematurity — Duration

Due to

Due to

Other Conditions Congenital heart disease. Bilateral otitis (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ronald A. Cooper M. D.
Address Mercy Hospital Date signed Jan 18, 1940

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

65155

CERTIFICATE OF DEATH

13-B F 65155

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 620 S. East Ave St. 26-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mildred F. Tittle

If U. S. Veteran specify WAR ...

(a) Residence: No. 620 S East Ave St., ... Ward. ...

S.S.# 214-01-4077 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian H.

6. DATE OF BIRTH (month, day, year) April 30 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Oil Co.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William W. Tittle

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary J. Wadner

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Mrs. M. F. Tittle (Wife)

(Address) 620 S. East Ave

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Oakland Cem. Date 1/20/40 19

19. UNDERTAKER J. A. Francis & Son

(Address) 1216 E. Charles St.

20. FILED JAN 20 1940 ~~Thursday~~ Registrar.

OCCUPATION is very important. See instructions on back of certificate.

V3 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1939 to Jan 16, 1940

I last saw h... alive on Jan 16, 1940 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	Nov 1939
Other contributory causes of importance:	
Issue.	

Was an operation performed? None Date of ...

For what disease or injury? ...

Name of operation None

What test confirmed diagnosis? Tuberculosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify ...

(Signed) Elizabeth Marnock M. D.

(Address) 842 S. East Ave.

F 65156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 461

Registered No. F 65156

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3019 Wylie Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3019 Wylie Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella Eugenia Stewart

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife G. Maurice Stewart
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 2, 1895

8. AGE: Years	Months	Days	If less than one day
44	9	15	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Frank E. McClure
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name M. Ella Cassell
15. Birthplace Baltimore, Md.

16 (a) Informant G. Maurice Stewart
(b) Address 3019 Wylie Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.,

18 (a) Funeral director G. Howard Strong
(b) Address 715 Light St. Baltimore, Md.

19 (a) JAN 20 1940 (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 17, 1940 at 2.00 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 3 1939 to Jan 17 1940, and that I last saw her alive on Jan 17 1940.

Immediate cause of death: Carcinoma Rectum — Duration: 2 yrs
Due to
Due to
Other Conditions Metastases liver - Stomach
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury

23. Signature John D. Bubert M. D.
Address 1263 Park Heights Ave Date signed 1/18/40

F 65157

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 65157

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 218 S. Chapel St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 218 S. Chapel St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Roman Oleszczuk

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Child

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 14/39

8. AGE: Years	Months	Days	If less than one day
	3	5	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Joseph Oleszczuk
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Sobotka
15. Birthplace Poland

16 (a) Informant Joseph Oleszczuk
(b) Address 218 S. Chapel St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Ozazewski
(b) Address 1930 Eastern Ave.

19 (a) JAN 20 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/18/40 19 . at 10. PM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 . to 1/18 1940 and that I last saw h alive on 1/18 1940.

Immediate cause of death Cerebral Hemorrhage
Duration
Due to Embolism
Due to
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury
23. Signature Andrew Stankowski
Address 2029 Eastern Ave. Date signed 1/20/40

per B. Kitzinger H. L. Wolbarsht, M. D. Asst. Med. Examiner

VS 3

65158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D Registered No. 65158

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 509 N. Montford Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 509 N. Montford Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura V. Benny

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Robert E. Benny

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 25-1859

8. AGE: Years: 80 | Months: 9 | Days: 24? | If less than one day: hr. min.

9. Birthplace: Balto. Md. (Town, county, and state)

10. Usual Occupation: Housework

11. Industry or business

FATHER
12. Name: Christian Mohr
13. Birthplace: Germany

MOTHER
14. Maiden Name: Amelia Taylor
15. Birthplace: Balto. Md.

16 (a) Informant: Hilda Humphreys
(b) Address: 509 N. Montford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20/40 (month) (day) (year)
(c) Cemetery or crematory: Mt. Carmel Cem.
Location: O'Donnell St.

18 (a) Funeral director: John A. Miller
(b) Address: 2334 Jefferson St.

19 (a) JAN 20 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 17, 1940, at 6:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 22 1939, to Dec. 16 1939, and that I last saw her alive on Dec. 16 1939.

Immediate cause of death	Duration
Acute Cardiac Dilatation	
Due to Chronic Myocarditis	4 yrs.
Due to Arteriosclerosis	
Other Conditions Hypertension	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Michael J. Dorsch M. D.
Address 530 E. Baltimore St. Date signed 1-19-40

correct age is especially important.

65139 71

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. E 65159

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County Balto. Catonsville
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 146 WINTERS AVE (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Aileen M Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	BLACK	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-9-21

8. AGE: Years	Months	Days	If less than one day hr.	min.
18	6	9		

9. Birthplace MD. (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER 12. Name RAYMOND SMITH
13. Birthplace MD

MOTHER 14. Maiden Name ANNIE HAMILTON
15. Birthplace MD

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-21-40 (month) (day) (year)
(c) Cemetery or crematory Western star
Location Catonsville

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill ave

19 (a) JAN 20 1940 (b) Hunting for Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 18 1940, at 8 55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 5 1939, to JAN 18 1940 and that I last saw her alive on JAN 18 1940.

	Duration
Immediate cause of death: Pulmonary Tuberculosis, bilateral, with cavitation	18 mos?
Due to: Spread 2 thr. from R. to left lung after	
Due to: thoracoplasty	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations 1st & 2nd stage thoracoplasty done.
Of autopsy Pulmonary Tbc. bilateral

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bruno Bardare, Jr.
Address Johns Hopkins Hosp. Date signed 1/19/40 M. D.

Correct age in expensive numerals

65160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D F 65160 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 631 W. Fayette st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 631 W. Fayette st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James R. Allen
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) ~~Single~~, married, ~~widowed or divorced~~. Married
6 (b) Name of husband or wife Mary E. Allen
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov 29th 1865
8. AGE: Years 74 | Months 1 | Days 19 | If less than one day hr. min.
9. Birthplace Philadelphia Pa (Town, county, and state)
10. Usual Occupation ~~Farmer~~
11. Industry or business —

FATHER
12. Name Thomas Allen
13. Birthplace Pa

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Mary E. Allen
(b) Address 631 W. Fayette st
17 (a) (Burial, cremation, or removal) (b) Date thereof 1 20d 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location Section 2 R.
18 (a) Funeral director A. Jones
(b) Address 111 S Gilmor st
19 (a) JAN 20 1940 (Date received by Registrar) (b) Interring for Williams Mfr

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18, 1940 at 1 P. M
21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1939 to Jan 18 1940 and that I last saw him alive on JAN 17, 1940.

Immediate cause of death: Carcinoma of Stomach — Duration: Oct 1939 to JAN 1940
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy None —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Paul Schonfeld M. D.
Address 2124 Wilkens Date signed Jan 18 1940

61 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 65161

CERTIFICATE OF DEATH

95-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 E Federal St. 12-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jane Day

(a) Residence: No. 404 E. Federal St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe | 4. Color or Race Col. | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of William Day.

6. DATE OF BIRTH (month, day, year) Mch 22 1861

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	78	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — | 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Catherine Mulloy

(Address) 404 E Federal St

18. BURIAL, ~~CREMATION~~, OR REMOVAL

Place Mt. Calvary Cem Date 1-20 1940

19. UNDERTAKER Mrs. Ges H. Holland

(Address) 163 Druid Hill Ave

JAN 20 1940

20. Filed ..... 19.. Hunter for Williams, Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 16, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1940, to Jan 16, 1940

I last saw her alive on Jan 16 1940. Death is said to have occurred on the date stated above, at ... p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? —, Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) R. Garland Ashcraft M. D.

(Address) 1534 Dru Hill Ave

51994 - RB

F 65162

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61

F 65162

Registered No. [illegible]

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 11 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 50 S. Stockton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1823

3 (a) FULL NAME Sarah Davis Connor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband ~~or wife~~ Frank

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2, 1876

8. AGE: Years	Months	Days	If less than one day
63	9	15	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation On Relief

11. Industry or business

FATHER
12. Name Thomas Pege (dead)
13. Birthplace ?

MOTHER
14. Maiden Name Sarah Nichols (dead)
15. Birthplace ?

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) [illegible] (Burial, cremation, or removal) (b) Date thereof Jan 21, 1940 (month) (day) (year)
(c) Cemetery or crematory Elkridge, Md
Location Laffan Hill

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St. [illegible]

19 (a) JAN 20 1940 (b) [illegible] Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17 1940, at 1:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from January 16 1940, to Jan. 17 1940, and that I last saw h[illegible] alive on Jan. 17 1940.

Immediate cause of death: Diabetic Coma — Duration: 5 days
Due to: Diabetes mellitus — Duration: unknown.
Due to:
Other Conditions: Generalized arteriosclerosis — Duration: unknown.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosp. M. D.
Date signed 1-17-40

65163

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 65163 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 610 W Lanvale St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 610 W Lanvale St

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eliza J. Mason

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem	Col	Widowed

6 (b) Name of husband or wife John J. Mason

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-19-1876

8. AGE: Years	Months	Days	If less than one day: hr.	min.
63	5			

9. Birthplace Calvert Co Md

(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name John Hall

13. Birthplace Calvert Co Md

MOTHER

14. Maiden Name ?

15. Birthplace ?

16 (a) Informant Catherine Carter

(b) Address 610 W Lanvale

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 23 1940 (month) (day) (year)

(c) Cemetery or crematory National Cemetery

Location Frederick Road Balto Md

18 (a) Funeral director L. A. Brooks

(b) Address 1463 N Carey St

19 (a) Jan 20 1940 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-18 1940. at 5:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 6 1939 to Jan 18 1940 and that I last saw h[illegible] alive on Jan 16 1940

Immediate cause of death: Cardio-Vascular Disease — Duration: 1 yr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. Atwell Joyner M. D.

Address 554 Dolphin St Date signed 1-19-40

Correct [illegible] especially important [illegible]

VS 8

F 65164

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ Registered No. F 65164

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 501 Westgate Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 ✓
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 501 Westgate Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Suter Jentner,

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John G. Jenter,
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) July 9, 1875

8. AGE: Years	Months	Days	If less than one day
64	6	10	hr. min.

9. Birthplace Baltimore City. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Goldeisen
13. Birthplace Germany

MOTHER
14. Maiden Name Christine Buchheimer,
15. Birthplace Baltimore Md.

16 (a) Informant John G. Jentner.
(b) Address 501 Westgate Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City

18 (a) Funeral director Geo W Little
(b) Address 2700 Edmondson Ave.

19 (a) JAN 20 1940 (Date rec'd by registrar) By Thurlington for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19 1940 at 10.40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/8 1935 to 1/19 1940 and that I last saw h[illegible] alive on 1/18 1940.

Immediate cause of death	Duration
Chronic Myocardial disease	5 yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signed William A. Tripleett M.D.
Address 1326 W. Lombard St. Date signed 1/19/40

VS 8

65165

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-G Registered No. F 65165

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 43

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3418 Dupont ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Isadore Fuchs

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Fannie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 24, 1874

8. AGE: Years 65 | Months — | Days 24 | If less than one day: hr. 22 min.

9. Birthplace Russia (Town, County, and State)

10. Usual Occupation Merchant Vegitables

11. Industry or business

FATHER
12. Name Simon Fuchs
13. Birthplace Russia

MOTHER
14. Maiden Name Esther Block
15. Birthplace Russia

16 (a) Informant Mrs Fannie Fuchs
(b) Address 3418 Dupont ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan (month) 1940 (day) (year)
(c) Cemetery or crematory Bnai Israel Cemetery
Location Southern ave

18 (a) Funeral director Sol Levin & Bros
(b) Address 424-26 W. North ave

19 (a) JAN 20 1940 (Date rec'd by registrar) (b) Printing for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-17-40 19 , at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1940. to Jan 17 1940. and that I last saw him alive on Jan 17 1940.

Immediate cause of death Carcinoma of liver — Duration 1 Year

Due to Metastasis from Pancreas Carcinoma of Tail of pancreas

Due to

Other Conditions Advanced Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Carcinoma of Liver & Pancreas

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J M Collins M.D.
Address Bon Secours Hospital Date signed 1-17-40

VS 3

65166 F 3298

HEALTH DEPARTMENT—CITY OF BALTIMORE

65166

CERTIFICATE OF DEATH

152-G

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 19-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Robert Russel

If U. S. Veteran specify WAR .....

(a) Residence: No. 331 S Calhoun St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 3rd 1939

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Glenn H Russell

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Eloise White

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Eloise Russell

(Address) 331 S Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date 1/20/1940

19. UNDERTAKER Waters & Conway & Son

(Address) 901 Hollins St

20. FILED JAN 20 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/19, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1940 to Jan 19, 1940

I last saw him alive on Jan 19, 1940 Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital absence of Palate	birth
Aspiration pneumonia	Jan 12
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Calvin J. Wells M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

VS 8

65167 27160-FD

✓F 65167

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street and No. 139 S. Poppleton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Henrietta Livingston

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Widowed

6 (b) Name of husband or wife Charles (d)
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 1/31/1863

8. AGE: Years	Months	Days	If less than one day
76	11	16	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation house work
11. Industry or business ✓

FATHER
12. Name Robert Mitchell
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Williams
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) burial (Burial, cremation, or removal) Date thereof 1/22/40 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem
Location Balto Md

18 (a) Funeral director John J Conway & Son
(b) Address 901 E Baltimore St Baltimore, Md.

19 (a) JAN 20 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-17- 1940, at 9 20 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-3- 1939 to 1-17- 1940, and that I last saw h[illegible] alive on 1-17- 1940.

Immediate cause of death: Cerebral arteriosclerosis
Cerebral Hemorrhage Duration ? ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
Signature Fred Wagner Goldstein M.D.
Address Balto City Hosp Date signed 1-19-40

VS 8

CORRECT AGE IS ESPECIALLY IMPORTANT

65168 J. George Roeder Jr ✓ F 65168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2141 Homeland Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME J. George Roeder JR.
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 19, 1877
8. AGE: Years 62 Months 8 Days If less than one day hr. min.
9. Birthplace Balto., Maryland (town, county, and state)
10. Usual Occupation Clerk
11. Industry or business City Hall, Balto.

FATHER
12. Name George A Roeder
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Brandau
15. Birthplace Germany

16 (a) Informant Christian Roeder
(b) Address Germany

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan 22 (month) (day) (year)
(c) Cemetery or crematory Loudon Park.
Location

18 (a) Funeral director Harry H. Hitchcock
(b) Address 4101 Edmondson Ave.

19 JAN 20 1940 (b) Thurston Williams, M.D. Registrar
(Date rec'd by reg'r)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 19 1940 at 4:00 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 19 1940 to Jan. 19 1940 and that I last saw h/m alive on Jan. 19 1940.

Immediate cause of death Cerebral hemorrhage — Duration 4 hrs.
Due to Hypertension
Due to Cardio-vascular disease
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald A. Capra M. D.
Address Mercy Hospital Date signed 1-19-40

A. L. Wellenbergh M.D. Assistant medical examiner for F. L. Bruntzyn

F 65169

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B F 65169

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3804 Fremway
(c) Hospital or institution: at his home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3804 Fremway
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Thomas Sylvester Fink

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: probably None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Genevieve V. Fink

6 (c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): Dec-13-1865

8. AGE: Years: 74 | Months: 1 | Days: 5 | If less than one day: hr. min.

9. Birthplace: Balto Md
(Town, county, and state)

10. Usual Occupation: Retired

11. Industry or business: Retired

MOTHER | FATHER

12. Name: Henry S. Fink

13. Birthplace: Penna

14. Maiden Name: Rosanna MacElroy

15. Birthplace: Mary Land.

16 (a) Informant: Mrs Genevieve V. Fink (wife)

(b) Address: 3804 Fremway

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof: Jan-22-40 (month) (day) (year)

(c) Cemetery or crematory: New Cathedral

Location: Balto Md.

18 (a) Funeral director: STEWART & MOWEN COMPANY

(b) Address: (W. F. WOODEN SUC.) 108 W. SOUTH AVENUE

19 (a) Date received by Registrar: JAN 20 1940 (b) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 18 1940, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 14 1939 to Jan 18 1940 and that I last saw h~~im~~er alive on Jan 17 1940.

Immediate cause of death: Carcinoma of Stomach — Duration: 3 yrs.

Due to: and. — 10 m.

Due to: Left-Hemiplegia — 10 m.

Due to: Pneumonia — 1 hrs.

Other Conditions: Exhaustion, Cardiac failure

(Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: John F Shea

Address: 804 Cathedral St Date signed: 1/19/40

correct age if apparently impossible

F 65170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-0 F 65170

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St. 90-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 7 mos. — da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lewandoski, Charles Stanislaus

If U. S. Veteran specify WAR

(a) Residence: No. 4020 Massachusetts Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced, HUSBAND of Catherine Thompson

6. DATE OF BIRTH (month, day, year) April 21-1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nursing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Massachusetts

FATHER

13. NAME Andrew Lewandoski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Rose Schmeltz

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Catherine Lewandoski (wife)

(Address) 4020 Massachusetts Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date 1-22-40 19

19. UNDERTAKER Stewart & Mowen Company

(Address) 108 W. North Ave.

20. FILED JAN 20 1940 19 Hunting for Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18 — 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct 39 to 1/18 1940

I last saw alive on 1/18 1940 Death is said to have occurred on the date stated above, at 3:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with repeated Coronary thrombi	15 Yrs
Other contributory causes of importance: Coronary Thrombosis	1 dy

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public places

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) William P. Hagan M.D.

(Address) 336 Park Ave

OCCUPATION is very important. See instructions on back of certificate.

VS 8

65171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-V

F 65171 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1123 Cleveland St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 ?
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City Balto
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1123 Cleveland St (If rural give location)
(e) If foreign born, how long in U. S. A.? ? years

3 (a) FULL NAME Johanna Frank.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Fem.
5. Color or race Wht.
6 (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife Joseph Frank
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) DEC 24 1868

8. AGE: Years 71 | Months 0 | Days 26 25 | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation None
11. Industry or business —

FATHER
12. Name John Geary
13. Birthplace England

MOTHER
14. Maiden Name Eliz Hennessy.
15. Birthplace Ireland

16 (a) Informant Mrs George Frank.
(b) Address 1123 Cleveland St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 22 1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md.

18 (a) Funeral director Bernard C Hart
(b) Address 121 E West St

19 (c) JAN 20 1940 Registered Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19th 1940 at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 to Jan 19 1940 and that I last saw h[illegible] alive on Jan 18 1940.

Immediate cause of death ! Acute Cardiac Dilatation. — Duration

Due to —

Due to —

Other Conditions Arteriosclerosis Hypertension

(Exclude pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Schmuck
Address 337 S. Charles St Date signed 1/19/40

VS 3

COPIES MUST BE MADE FROM THIS ORIGINAL

F 65172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 65172

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5623 Grantill Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 d

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5623 Grantill Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary C. Born

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Henry Born
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 18-1863

8. AGE: Years 76 | Months 2 | Days | If less than one day: hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business at home

MOTHER / FATHER

12. Name Ambrose Miller
13. Birthplace Germany

14. Maiden Name Mary
15. Birthplace Germany

16 (a) Informant Marie Krastal
(b) Address 5623 Greenhill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J. Tuck
(b) Address 5305 Harford Rd.

19 (a) JAN 20 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1940 at 11:05 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 13 1940 to Jan 18 1940 and that I last saw her alive on Jan 18 1940.

Immediate cause of death: Bronchial Pneumonia — Duration 5 days

Due to: Bronchial Asthma — 2

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard Bonfield M.D.
Address 5402 Belair Rd Date signed 1-19-40

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-BV

65173

Registered No. F 65173

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive and 31st St.

(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) 18 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 535 Chateau Terrace
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

2T 10

3 (a) FULL NAME Alexander FLETCHER

3 (b) If veteran, name war

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Florence Kempe

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 17, 1884

8. AGE: Years	Months	Days	If less than one day
55 yrs.	1	2	hr. min.

9. Birthplace Michigan
(Town, county, and state)

10. Usual Occupation Captain-Retired U.S.Army

11. Industry or business

FATHER

12. Name Unknown

13. Birthplace Unknown

MOTHER

14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Records-U. S. Marine Hospital,

(b) Address Baltimore, Maryland.

17 (a) (Burial, cremation, or removal) (b) Date thereof 1/22/40
(month) (day) (year)

(c) Cemetery or crematory natural cond.

Location

18 (a) Funeral director Leonard Mudd

(b) Address 530 S. Howard St.

19 (a) JAN 20 1940 Huntington Williams M.D.
(Date Rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19, 1940, at 5:40PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 18, 1940, to Jan. 19, 1940, and that I last saw him alive on Jan. 19, 1940.

	Duration
Immediate cause of death Cerebral Hemorrhage, left	32 hrs.
Due to Arteriosclerosis, general	Unknown
Due to	
Other Conditions Cirrhosis of liver	20 mo.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address U.S.Marine Hospital Date signed 1-20-40

V8 3

Baltimore, Maryland.

F 65174

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No. F 65174

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address N. Broadway at Fairmount ave

(c) Hospital or institution: Church Home & Infirmary

(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County

(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)

(d) Street No. 3322 DuPont Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MRS MARY FRANCES KING

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: No

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mr Albert King

6 (c) If alive, give age: 51 years

7. Birth date of deceased (mo., day, yr.) Jan 15, 1891

8. AGE: Years 49 | Months — | Days 3 | If less than one day: hr. min.

9. Birthplace BALTIMORE, MD. (Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business

FATHER

12. Name ANTHONY BATHAN

13. Birthplace BALTIMORE, MD

MOTHER

14. Maiden Name SARAH C. SHERWOOD

15. Birthplace BALTIMORE, MD

16 (a) Informant W. M. King

(b) Address 3322 DuPont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/40 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location

18 (a) Funeral director Chas. J. Shaw & Son Inc

(b) Address 116 W. Mt Royal Ave

19 (a) JAN 20 1940 (Date rec'd by Registrar) Thos. Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 18 1940, at 11:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 11 1939, to Jan 18 1940, and that I last saw D E S alive on Jan 18 1940.

Immediate cause of death: Hypertensive Cardio-Vascular disease — Duration: ?

Due to: chronic glomerulo nephritis — Duration: ?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Howard W Jones M. D.

Address Church Home & Infirmary Date signed 1/19/40

Correct age is especially important

VS 3

65175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F-65175

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1323 W. Presstman Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Curtis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	Widowed

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14, 1898

8. AGE: Years	Months	Days	If less than one day
41	7	2	hr. min.

9. Birthplace Washington, D. C.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER
12. Name Henry Lewis
13. Birthplace Virginia

MOTHER
14. Maiden Name Emma Hamilton
15. Birthplace Pennsylvania

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (month) 22 (day) 40 (year)
(c) Cemetery or crematory St. Peters
Location

18 (a) Funeral director Thos. E. Pelagy
(b) Address 1303 Presstman St

JAN 20 1940 (Date rec'd by registrar) Thomas E. Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 – 16 1940, at 9 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-8 1939, to 1-16 1940, and that I last saw her alive on 1-16 1940.

Immediate cause of death	Duration
Carcinoma Breast with metastases	p
Due to	
Due to	
Other Conditions Diabetes mellitus	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. K. Woodward Jr. M. D.
Address Balto City Hosp. Date signed 1-16-40

correct age is especially important

F 65176

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registration No. F 65176

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1902 Mc Culloh
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Balto md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1902 McCulloh St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Morsell

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F
5. Color or race colored
6 (a) Single, married, widowed, or divorced. widow
6 (b) Name of husband or wife Samuel Morsell
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1871
8. AGE: Years 69 Months — Days 68 If less than one day hr. min.
9. Birthplace Prince George, Co. Md
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Henry Frazier
13. Birthplace Prince George Co Md

MOTHER
14. Maiden Name unknown
15. Birthplace Md

16 (a) Informant Cora Johnson
(b) Address 1236 Argyle ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/40 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location
18 (a) Funeral director Chas E. Kelson
(b) Address 1302 Preastman St
19 (a) JAN 20 1940 (Date rec'd by registrar) (b) Attesting to Williams Mt

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1940, at 3 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 8 1940, to Jan 18 1940, and that I last saw h[illegible] alive on Jan 16 1940.

Immediate cause of death: Apoplexy — Duration: 8 days
Due to: Uremia - Sclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J. Edward Fisher, M.D.
Address 612 E Monument Date signed 1-18-40

VS 3

M. D. B. 1268-0

65177 ✓F 65177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92D

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1511 N Carey St., 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Price

(a) Residence: No. 1511 N Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME James Price

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary Stanley

(Address) 1511 N Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1/22 40 19

19. UNDERTAKER Thos E. Kelly

(Address) 1303 Pitcairn St

20. FILED JAN 20 1940 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/18 19 40

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1940 to Jan 18 19 40

I last saw him alive on Jan 17 1940 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	Unknown

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Wm Allan Frey M. D.

(Address) 1928 Penna Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

5178

F 65178

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95 C

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 542 N. Payson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 D. 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 542 N. Payson St.
(Rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Margaret C. M. Hax.

3 (b) If veteran, name war None.

3 (c) Social Security Account No. None.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) April 3 1888

8. AGE: Years 51 | Months 9 | Days 15 | If less than one day — hr. — min.

9. Birthplace Baltimore, Md.
(Town, county and state)

10. Usual Occupation Housewife;
11. Industry or business At home.

FATHER 12. Name Frederick Wotzichowski

13. Birthplace Germany

MOTHER 14. Maiden Name Caroline Kudwig

15. Birthplace Germany

16 (a) Informant Chas W. E. Wit
(b) Address 1901 Maisel St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20 - 1940 (month) (day) (year)

(c) Cemetery or crematory Loudon Park.
Location Baltimore - Md.

18 (a) Funeral director Charles J. Schaub.
(b) Address 505 N. Monroe St.

19 (a) JAN 20 19 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18th: 1940, at 10.15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 8 1940, to January 19 1940, and that I last saw her alive on January 18 1940.

Immediate cause of death Dilatation of Heart — Duration unknown

Due to unknown

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chester Piland, M. D.
Address 2532 Edmondson Ave Date signed 1-19-40

VS 3

correct age is ... [illegible]

65179 ✓ F 65179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 622 Modena St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 622 N Modena St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Haines

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-01-2997

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Mary Haines

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-12-1883

8. AGE: Years	Months	Days	If less than one day
56	11	5	hr. min.

9. Birthplace King William Co Va.
(Town, county, and state)

10. Usual Occupation Colored

11. Industry or business Nurse

FATHER
12. Name Unknown
13. Birthplace d

MOTHER
14. Maiden Name Unknown
15. Birthplace d

16 (a) Informant Mary Haines
(b) Address Yard of Modena St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-1940 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem.
Location Brooklyn A. A. Co Md

18 (a) Funeral director Belton Thomas W. Wright
(b) Address 1218 Pine & Elderry St

19 (a) (Signature of registrar) (b) Thomas E. Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1940, at 2 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1939 to Jan 17 1940, and that I last saw him alive on Jan 15 1940.

Immediate cause of death Generalized Carcinoma — Duration 3 mos

Due to Carcinoma Prostate — 2 mos

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R F Young M. D.

Address 64 W Biddle St Date signed 1/19/40

CORRECT ANY INCORRECT ENTRIES ON THIS CERTIFICATE BY DRAWING A LINE THROUGH THE INCORRECT ENTRY AND WRITING THE CORRECT ENTRY ABOVE IT.

5180 ✓ F 65180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56 F Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1317 W. Lanvale St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 d

(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1317 W. Lanvale (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Wilson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	widowed

6 (b) Name of husband or wife Wm. H. Wilson
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 12/25/1880

8. AGE: Years	Months	Days	If less than one day
59		21	hr. min.

9. Birthplace Louisa Va (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER 12. Name Brooks Thompson
13. Birthplace Va

MOTHER 14. Maiden Name Sophia ——
15. Birthplace Va

16 (a) Informant Harry Wilson
(b) Address 1317 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem.
Location Brooklyn P.O. Md.

18 (a) Funeral director Byron Thomas H. Knight
(b) Address 218 N. Caroline St

19 (a) JAN 20 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-16 1940 at 3 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-14 1939 to 1-16 1940 and that I last saw her alive on 1-15 1940

Immediate cause of death: Adenoma of Kidney — Duration 2 yrs.
Due to
Due to
Other Conditions: Hypertensive cardiac disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] Address 1500 E. Madison St Date signed 1/19/40

VS 3

Dr George E Shannon
700 N. Fulton Ave

65181

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-B

Registered No. F 65181

1. PLACE OF DEATH: Methodist Home for Aged
(a) Baltimore City, Maryland.
(b) Street address 2211 Rogers Ave
(c) Hospital or institution: Methodist Home for Aged
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rodgers Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Virginia Hudson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Charles Hudson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 21-1865

8. AGE: Years	Months	Days	If less than one day hr.	min.
71	9	28		

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name John Davies
13. Birthplace England

MOTHER
14. Maiden Name Virginia Woodsley
15. Birthplace Scotland

16 (a) Informant Miss Etta Cundiff
(b) Address 2211 Rodgers Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2-1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md

18 (a) Funeral director Manuel Cook Sons
(b) Address 1600 W. North Ave

19 (c) JAN 20 1940 Registrar ~~Registrar~~ Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1940. at 7.35 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jany 3 1940. to Jany 1 1940 and that I last saw her alive on Jan 16 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Chronic Nephritis	
Due to Myocarditis Chronic	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes made

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George E Shannon M. D.
Address 701 St Paul Date signed Jany 19

correct age is especially important. Physicians, please write plainly.

VS 8

F 65182

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓H 170-C Registered No. F 65182

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2833 Walbrook Ave (If rural give location)
15 13
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Harry Warlock Jr

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12 - 1932

8. AGE: Years	Months	Days	If less than one day
7	8	6	hr. min.

9. Birthplace Chicago, Ill (Town, county, and state)
10. Usual Occupation school
11. Industry or business —

FATHER
12. Name Harry Warlock Sr
13. Birthplace Milwaukee, Wis.

MOTHER
14. Maiden Name Letty Ristola
15. Birthplace Alloucz, Mich.

16 (a) Informant Harry Warlock
(b) Address 2833 Walbrook Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 22 1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Ellis S. White
(b) Address 2840 E Old Spring Lane

19 (a) JAN 20 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-18- 1940, at 7.30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death: Cerebral Fracture — Duration
Due to: Fractured Skull
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 1-18-40
(c) Where did injury occur? Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public Road (Specify type of place) While at work? no
(e) Means of injury While crossing street, struck by Auto
23. Signature Howard J. Mahoney M.D. by Medical Examiner.
Date signed 1-19-40

VS 6

correct age is especially important. If uncertain, give approximate

F65183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 — Registered No. F65183

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1307 W Lanvale St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) life 67 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1307 W Lanvale St (If rural give location)
(e) If foreign born, how long in U. S. A.? born years

3 (a) FULL NAME KATIE ROBERTS

3 (b) If veteran, name war — | 3 (c) Social Security Account No. none

4. Sex F | 5. Color or race col | 6 (a) Single, married, widowed, or divorced widowed

6 (b) Name of husband or wife David Roberts
6 (c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.) dec 1 1872

8. AGE: Years 67 | Months 1 | Days 19 | If less than one day hr min

9. Birthplace Kent County Maryland (Town, county, and state)

10. Usual Occupation domestic
11. Industry or business Housework

FATHER 12. Name unknown
13. Birthplace —

MOTHER 14. Maiden Name Clara Roberts
15. Birthplace Kent County

16 (a) Informant daughter - Irene Russell
(b) Address 1307 W Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 23 '40 (month) (day) (year)
(c) Cemetery or crematory Zion Luth.
Location Coleman Kent Co. Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 N. Biddle St.

19 (a) — (b) Hitchins Mortuary (Date name and address registered by local registrar) (Signature of local registrar)

JAN 22 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1940, at 10 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — **Duration** sudden

Due to —

Due to —

Other Conditions — no history

(Include pregnancy within 3 months of death)

Major findings:
Of operations none — Tumor years ago.
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. W. Wallenmeier M.D. Medical Examiner
Date signed Jan 20, 1940

correct age is especially important. Physicians, please write plainly.

65184 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-D F 65184

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1634 Linden Ave St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Hermir Attenheimer

If U. S. Veteran specify WAR

(a) Residence: No. 1634 Linden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Reuben A. Attenheimer

6. DATE OF BIRTH (month, day, year) May 20th 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	7 8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Abraham Elliot

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Regina Weiller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. A. Levi

(Address) 1634 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Chet Lindsay Date Jan 21 1940

19. UNDERTAKER David Londberg & Son

(Address) 1902 Eutaw Place

20. JAN 20 1940 Timothy J. Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/19, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1/14, 1940 to 1/19, 1940

I last saw her alive on 1/19, 1940 Death is said to have occurred on the date stated above, at 9.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Bronchopneumonia	1/14/40

Other contributory causes of importance:

Hypertensive C.V. Disease
Senile arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, when?

(Signed) Elliot Levi M. D.

(Address) Levi Hospital

State CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

65185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a

Registered No. F 65185

1. PLACE OF DEATH: Eutaw Place & Brooks Lane
(a) Baltimore City, Maryland
(b) Street address Esplanade Apts.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Esplanade Apts. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1951

3 (a) FULL NAME LOUIS BERNEY

3 (b) If veteran, name war

3 (c) Social Security Account No. 212033163

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Gretchen H. Berney

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Dec. 31, 1875

8. AGE: Years 64 | Months | Days 19 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retail Clothing Merchant

11. Industry or business

FATHER
12. Name Samuel Berney,
13. Birthplace Germany

MOTHER
14. Maiden Name Theresa Hamburger,
15. Birthplace Balto. Md.

16 (a) Informant Mrs. L. Berney,
(b) Address Esplanade Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/40. (month) (day) (year)
(c) Cemetery ~~or crematory~~ Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Burial Association Inc.
(b) Address 1902 Eutaw Place

19 (Date rec'd by registrar) JAN 20 1940 Hunting for Williams, M.P. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jany. 19, 1940, at P.M

21. I certify that death occurred on the date above stated; that I attended deceased from December 1939, to January 19 1940, and that I last saw him alive on January 19 1940.

Immediate cause of death: Acute Thrombosis Coronary Artery — Duration: 6 hrs.

Due to

Due to

Other Conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles H. Buchman M. D.
Address 1417 Eutaw Place Date signed Jan. 20-40

Correct age if apparently impossible or improbable.

VS 8

F 65186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-D

Registered No. F 65186

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2125 Ramsay St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 76
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2125 Ramsay St
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Nicholas Jantz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W.	Married

6 (b) Name of husband or wife Christine Jantz (nee Augustine) 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 8, 1879

8. AGE: Years	Months	Days	If less than one day
60	11	9	hr. min.

9. Birthplace Austria Hungary (Town, county, and state)
10. Usual Occupation Shoe maker
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Christine Jantz
(b) Address 2125 Ramsay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director Harry H. Mitzke
(b) Address 4101 E. Monument ave

19 (a) JAN 21 1940 (Date rec'd by registrar) (b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 17, 1940, at 9:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 1939 to Jan. 17 1940, and that I last saw him alive on Jan 17 1940.

Immediate cause of death Carcinoma of Lung.

Due to

Due to

Other Conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None.

Duration ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Kermond M.D.
Address 1934 Wilkens Av Date signed 1/19/40

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F 65187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3-B

F 65187 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 818 Shuter St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella Underwood (51495)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21, 1920

8. AGE: Years	Months	Days	If less than one day
19	9	26	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Ellis Lambert
13. Birthplace Va.

MOTHER
14. Maiden Name Rosie Jones
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) Jan. 20/40 (b) Date thereof Burial (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Balto. Md.

18 (a) Funeral director Mrs. Robert A. Elliott daughter
(b) Address 1129 N. Caroline St.

19 (a) JAN 21 1940 (Registrar) Hunting Tom Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 16, 1940, at 9:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2, 1940, to Jan. 16, 1940, and that I last saw her alive on Jan. 16, 1940.

Immediate cause of death	Duration
Tuberculosis of the lungs	Sept 1938
Due to	
Due to Tuberculosis of intestines	
Tuberculosis of larynx	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Talesnick M. D.
Address Balto. City Hospitals Date signed 1/17/40

correct age is especially important

F 65188

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-C

Registered No. F 65188

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General.
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Essex County
(c) City or town Montclair (If outside city or town limits, write RURAL and give town)
(d) Street No. 49 Clinton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME NORMAN WINN LIPSCOMB

3 (b) If veteran, name war: no
3 (c) Social Security Account No. no

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced. SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN 14 1920

8. AGE: Years 20 | Months 19 | Days 0 | If less than one day: hr. 6 min.

9. Birthplace CHILE SOUTH AMERCIA (Town, county, and state)
10. Usual Occupation student
11. Industry or business St Johns College

FATHER
12. Name CASTON J LIPSCOMB
13. Birthplace SELMA ALABAMA

MOTHER
14. Maiden Name BESSIE W. WINN
15. Birthplace DEMOPOLIS ALABAMA

16 (a) Informant MR CASTON J LIPSCOMB
(b) Address MONTCLAIR N. J.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 22 1940 (month) (day) (year)
(c) Cemetery or crematory
Location MONTCLAIR N.J.

18 (a) Funeral director Wm J Lickner + Sons
(b) Address North + Bay Ave

19 (a) (Date received by registrar) (b) Registrar

JAN 21 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1940, at 2 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquest) thereon and from the evidence obtained by said autopsy (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death: Hemorrhage, pleural cavities — Duration
Due to Fractured rib bilateral
Due to Cerebral hemorrhage
due to Contusions of head
Other Conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence January 20, 1940
(c) Where did injury occur? Charles and Preston Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place (Specify type of place) While at work? no
(e) Means of injury Passenger in a car struck by another car

23. Signature H. L. Waldenmeier M.D. Medical Examiner.
Date signed Jan 20, 1940

correct age is especially important. Physicians, please write

F 65189

COK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-31-40 32048 Registered No. F 65189

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1929 Etting St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daisy Beverly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married (Sep)

6 (b) Name of husband or wife: Willie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29, 1891

8. AGE: Years 48 | Months 10 | Days 21 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER
12. Name Hopkins Morgan
13. Birthplace Md.

MOTHER
14. Maiden Name Elizah Davenport
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 22-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Balto Md

18 (a) Funeral director George T.A. Gibson
(b) Address 1735 Edmondson Ave.

19 (a) Date received by Registrar JAN 21 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19 1940, at 8.00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/18 1940, to 1/19 1940, and that I last saw h(er) alive on 1/19 1940.

Immediate cause of death: Arteriolonephrosclerosis — Duration: ?

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Morgenstern M. D.
Address Balto City Hosp. Date signed

correct age is apparently impossible. [illegible]

F 65190

65190

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-A Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3405 Gwynnway
(c) Hospital or institution: at his home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3405 Gwynnway (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Harry Bennett Gwynn

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: probably none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Elsie B. Gwynn
6 (c) If alive, give age: 56 years

7. Birth date of deceased (mo., day, yr.): Sept-26-1874

8. AGE: Years	Months	Days	If less than one day
65	3	24	hr. min.

9. Birthplace: Richmond Va. (Town, county, and state)
10. Usual Occupation: Advertising
11. Industry or business: Advertising

FATHER
12. Name: Mr. Gwynn
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Mary Smith
15. Birthplace: Virginia

16 (a) Informant: Mrs E. B. Gwynn - (wife)
(b) Address: 3405 Gwynnway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan-22-40 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge
Location: Pikesville - Md

18 (a) Funeral director: STEWART & MOWEN COMPANY
(b) Address: (W. E. WOODEN SUC.) 103 W. NORTH AVENUE

19 (a) JAN 21 1940 (Date rec'd by registrar) (b) Hunter for Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 19th 1940, at 4 30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940 to Jan 19th 1940, and that I last saw him alive on Jan 19 1940.

Immediate cause of death: Hypertension of kidney — Duration: 5 mos
Due to: Arteriosclerotic amaurosis of glaucoma — 5 mos
Due to: Cancer
Other Conditions: Arterio-sclerosis

(Include pregnancy within 3 months of death)

Major findings: Of operations: 0
Of autopsy: Confirmation of diagnosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: J. A. Bullard M. D.
Address: 806 N. Calvert St Date signed: Jan 20/40

correct age is especially important. ... [illegible]

65191

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 65191 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 17 W. Lafayette St
R111 E. Fayette St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Rose Hamburger

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept 5-1877

8. AGE: Years	Months	Days	If less than one day
62	4	13	____ hr. ____ min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation —
11. Industry or business —

MOTHER / FATHER
12. Name John Hamburger
13. Birthplace Baltimore Md
14. Maiden Name Fannie Harman
15. Birthplace Baltimore Md

16 (a) Informant Mr Milton Hamburger
(b) Address Fairview Ave - Hale Thorpe. Md
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-40 (month) (day) (year)
(c) Cemetery or crematory Balto Hebrew Cem
Location Belair Rd
18 (a) Funeral director J. Ahrens Co
(b) Address 1032 Reisterstown Rd
19 (a) 1-21-1940 (Date received by registrar) (b) Hunting Park & Williams Ave

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-20 1940, at 7:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-17 1940, to 1-20 1940, and that I last saw her alive on 1-20 1940.

Immediate cause of death	Duration
Congestive heart failure	1 wk
Due to Arteriosclerotic heart disease	
Due to	
Other Conditions Bronchopneumonia	3 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature Abe Abelow M. D.
Address Sinai Hospital Date signed 1-20-40

correct age is especially important. Physicians, please write plainly.

VS 3

F 65192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106 L

F 65192 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland ave
(c) Hospital or institution:
Sinai Hospital
(d) Length of stay in hospital or inst. (~~years~~, months or days) 1 ½
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3849 Boarman ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Stanley Sklar

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife March 30/39
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 29 1939

8. AGE: Years	Months	Days	If less than one day
	10	21	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business -

FATHER 12. Name Bernard Sklar
13. Birthplace Balto. Md

MOTHER 14. Maiden Name Era Miller
15. Birthplace Balto. Md.

16 (a) Informant Bernard Sklar
(b) Address 3849 Boardman ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21/40 (month) (day) (year)
(c) Cemetery or crematory Workmen Circle
Location Germantown Hall Road

18 (a) Funeral director Sol Levinson & Bro.
(b) Address 1124-26 W North ave

19 JAN 21 1940 Harris & Williams M.B.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 20 1940 at 11:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/19 1940 to 1/20 1940 and that I last saw h alive on 1/20 1940

Immediate cause of death Asphyxia — Duration

Due to Laryngo-tracheitis — 1 week

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Laryngoscopy - inflammation of larynx
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold A. Gross M. D.
Address Sinai Hosp. Date signed 1/20/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 65193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 10

F 65193

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. ~~(yrs.~~ mos., or ~~days)~~ 2

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2109 N. High St.

(If rural, give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ada Siegel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1917

8. AGE: Years 33 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Alex Siegel

13. Birthplace Russia

MOTHER

14. Maiden Name Eva Ballow

15. Birthplace Russia

16 (a) Informant Mother

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-40 (month) (day) (year)

(c) Cemetery or crematory Herzig Bros

Location Baraj Jewish Cemetery

18 (a) Funeral director Abel Levin Inc

(b) Address 1437 E. Baltimore St.

19 (a) JAN 21 1940 (Date received by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 21 1940, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 21 1939 to Jan. 21 1940, and that I last saw h[illegible] alive on Jan 21 1940

Immediate cause of death: Bronchopneumonia

Due to: Osteomyelitis of radius

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration: 2 days; 2 mos.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Harold A. Gerber M. D.

Address Sinai Hosp Date signed 1/24/40

YS 8

corner's case is especially important. Physician, please write the

[illegible]

F 65194

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 65194 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 46 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3512 Virginia Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Alexander Buchner

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓ None.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Elayer Buchner
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Nov 1, 1893

8. AGE: Years	Months	Days	If less than one day
46	2	19	hr. min.

9. Birthplace Balto., Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Louis Buchner
13. Birthplace Poland

MOTHER
14. Maiden Name Isabel Jacobs
15. Birthplace London, England

16 (a) Informant Sister Mrs Hollander
(b) Address 2237 Linden ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-40 (month)-(day)-(year)
(c) Cemetery or Lutheran Evergreen
Location Balto Md

18 (a) Funeral director Jacob Louis Isaacs
(b) Address 1439 E. Balto St

JAN 21 1940 (Date rec'd by registrar) Hunter L. Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1940 at 4:51 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1940 to Jan 19 1940 and that I last saw him alive on Jan 19 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Rt lenticulo-striate artery	
Due to Hypertension	
Due to Chronic Glomerulonephritis	
Other Conditions Obesity + exophthalmos?	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? (City or town) (County) (State) ✓
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work? ✓ (Specify type of place)
(e) Means of injury ✓

23. Signature M. Robert Steer M. D.
Address W. B. D. H. Date signed 1/19/40

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F 65195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

115-C

F 65195 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Ruland Ave
(c) Hospital or institution:
Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days.
(e) Length of stay in Baltimore (yrs., mos., or days) all life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 124 N. Augusta (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Infant Bernard Applestein

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife ✓
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 8 1 33

8. AGE: Years	Months	Days	If less than one day
6	5	19	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation School Boy
11. Industry or business

FATHER
12. Name Philip Applestein
13. Birthplace Balto

MOTHER
14. Maiden Name Anna Schmuth
15. Birthplace New York

16 (a) Informant Father
(b) Address
17 Burial (Burial, cremation, or removal) (b) Date thereof 1-21-40 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Phila Rd
18 (a) Funeral director Jos. Levi Inc
(b) Address 1439 E. Balto St

JAN 21 1940 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-20 1940, at 6:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-18 1940 to 1-20 1940, and that I last saw h[illegible] alive on 1-20 1940

Immediate cause of death: Acute laryngo-tracheo-bronchitis — Duration: 2 days

Due to

Due to

Other Conditions Rhino-pharyngitis Bilat. Bronchopneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Above confirmed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place) —
(e) Means of injury

23. Signature Sidney Orbuch M. D.
Address Sinai Hospital Date signed 1-20-40

correct age is especially important. Any person who...

VS 3

65196

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-6 Registered No. F 65196

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2010 Christian St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME TILLIE REINHART

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife Frank

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years	Months	Days	If less than one day
51			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Louis Reinhart
(b) Address 2010 Christian st

17 Burial (Burial, cremation, or removal) (b) Date thereof 1-21-40 (month) (day) (year)
(c) Cemetery or crematory Chev Shalom
Location Edmondson Ave

18 (a) Funeral director Just Louis Inc
(b) Address 1439 E. Balto St

19 (a) Date received by Local Registrar JAN 21 1940 (b) Signature of Local Registrar Hunting for Initials, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19 1940, at 9 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions Pulmonary edema	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy home

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.

Date signed Jan 20, 1940

correct age is especially important. Physicians: please write the causes of death clearly, and

F 65197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

934 ✓ F 65197 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or Institution: Monument & Rutland Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 16 N. Washington St (If rural give location)
(e) If foreign born, how long in U. S. A.? 38 years

3 (a) FULL NAME Anna Binstock

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Yakol Binstock
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years 69 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Hospt. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-40 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Phila. Rd. & Bowleys Lane

18 (a) Funeral director Jack Lauro Inc.
(b) Address 1439 E. Balto St.

19 (a) Date received by Registrar JAN 21 1940 (b) Registrar's signature Hunter & Williams Mortuary

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/19 1940, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-15 1940 to 1-19 1940, and that I last saw h[illegible] alive on 1-19 1940.

Immediate cause of death Pulmonary Edema — Duration 3 hr.

Due to Arteriosclerotic Heart Disease — ?

Due to

Other Conditions Pneumonia Type III — 2 wks.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Irvin L. Schofield M.D.
Address Sinai Hospital Date signed 1/20/40

correct age is especially important. Physicians please write plainly

65198

HEALTH DEPARTMENT—CITY OF BALTIMORE

65198

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1602 McKean av St. 15-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. 10 mos. 14 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Virginia G. Crowther

If U. S. Veteran specify WAR

(a) Residence: No. 1602 McKean Av. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
F	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of R. Lee Crowther

6. DATE OF BIRTH (month, day, year) Mar 6-1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME August King

14. BIRTHPLACE (city or town) (State or country) Bremen Germany

MOTHER

15. MAIDEN NAME Meta Nastberg

16. BIRTHPLACE (city or town) (State or country) Bremen Germany

17. INFORMANT Mrs. Pearl Simms

(Address) 1602 McKean Av.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Jan 23 1940

19. UNDERTAKER Mr. Mrs. John W. Geisel & Son

(Address) 801 W. Fayette St

20. FILED JAN 21 1940 19 Registrar.

Jan 21 1940 Hunting Ave Williamsport Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20 19 39 to Jan 21 19 40

I last saw he alive on Jan 19 19 40 Death is said to have occurred on the date stated above, at 10:10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	1926
Chr. Interstitial Nephritis	1935
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Brown M. D.

(Address) 1663 W North Av.

OCCUPATION is very important. See instructions on back of certificate.

F 65199

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-~ F 65199 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 814 Mangold St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 816 Mangold St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Meta Huthmann

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
F	White	Widow	Rudolph	years

7. Birth date of deceased (mo., day, yr.) June 17 1857

8. AGE: Years	Months	Days	If less than one day hr.	min.
82	7	2		

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation None.
11. Industry or business

FATHER	12. Name Hoteburn
	13. Birthplace Germany
MOTHER	14. Maiden Name Not Known
	15. Birthplace Germany

16 (a) Informant Edgar Pope
(b) Address 814 Mangold St

17 (a) (Burial, cremation, or removal) (b) Date thereof 1/22/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Fair Grove.

18 (a) Funeral director Geo Leimbach
(b) Address 525 N. Eutaw St

19 (a) (Date rec'd by registrar) (b) Huntington, West Virginia Registrar

JAN 21 1940
VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 19 1940 at 1.22 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 16 1940 to Jan 19 1940, and that I last saw her alive on Jan 19 1940.

Immediate cause of death	Duration
Auricular Fibrillation	8 yrs
Due to	
Due to	
Other Conditions Bronchitis	1 week

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Bates M. D.
Address 523 Scott St Date signed 1-19-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 65200

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-B

F 65200 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Mercy Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 58 1 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3002 Windsor Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: James Kelly

3 (b) If veteran, name war:

3 (c) Social Security Account No. 215-05-9202

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife:

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/21/82

8. AGE: Years	Months	Days	If less than one day
57 58	11	30	hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Shipping Clerk

11. Industry or business:

FATHER
12. Name: Charles Kelly
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Katherine Kelly
15. Birthplace: Ireland

16 (a) Informant: Deceased
(b) Address:

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/40 (month) (day) (year)
(c) Cemetery or crematory: Cathedral Cem
Location: Frederick Md.

18 (a) Funeral director: Margaret A. Flynn
(b) Address: 1422 Eight St.

19 (a) Date received by registrar: JAN 22 1940 (b) Registrar: Henrietta Fox Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/19/40 19..., at 11 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/2/40 19..., to 1/19/40 19..., and that I last saw h[illegible] alive on 1/19/40 19...

Immediate cause of death	Duration
Cerebral abstraction	1 Mo
Due to Carcinoma of the stomach & metastasis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Carcinoma of stomach cachexia
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Philip J. Monaco M. D.
Address: Mercy Hosp. Date signed 1/19/40

correct age is especially important. Physicians, please write the name of the deceased plainly.

F 65201 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 65201

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St., 9-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Edward A Franke

If U. S. Veteran specify WAR

(a) Residence: No. 600 McKewin Ave St., WARD 217-01-3052

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mary B Franke

6. DATE OF BIRTH (month, day, year) Dec 20 76

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Franke

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary B. Franke

(Address) 600 McKewin Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cath. Date 1/22 19 40

19. UNDERTAKER John J. Gordon

(Address) 3000 E. Balto St

20. FILED JAN 21 1940 Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-17 1940 to 1-20 1940

I last saw him alive on 1-20 1940. Death is said to have occurred on the date stated above, at 6:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic regurgitation	
Arteriosclerosis	
Other contributory causes of importance: Chr. nephritis	
Pulmonary infarct	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? N.P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. R. Crumpt M. D.

(Address) St. Josephs Hosp

State CAUSE OF DEATH in plain words. Do not use abbreviations. OCCUPATION is very important. See instructions on back of certificate.

F 65202

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-P

F 65202 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3431 E. Baltimore St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 3431 E. Baltimore St.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3431 E. Baltimore St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Moeller

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Martelus

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 19-1879

8. AGE: Years 60 | Months 1 | Days | If less than one day hr. min

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business "

FATHER
12. Name John. Bruelling
13. Birthplace Germany

MOTHER
14. Maiden Name Dont know
15. Birthplace "

16 (a) Informant Anna Schick
(b) Address 3431 E Balto. St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/40 (month) (day) (year)
(c) Cemetery or crematory Holy Red.
Location Lay St.

18 (a) Funeral director John A. Mohan
(b) Address 3000 E. Balto. St.

JAN 21 1940 (Date filed by Registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1940, at 4 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-12 1940, to 1-19 1940, and that I last saw her alive on 1-19 1940.

Immediate cause of death Anasarca — Duration 3 wks.

Due to chronic myocardial degeneration — 2

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John J Gould M. D.

Address 14 N. Eastern Ave Date signed 1-19-40.

Please correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 3

(1)

F 65203

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163 17

Registered No. F 65203

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Northwood.
(b) Street address 4311 Marble Hall Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) no
(e) Length of stay in Baltimore (yrs., mos., or days) no

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4311 Marble Hall Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? life years

3 (a) FULL NAME MARGARET HENNESSEY

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Francis W Hennessey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 28, 1910

8. AGE: Years	Months	Days	If less than one day
29	11	21	hr. min.

9. Birthplace Elizabeth, New Jersey
(Town, county, and state)

10. Usual Occupation housewife
11. Industry or business home

FATHER
12. Name Hugh O'Brien
13. Birthplace Ireland

MOTHER
14. Maiden Name Ethel Adams
15. Birthplace New York City

16 (a) Informant Husband James
(b) Address same add.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem Balto
Location Old Frederick Rd.

18 (a) Funeral director John J. Moore
(b) Address 3000 E. Balt St

(c) Filed JAN 21 1940
(d) Date received by registrar

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19 1940, at: 4:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.
(Autopsy or Inquest) (Autopsy or Inquest)

Immediate cause of death: Illuminating Gas Poisoning — Duration
Due to: mental despondency.
Due to:
Other Conditions: Insomnia & malnutrition
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence January 19, 1940
(c) Where did injury occur? 4311 Marble Hall Rd
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no
(Specify type of place)
(e) Means of injury Illuminating gas - Inhalation

23. Signature none H. W. Wallenmeyer M.D.
Medical Examiner.
Date signed Jan 19, 1940

VS 6

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 65204

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

176

F 65204 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: ~~Fro~~ St. Josephs Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 Min
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: Wash. Co.
(a) State Maryland (b) County Boonsboro
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 464 W. Fayette St (If rural give location)
Boonsboro Md
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Long

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. 165-09-3700

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14 1895

8. AGE: Years	Months	Days	If less than one day: hr.	min.
44	9	4		

9. Birthplace Leitersburg Washington Co. Md. (Town, county, and state)
10. Usual Occupation Cabinet Maker
11. Industry or business Furniture Factory

FATHER
12. Name Adam Long
13. Birthplace Leitersburg Washington Co. Md.

MOTHER
14. Maiden Name Catherine Andrews
15. Birthplace Hagerstown Washington Co. Md.

16 (a) Informant Frank Long
(b) Address 618 George St. Hagerstown Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 23. 1940 (month) (day) (year)
(c) Cemetery or crematory Antietam National Cemetery
Location Sharpsburg Md.

18 (a) Funeral director W. H. D. Bast & Son
(b) Address Boonsboro Md.

19 (Date received by Registrar) JAN 21 1940

VS 6

MEDICAL CERTIFICATION 12 30 P

20. DATE OF DEATH Jan. 18 1940 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Perforation of Heart	
Pneumopericardium	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1/18/40 320 Rear
(c) Where did injury occur? Kitchen Cabinet Co. Hall St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial (Specify type of place) While at work? Yes
(e) Means of injury Operating Machine Struck by piece of wood

23. Signature [illegible] M.D. Medical Examiner.
Date signed 1/21/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 65205

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65205

CERTIFICATE OF DEATH

24-3 131-0 65205

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 905 North Broadway. (Ward).

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Oliver.

If U.S. Veteran specify WAR

(a) Residence: No. 1214 Riverside avenue. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William B. Oliver

6. DATE OF BIRTH (month, day, year) 1/5/1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	—	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dressmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Alexander Burbridge

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Henretta Rowe

16. BIRTHPLACE (city or town) (State or country) Butts Md.

17. INFORMANT Mrs. Theo. Heckrotte

(Address) 1464 Riverside Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lastlawn Cem. Date 1/22 1940

19. UNDERTAKER John J. Fahey & Sons

(Address) 1578 Riggs St

20. FILED JAN 21 1940 Hunting Sr. Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January 18, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 1920 to January 18, 1940

I last saw h[illegible] alive on January 17 1940 Death is said to have occurred on the date stated above, at 9.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Hypertension	Not
Chronic Nephritis	Known
Other contributory causes of importance: Angina Pectoris	1.18 40

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Physical & laboratory Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) J. Edward Norris M. D.

(Address) 107 East west, street

Information should be written in ink, in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 65206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-B

F 65206 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3619 Old York Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 19

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3619 Old York Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James T. Yates

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary E
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) July 25 1893

8. AGE: Years	Months	Days	If less than one day
66	3	26	25 hr. min.

9. Birthplace St Mary Co Md (Town, county, and state)
10. Usual Occupation Store keeper Confectionary
11. Industry or business

FATHER
12. Name Thomas Yates
13. Birthplace Md

MOTHER
14. Maiden Name Phillis Peake
15. Birthplace Md

16 (a) Informant Mrs Mary E Yates
(b) Address 3619 Old York Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 23 1940 (month) (day) (year)
(c) Cemetery or crematory St Michael Cemetery
Location Ridge, St Mary Co Md

18 (a) Funeral director William M Moreck
(b) Address 715 Light St

JAN 21 1940 (Date rec'd by registrar) (b) Interring [illegible] M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 1940, at 3:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 26 1939 to Jan 20 1940, and that I last saw him alive on Jan 18 1940.

Immediate cause of death Pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jas T Yates M. D.
Address 3623 Hamlet Date signed Jan 24 1940

F 65207

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-V F 65207 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 Eaton Avenue
(c) Hospital or institution: Jenkins Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 Mos 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2012 E. Monument St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Berrey

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 75 | Months | Days | If less than one day hr. min.

9. Birthplace U.S.A. Ohio (Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Jenkins Memorial Hospt
(b) Address 1000 Eaton Avenue

17 (a) Cathedral Cem (Burial, cremation, or removal) (b) Date thereof Jan. 22nd 1940 (month) (day) (year)
(c) Cemetery or crematory athedral Cem.
Location Frederick Ave.

18 (a) Funeral director Geo. M. Fink & Son.
(b) Address 811 N. Wolfe St.

JAN 21 1940 (Date rec'd by registrar) Kenneth [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JANUARY 19, 1940 at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1, 1939 to Jan 19, 1940. and that I last saw her alive on JAN 18 1940

Immediate cause of death: Cerebral Hemorrhage — Duration 5 days.

Due to Hypertension

Due to Arteriosclerosis

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stanley V. Leavitt M. D.
Address Jenkins Memorial Hosp Date signed 1/19/40

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 3

65208 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 65208

CERTIFICATE OF DEATH

25

1. PLACE OF DEATH University Hospital — Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____ St. 19 E 1 Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Hiram M. Hanks — If U. S. Veteran specify WAR _____

(a) Residence: No. 822 W Balto St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Edna O Hanks

6. DATE OF BIRTH (month, day, year) Oct ? 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
52	53	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cadey

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penn'a Hosp

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Vermont (State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) " (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) " (State or country)

17. INFORMANT Edna O Hanks
(Address) 822 W Balto St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto National Date 1-20, 1940

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins sts

20. FILED JAN 21 1940, 19____ _____ Registrar.

State CAUSE OF DEATH in plain terms. DO NOT USE ABBREVIATIONS or leave any blank. OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1940 to Jan 14, 1940

I last saw him alive on Jan 13, 1940. Death is said to have occurred on the date stated above, at 5:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Uremia	1 1/2 Hr.
due to Stricture of Urethra	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1/14/40

For what disease or injury? Stricture

Name of operation Dilitation of Structures

What test confirmed diagnosis? _____ Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) J B Stevens, M. D.

(Address) University Hospital

Physician for Williams, M.D.

65209

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

307 F 65209

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo10days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 512 E. 28th Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Ignatius Duffy

3 (b) If veteran, name war: SAW

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 9, 1876

8. AGE: Years 63 | Months 4 | Days 9 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Trainer for horses

11. Industry or business

FATHER
12. Name Michael Duffy
13. Birthplace Tyrone, Ireland.

MOTHER
14. Maiden Name Celinda Clark
15. Birthplace Baltimore, Maryland.

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1. 22. 40 (month) (day) (year)
(c) Cemetery or crematory Baltimore National.
Location Frederick Ave.

18 (a) Funeral director Robert Brooks & Son.
(b) Address Calhoun & Hollins Sts.

19 (a) (Date received by local registrar) JAN 21 1940 (Signature of local registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18, 1940, at 3:50PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 7, 1939 to Jan. 18, 1940, and that I last saw him alive on Jan. 18, 1940.

Immediate cause of death: Coronary occlusion — Duration: Unknown

Due to: Luetic aortitis — Duration: Unknown

Due to: Aortic aneurysm — Duration: Unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. E. Denney, Jr.
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 1-19-40

Physicians: please write the cause of death clearly and legibly. Correct age is especially important.

65210

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65210

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4014 Eireman ave. (St.) 27th (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Caroline Spakauskas

If U. S. Veteran specify WAR .....

(a) Residence: No. 4014 Eireman ave. (Usual place of abode) Ward. ..... (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: George Spakauskas

6. DATE OF BIRTH (month, day, year): Not known

7. AGE: Years: 62 | Months: | Days: | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Lithuania

FATHER

13. NAME: Not known

14. BIRTHPLACE (city or town) (State or country): Lithuania

MOTHER

15. MAIDEN NAME: Margaret ?

16. BIRTHPLACE (city or town) (State or country): Lithuania

17. INFORMANT: Mrs. Wm F. Burns

(Address) 4014 Eireman Ave

18. BURIAL, CREMATION OR REMOVAL

Place: Holy Redeemer Date: Jan 22 19 40

19. UNDERTAKER: John A. Dreblow Jr.

(Address) 4423 E. Pratt St

20. FILED: Jan 22 19 40

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/19 , 1940

22. I HEREBY CERTIFY, That I attended deceased from 1/16 1940 to 1/19 1940

that I last saw h[illegible] alive on 1/19 1940 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/16/40
Arteriosclerotic Cardio Vascular Disease	

Other conditions, causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Dwight H. Paulcart M.D.

(Address) 679 Washington Blvd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. State whether natural, accidental, or homicidal. See instructions on back of certificate. OCCUPATION is very important.

JAN 22 1940

F 65211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 65211 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 202 West 29th
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) ~~County~~ Balto City
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 202 W. 29th St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Anna B. McMurphy

3 (b) If veteran, name war	3 (c) Social Security Account No. none
4. Sex: Female	5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed	

6 (b) Name of husband ~~or wife~~ William Clarence
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 4 - 1866

8. AGE: Years	Months	Days	If less than one day: hr.	min.
73	7	17		

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name	Ira Dean
13. Birthplace	New York
MOTHER 14. Maiden Name	Forrest
15. Birthplace	Snow Hill Md

16 (a) Informant Wm Clarence Murphy Jr
(b) Address 202 West 29th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 23 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Route 40

18 (a) Funeral director William Cook
(b) Address 1217 St Paul Street

19 (a) ..... (b) ..... (Date rec'd by registrar) (Registrar)

JAN 22 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1940 at 5A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1940 to Jan 21 1940 and that I last saw deceased alive on Jan 20 1940.

Immediate cause of death: Right Hemiplegia. Cerebral thrombosis. — Duration

Due to

Due to

Other Conditions arteriosclerosis.
(Include pregnancy within 3 months of death)

Major findings:
Of operations (
Of autopsy (

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (
(b) Date of occurrence (
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac Emmert M. D.
Address 4706 Harford Road Date signed 1/24/40

F 65212

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-04 Registered No. F 65212

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: So. Balto. Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 William St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Lizzie Hollander

3 (b) If veteran, name war: no
3 (c) Social Security Account No. NONE

4. Sex: Female
5. Color or race: White
6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed
6 (b) Name of husband ~~or wife~~: Julius W. Hollander
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 22 1870

8. AGE: Years 69 | Months 9 10 | Days 29 | If less than one day hr. min.

9. Birthplace N. C. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

FATHER
12. Name George Wiggins
13. Birthplace N. C.

MOTHER
14. Maiden Name McKeown
15. Birthplace N. C.

16 (a) Informant Louis E. Forest
(b) Address 1105 William St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/24/40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 207 St. Paul St

19 (a) JAN 22 1940 (Date received by Registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 21, 1940, at 10 39 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 16, 1940, to Jan 21, 1940. and that I last saw ~~him~~ alive on Jan 21, 1940.

	Duration
Immediate cause of death: Uremia	
Due to: Chronic nephritis Hypertension C-V disease	?
~~Due to~~: Cardiac hypertrophy Myocardial degeneration	
Other Conditions: Generalized Arteriosclerosis.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ~~Home~~ (Specify type of place) While at work? ~~Not~~
(e) Means of injury

23. Signature Donald Jandorf M. D.
Address So. Balto Gen. Hosp. Date signed 1-21-40

VS 3

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 65213 51804--FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No. F 65213

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 138 E. Loudon Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Oral Wilson Wainwright

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-18-15

8. AGE: Years 24 | Months 2 | Days 3 | If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation clerical work

11. Industry or business

FATHER 12. Name William

13. Birthplace Balto.

MOTHER 14. Maiden Name Va. Taylor

15. Birthplace Balto.

16 (a) Informant B.U.H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/40 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet

Location Balto Md

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul st

19 (a) Filed 1940 (b) Registrar

JAN 25 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-21- 1940, at 305 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-11- 1940 to 1-21- 1940 and that I last saw h[illegible] alive on 1-21- 1940

Immediate cause of death: Cardiac failure — Pulmonary embolism — Duration: 1 yr. 2 wks ?

Due to: Rheumatic H.T. Disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]

Address Balto City Hosp. Date signed 1-21-40 M. D.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 65214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

✓ F 65214

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 53rd & Caldert Sts -

(c) Hospital or institution: Union Memorial Hospital -

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs.

(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3104 Windsor Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. David William Talbott (Clara)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W.

6 (a) Single, married, widowed, or divorced. widowed -

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 17. 1878.

8. AGE: Years 61 Months 2 Days 3 + 34 If less than one day hr. min.

9. Birthplace Washington. D.C. (Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business At Home

FATHER 12. Name James Collins

13. Birthplace Washington - D. C.

MOTHER 14. Maiden Name Mary Barnes

15. Birthplace Washington - D. C.

16 (a) Informant Mrs. Mary Milender

(b) Address 3104 Windsor Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/40 (month) (day) (year)

(c) Cemetery or crematory Lorraine

Location Balto. Md.

18 (a) Funeral director William Cook

(b) Address 129 St. Paul St

19 (a) Date received JAN 22 1940 (b) Registrar [signature] for Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1940, at 1:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1940 to Jan 21, 1940, and that I last saw alive on Jan 21 1940.

Immediate cause of death Diabetes mellitus — Duration

Diabetic coma

Generalized arteriosclerosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature S. D. Sunday M. D.

Address Union Memorial Date signed 1/21/40

Form 1-S. Please write plainly. Physicians: please write the cause of death clearly and correct age is especially important.

F 65215

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-F Registered No. F 65215

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1114 Forest St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1114 Forest St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME (Isabella) Belle W. Murdock

3 (b) If veteran, name war: no
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
F	W	Widowed

6 (b) Name of husband or wife Bernard A. Murdock
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 19 - 1880

8. AGE: Years	Months	Days	If less than one day
59	4	2	hr. min.

9. Birthplace Balto. Co. Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at Home

FATHER
12. Name Edward Kelly
13. Birthplace Unknown

MOTHER
14. Maiden Name Wilhelmina Wilhelm
15. Birthplace Unknown

16 (a) Informant Dorothea W. Clark
(b) Address 6802 Cedonia Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/24/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

JAN 22 1940 (Date rec'd by registrar)
(Signature) Jos. Williams, M.D. Registrar

MEDICAL CERTIFICATION

10-30-4

20. DATE OF DEATH Jan 21 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said A (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Carcinoma of colon	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. B. VanDeGrift M.D. Medical Examiner.
Date signed 1/21/40

VS 6

PLEASE PRINT. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

65216

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-B

F 65216 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Rogers Ave
(c) Hospital or institution: Home for the Aged of the M.E. Church
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Smiley

3 (b) If veteran, name war: No
3 (c) Social Security Account No. NONE

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Wilbourn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24 1856

8. AGE: Years 83 | Months 6 | Days 26 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Thomas Watson
13. Birthplace Balto Md

MOTHER
14. Maiden Name Catherine Read
15. Birthplace Baltimore Md

16 (a) Informant Etta Cuddy
(b) Address 2211 Rogers Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 22 40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Wilbourn & Co
(b) Address 1217 E Fort Ave

19 (a) JAN 22 1940 (b) [illegible] for Williams M.D.
Date received by registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 1940, at 10½ M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 30 1939, to Jan 20 1940, and that I last saw her alive on Jan 19 1940.

Immediate cause of death	Duration
Myocardial Chronic	
Due to	
Due to Hypertension Chronic	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None made

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide. ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?
(e) Means of injury ✓

23. Signature George E. Wilbourn Jr M.D.
Address 700 N. Fulton Ave Date signed 1-20-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 65217

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106 Registered No. F 65217

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 517 Willow Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 517 Willow Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Septimus T. Bunting

3 (b) If veteran, name war W
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Emma V. Bunting
6 (c) If alive, give age 83 years

7. Birth date of deceased (mo., day, yr.) Aug 18th 1851

8. AGE: Years	Months	Days	If less than one day
84	5	1	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Real Estate

FATHER
12. Name George Bunting
13. Birthplace Va.

MOTHER
14. Maiden Name Amelia Thompson
15. Birthplace Harford Co. Md.

16 (a) Informant Ethel G. Bunting
(b) Address 517 Willow Ave

17 (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof 1/22/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Green mount
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

JAN 22 1940 (Date received by registrar) by Williams M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14th 1940, at 6:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1st 1940, to Jan 18 1940, and that I last saw him alive on Jan 18 1940.

Immediate cause of death Bronchial Obstruction
Septimus Flag
Due to Inflammation of age
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature (M. D.)
Address 1701 N Caroline Date signed 1-21 40

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Be sure that the information given in items 20 to 22 is correct and complete. Accurate statement of age is especially important.

F 65218

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 5208 F 65218

131-a Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Mayyland

(c) Hospital or institution:

Baltimore City Hospitals 26-9

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3914 Fait Street. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Michael Long

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Margaret

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG. 3 1889

8. AGE: Years	Months	Days	If less than one day
50	5	16	hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business

FATHER

12. Name Unknown

13. Birthplace Baltimore

MOTHER

14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 28-40 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart

Location Gerryman Hill Road

18 (a) Funeral director Lilly & Leiter Inc.

(b) Address 403 S. Wolfe St.

JAN 22 1940

(Date received by Registrar)

(b) Signature of Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-19- 1940, at 7 40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-19- 1940 to 1-19- 1940 and that I last saw h~~im~~ alive on 1-19- 1940

Immediate cause of death	Duration
Uremia	3 days
Carcinoma Cervix Uteri	1 day
Carcinoma Peritonei	1 yr
Due to Hypertensive CVD	?
Arteriolar nephrosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. Murray Kelly M. D.

Address Balto City Hosp. Date signed 1-20-40

VS 2

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65219

65219

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 851 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H. Roth

If U. S. Veteran specify WAR

(a) Residence: No. 3108 Cliftmont ave St., Balto. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Lillian Roth

6. DATE OF BIRTH (month, day, year): July 18-1881

7. AGE: Years 59 (58) | Months 6 | Days 2 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Marine

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Engineer

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Charles Roth

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Bertha Reickel

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Margaret Lackey (Sister)

(Address): 3108 Cliftmont Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Sacred Heart Date: Jan. 24/40

19. UNDERTAKER: Lilly & Zeiler INC.

(Address): 403 S. Wolfe St.

20. FILED: JAN 22 1940 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-20, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1940 to Jan 20 1940

I last saw h[illegible] alive on Jan. 20 1940 Death is said to have occurred on the date stated above, at 11 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Rt upper	Jan 1
left lower lobes Type 14	
c Bilateral Pleural Effusion	over
Hypertensive Cord. Vas. Disease	?
Other contributory causes of importance:	
old Cerebral Hemmorrhage	1930

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. T. Lackey M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Also state whether OCCUPATION is very important. See instructions on back of certificate.

VO 8

Spec.—1-39—M. & T.—250 Blks.

65220

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65220

CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 Ellwood ave St., 7-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary J. Amos

(a) RESIDENCE NO. 608 Ellwood ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary D Amos

6 DATE OF BIRTH (month, day, and year) Apr 10 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	64	9	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Marine Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Harford Co Md

PARENTS

10 NAME OF FATHER Isaac Amos

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Harriett Lunsford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Mary Amos. (Address) 608 N Ellwood Ave

15 JAN 22 1940 19 Hunting for Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 24/1940

17 I HEREBY CERTIFY, That I attended deceased from Jan 13th, 1940, to Jan 24th, 1940, that I last saw h.e alive on Jan 24, 1940, and that death occurred, on the date stated above, at 7.10 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) H. L. Hammond, M. D.

19 40 (Address) 1929 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodland Mem Park — DATE OF BURIAL Jan 26 19

20 UNDERTAKER John Ulrich — ADDRESS 2908 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact DIAGNOSIS is very important. See instructions on back of certificate.

F 65221

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1 F 65221 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 200 N. Chester St.

(c) Hospital or institution: 6

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 50 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 200 N. Chester St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM RAYSON PRITCHETT

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Minnie E. Pritchett
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) 1853

8. AGE: Years	Months	Days	If less than one day
87			hr. min.

9. Birthplace Dorchester, Co. Maryland
(Town, county, and state)

10. Usual Occupation Hauling

11. Industry or business

FATHER
12. Name John M. Pritchett
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret E. Bramble
15. Birthplace Maryland

16 (a) Informant Clarence E. Pritchett
(b) Address 66 Carville Ave. Halethorpe, Md.

17 (a) Burial (b) Date thereof Jan 23/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Parkwood Cem
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 2008 Allen St

19 (a) Date received by registrar JAN 22 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1940. 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 28 1939 to Jan 20 1940 and that I last saw alive on Jan 19 1940.

Immediate cause of death

(a) Chronic Myocarditis

Due to

(b) Cerebral Hemorrhage

Due to

(c) Arterial Sclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
3 yrs
3 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature W. S. Thomas M.D.

Address 672 Monroe St Date signed 1/22/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be complete and correct as is especially important. Physicians: please write the causes of death clearly and legibly.

F 65222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 65222

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1436 N Parrish St
(c) Hospital or institution: ~~Provident Hospital~~
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1436 N Parrish St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME MARTHA BLAKE

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 1 1914

8. AGE: Years	Months	Days	If less than one day
25	9	18	hr min

9. Birthplace Balt Md
(Town, county, and state)

10. Usual Occupation Housework
11. Industry or business Home

FATHER
12. Name Walter Bellamar
13. Birthplace Md

MOTHER
14. Maiden Name Annie Burgess
15. Birthplace Md

16 (a) Informant Mary Blake
(b) Address 1436 N Parrish St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-40 (month) (day) (year)
(c) Cemetery or crematory St Peters Cem
Location

18 (a) Funeral director Alpheus C. Kelson
(b) Address 305 Preston St.

19 (a) ——— (Registrar) (b) Thursday Jan 18 1940

JAN 22 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19 1940, at 6 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
Tuberculosis pulmonary	unknown
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. E. Wallamaker M.D.
Medical Examiner.
Date signed Jan 20, 1940

PLEASE WRITE PLAINLY, with ink. Spaces must be filled correctly. Be sure age is correct age is especially important. Physicians: please write the causes of death clearly and legibly.

65223 ✓ X F 65223

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47 - Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland ✓
(b) Street address Broadway & Eighth
(c) Hospital or institution:
Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 39da
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Harford
(c) City or town Perryman
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? life years

3 (a) FULL NAME Charles A. Dechman

3 (b) If veteran, name war

3 (c) Social Security Account No. 717-07-7105

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Mal	White	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10 1893

8. AGE: Years	Months	Days	If less than one day: hr.	min.
46	4	11		

9. Birthplace Perryman, Md.
(Town, county, and state)

10. Usual Occupation Ash Pitman

11. Industry or business Same

FATHER
12. Name William A. Dechman
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Margaret Hooper.
15. Birthplace Penn.

16 (a) Informant Mrs. Elizabeth McConnons
(b) Address Perryman Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 24 / 40 (month) (day) (year)
(c) Cemetery or crematory Zion Luth. Cem.
Location Stemmers Run

18 (a) Funeral director Henry Jarrett & Son
(b) Address Aberdeen Md.

19 (a) JAN 22 1940 (Date received by registrar) (b) Huntingtown Pinlicoville Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-21- 1940, at 1:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-13 1939, to 1-21 1940, and that I last saw him alive on 1-21 1940.

Immediate cause of death
Cerebello-Pontine angle Tumor
Due to Metastasis from Primary bronchogenic Carcinoma
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
?
?

Major findings:
Of operations
Of autopsy Same w. Gross Exam.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dan'l Eddes M. D.
Address Church Home & Infirmary Date signed 1-21-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 65224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 65224 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Payson and Fayette Sts

(c) Hospital or institution: Bon Secours Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 800 Lynhurst St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carolyn M Miller Mrs. William F. Miller

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-1920

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife Wm Irvin Miller

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 4-1920

8. AGE: Years	Months	Days	If less than one day hr.	min.
19	11	17		

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Carroll McGee

13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Unknown

15. Birthplace Balto. Md.

16 (a) Informant Wm Irving Miller

(b) Address 800 Lynhurst St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 24-1940 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore Md.

18 (a) Funeral director George L. Sylvester

(b) Address 2101 Frederick Ave

JAN 22 1940

(a) (Date received by registrar) (b)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-21- 1940, at 6:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-19- 1940 to 1-21- 1940, and that I last saw h alive on 1-21- 1940.

Immediate cause of death	Duration
Lobar pneumonia Typ I	3-4 days
Due to	
Due to	
Other Conditions Pregnancy (Include pregnancy within 3 months of death)	8½ mo.

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William J. McCafferty M. D.

Address Bon Secours Hosp Date signed 1-21-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Be sure that the information given in items 20 to 23 is correct and complete. Accuracy in the statement of the cause of death is especially important.

65225

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 65225 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3706 Dolefield Boul.
(c) Hospital or institution: ----
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 5 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ----
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3706 Dolefield Boul. (If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

Ball

3 (a) FULL NAME Charles Alexander Streett

3 (b) If veteran, name war: World

3 (c) Social Security Account No. ---

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Cecilia A. Streett

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 19th 1897

8. AGE: Years 42 | Months 8 | Days 0 | If less than one day: ____ hr. ____ min.

9. Birthplace Columbia, Pa. (Town, county, and state)

10. Usual Occupation Bureau Marine Navigation

11. Industry or business U. S. Gov't

FATHER
12. Name Alexander McC. Streett
13. Birthplace Maryland

MOTHER
14. Maiden Name Joan E. Sheehan
15. Birthplace New Jersey

16 (a) Informant Mrs. Cecilia A. Streett
(b) Address 3706 Dolefield Boul.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 22nd 1940 (month) (day) (year)
(c) Cemetery or crematory Arlington National
Location Virginia

18 (a) Funeral director Wm. J. Tickner & Sons.,
(b) Address North & Penna Aves.,

Jan 22 1940 (Huntington Williams) (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 19, 1940, at 10 15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 19, 1940 to Jan. 19, 1940, and that I last saw him alive on Jan. 19, 1940

	Duration
Immediate cause of death: Coronary Thrombosis	
Due to: —	2 days -
Due to: —	
Other Conditions: None (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Grace M. Lusscher, M. D.
Address 3506 Liberty Hgts Ave Date signed 1/20/40

M. L. Williamson, M.D.

65226 ✓ X F 65226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Redwood & Greene Sts-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME George Smith

If U. S. Veteran specify WAR

(a) Residence: No. 814 Stewart Ave St., Ward. Cumberland, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28		-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) CUMBERLAND MD

FATHER

13. NAME HARRY L. SMITH

14. BIRTHPLACE (city or town) (State or country) CUMBERLAND MD

MOTHER

15. MAIDEN NAME HANNAH WISHMEYER

16. BIRTHPLACE (city or town) (State or country) CUMBERLAND MD

17. INFORMANT MR HARRY L. SMITH

(Address) 814 STEWART AVE

18. BURIAL, CREMATION, OR REMOVAL.

Place CUMBERLAND Date JAN 23, 1940

19. UNDERTAKER Lewis Stiegs Sons

(Address) Cumberland Md

20. FILED JAN 22 1940 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/20, 1940

22. I HEREBY CERTIFY, That I attended deceased from 12/20 1939 to 1/20 1940

I last saw him alive on 1/20, 1940 Death is said to have occurred on the date stated above, at 8:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Operative infection	12/23
Mediastinal Abscess	12/23
Pulmonary tuberculosis	

Other contributory causes of importance:

Was an operation performed? Yes Date of 12/22/39

For what disease or injury? Pulmonary tuberculosis

Name of operation 1st Stage Thoracoplasty

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. B. Nuttall M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

65227 HEALTH DEPARTMENT—CITY OF BALTIMORE F 65227

CERTIFICATE OF DEATH

33-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1311 Upton St. 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Lovella A. Fauntleroy

If U. S. Veteran specify WAR

(a) Residence: No. 1311 Upton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-30-39

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) 1311 Upton St Balto Md

FATHER

13. NAME Christian Fauntleroy

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Ethel Daffett

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT August Fauntleroy

(Address) 1311 Upton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 1-22 1940

19. UNDERTAKER William A. Jackson

(Address) 916 Edmonson Ave

20. FILED JAN 22 1940 Huntington Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 1940 to Jan 21 1940

I last saw him alive on Jan 20 1940 Death is said to have occurred on the date stated above, at 8:30 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. T. Coleman M. D.

(Address) 1039 McCulloh

INFORMATION should be carefully supplied, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V2 B

65228 F 65228

F 473d

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers of America Hosp 25-5 St. Ward)
418 W. Saratoga St

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1½ da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Price

(a) Residence: No. 1123 Monroe Circle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 20, 1940

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1½	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Milton Eldridge Price

14. BIRTHPLACE (city or town) (State or country) Balto Co., Md

MOTHER

15. MAIDEN NAME Laura May Taylor

16. BIRTHPLACE (city or town) (State or country) Balto, Md

17. INFORMANT Milton C. Price.
(Address) Monroe Circle Curtis Bay

18. BURIAL, CREMATION, OR REMOVAL
Lorraine Park Date 1/22/40 19

19. UNDERTAKER Harry H. Wetzke
(Address) 4101 Edmondson Ave.

Harry H. Wetzke
Funeral Director for Williams, M.D.

JAN 22 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1940 to Jan 21, 1940

I last saw h[illegible] alive on Jan 21, 1940. Death is said to have occurred on the date stated above, at 11 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Leonard M. Hummel M. D.

(Address) 418 W. Saratoga St

INFORMATION SHOULD BE GIVEN IN EVERY ITEM, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

F 65229

F 65229

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied—correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4412 Maine Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4412 Maine Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Joseph F Schutte

3 (b) If veteran, name war —
3 (c) Social Security Account No. 705-12-1393

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Emma E Schutte
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
About 74			hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation
11. Industry or business B. O. Railroads

FATHER
12. Name Frances B Schutte
13. Birthplace Germany

MOTHER
14. Maiden Name —
15. Birthplace Germany

16 (a) Informant Emma E Schutte
(b) Address 4412 Maine Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 23-40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral 1/23/40
Location Balto

18 (a) Funeral director Jos J Hergstow
(b) Address 3061 Centre Ave

JAN 22 1940

19 (a) (Date rec'd by registrar) (b) Huntington Wilkerson, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 12 1940 to Jan 19 1940, and that I last saw him alive on Jan 19 1940.

Immediate cause of death Lobar Pneumonia Type 3 — Duration 7 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. C. Samuel M. D.
Address 4307 Lehigh Ave Date signed Jan

F 65230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33-a

F 65230 Registered No.

PLEASE WRITE PLAINLY with pen or pencil. Do not use ditto marks. Be sure and answer all questions. Underline the correct answer. Where "yes" or "no" is to be answered, underline the correct answer. Where age is required, if less than one year, state months or days; if less than one month, state days; if less than one day, state hours or minutes. Where the exact information is not known, the best possible estimate should be given. Where the cause of death is not known, the physician should state the circumstances of death. Where the cause of death is violence, the cause and manner must be stated. Where the cause of death is natural, the disease causing death must be stated. Where the cause of death is unknown

F 65231

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

qtr F R 65231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 863 S. Dallas Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 863 S. Dallas St (If rural give location)
(e) If foreign born, how long in U. S. A.? 38 years

3 (a) FULL NAME Frank Bielski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Agatha Bielski

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not known

8. AGE: Years about 55 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name —
13. Birthplace Poland

MOTHER
14. Maiden Name —
15. Birthplace Poland

16 (a) Informant Michalina Kwiatkowska
(b) Address 863 S. Dallas Street

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 1/25/40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location O'Donnell St. Ext.

18 (a) Funeral director Wm. S. Fialkowski
(b) Address 2907 Eastern Avenue, Baltimore, Md.

JAN 22 1940

(Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21 1940, at 8:30 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquest) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. M. Vandegrift M.D.
Medical Examiner.
Date signed 1/22/40

65232

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-a

F 65232

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 378 Mt. Olivet Lane.
(b) Street address 378 Mt. Olivet Lane.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-6
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 378 Mt Olivet Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? 70 years

3 (a) FULL NAME "Hemicke" Henrietta Losch

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed.

6 (b) Name of husband or wife Carl J. Losch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24, 1855

8. AGE: Years	Months	Days	If less than one day
84	7 6	27 2 6	hr. min.

9. Birthplace Germany (town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Hoffmann
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Emil Losch
(b) Address 322 Mt. Olivet Lane.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 23 1940 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery.
Location 2900 Block of Edmondson Ave.

18 (a) Funeral director Charles W. Dill.
(b) 3109 Frederick Ave.

19 (a) JAN 22 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Address 214 S. W. Balto 21 Date signed 1/22/40

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 1940 at 4:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/16 1940 to 1/20 1940 and that I last saw X alive on 1/20 1940

Immediate cause of death
Bronchopneumonia
Due to
Influenza
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Edward Archer M.D.
Address 214 S. W. Balto 21 Date signed 1/22/40

65233 F 65233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 12-2 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 1 mos. 14 ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Frances Stuart

If U. S. Veteran specify WAR _____

(a) Residence: No. 3333 N. Charles St. St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/5/1865

7. AGE	Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
	74	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James Stuart

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary Chesnut

16. BIRTHPLACE (city or town) (State or country) Wilmington Delaware

17. INFORMANT S. R. Mears
(Address) 805 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 1/23 1940

19. UNDERTAKER H. W. Mears & Son
(Address) 805 N. Calvert Street

20. 1/22 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16 1940 to Jan. 19 1940

I last saw her alive on Jan 19 1940 Death is said to have occurred on the date stated above, at 10:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular disease	1920 ?
Myocardial hypertrophy & dilatation	1930
Pleural effusion, right	11/1/40 ?
Ascites	11/1/40 ?

Other contributory causes of importance:

Hypertrophic arthritis	1910 ?

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) B. A. Thomas Jr. M. D.

(Address) University Hospital

Information should be carefully supplied. Age must be given in every case. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 9 9

65234

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124-B

F 65234 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 604 N. Bond
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 11 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 604 N. Bond St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Holden Rowland

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife Sallie Rowland
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 11th 1880

8. AGE: Years	Months	Days	If less than one day
59	2	8	hr. min.

9. Birthplace Fairmont N. C.
(Town, county and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace —

MOTHER
14. Maiden Name Unknown
15. Birthplace —

16 (a) Informant Charles Rowland
(b) Address 604 N. Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery Cem.
Location Brooklyn a. arl co Md

18 (a) Funeral director Raymond Francis H. Wright
(b) Address 218 N. McElderry St

19 (a) JAN 22 1940 (Date rec'd by Registrar) (b) Hunting for Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-19-1940 at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-1 1939 to 1-19 1940 and that I last saw h[illegible] alive on 1-19 1940.

	Duration
Immediate cause of death Peritonitis Ruptured Carcinoma Ileum with Cirrhosis of liver	6 days or more
Due to Carcinoma	2 days to
Due to Cirrhosis	2 days to
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Jas. R. Plate M.D.
Address 1327 E. Eutaw Date signed 1/22/40

65235

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 F 65235 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 523 Somerset St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 9yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 523 Somerset St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lula Alexander

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife William Alexander

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 12th 1891

8. AGE: Years 48 | Months 3 | Days 8 | If less than one day hr. min.

9. Birthplace Atlanta Ga.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John Toliaver

13. Birthplace Ga.

MOTHER 14. Maiden Name Mary ? Ga.

15. Birthplace

16 (a) Informant William A. Branch

(b) Address 514 Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-1940 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem

Location Brooklyn a. Akond

18 (a) Funeral director Byron Hamilton Inc

(b) 1218 N Caroline St

19 (a) JAN 22 1940 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 1940, at 8:54 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1940, to Jan 20 1940 and that I last saw deceased alive on Jan 20 1940.

Immediate cause of death Cerebral Hemorrhage — Duration 5 d

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George S. Allen M. D.

Address 50 Eutaw St Date signed Jan 22 1940

65236
3-7-1920

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65236
131-A Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County Anne Arundel
(c) City or town Severn
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dorothy Brandford

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-28-06

8. AGE: Years	Months	Days	If less than one day
33	?	?	hr. min.

9. Birthplace MD (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Wesley Richardson
13. Birthplace ?

MOTHER 14. Maiden Name Nancy Brown
15. Birthplace ?

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Maedonia
Location A. A. Co.

18 (a) Funeral director Sam'l. W. Bassett Son
(b) Address 638 N. Gilmor St.

19 (a) JAN 22 1940 Hunting ton Woodlawn, Md
(Date rec'd by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 20 1940, at 11 35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from NOV 28 1939, to JAN 20 1940 and that I last saw her alive on JAN 20 1940.

	Duration
Immediate cause of death Bronchopneumonia	2 days
Myocardial failure &	2 1/2 yrs.
Renal insufficiency ~~Bronchopneumonia~~	
Due to Hypertensive Cardio Vas -	
cular disease & renal arterio	
~~Due to~~ sclerosis	
Other Conditions Hypertensive arteriolo	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Confirms

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C W Ndeman M. D.
Address Johns Hopkins Hosp Date signed 1-21-40

65237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 65237

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2800 Loretta ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) no
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2833 Loretta Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME MARION TAYLOR

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	divorced

6 (b) Name of husband or wife: ?
6 (c) If alive, give age? years

7. Birth date of deceased (mo., day, yr.) July 10th 1896

8. AGE: Years	Months	Days	If less than one day: hr.	min.
44	6	9		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Garage Owner
11. Industry or business Garages for Rent

FATHER
12. Name William B Taylor
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Louise McKelvey
15. Birthplace Baltimore Md

16 (a) Informant Mrs Florence Hill
(b) Address 4910 Cordelia Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/40 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Windsor Mill Rd

18 (a) Funeral director Charles P Powell
(b) Address 2427 Edmondson Ave

19 (a) JAN 22 1940 (Date received by registrar) (b) Hunting for Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19 1940, at 5:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Coronary occlusion — Duration:

Due to

Due to

Other Conditions: Paralysis, apoplexy left leg and right arm
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H. L. Wollenweber M.D.
Asst Medical Examiner

Date signed Jan

F 65238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 65238 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Fairmount
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) 64 yrs 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 Montpelier St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

6 1

3 (a) FULL NAME William Heath

3 (b) If veteran, name war	3 (c) Social Security Account No. 218-05-0191

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Cecelia Heath
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 18, 1875

8. AGE: Years	Months	Days	If less than one day hr.	min.
64		2		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation asbestos Worker.
11. Industry or business Wallace & Gale.

FATHER
12. Name William Heath
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Hannah Haller
15. Birthplace Baltimore Md

16 (a) Informant Mrs. Cecelia Heath
(b) Address 1612 Montpelier St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 23 1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemt
Location Greenmount & Oliver St

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 2723 E. Preston St

19 JAN 22 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1940, at 2:17 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to Jan 20 1940, and that I last saw him alive on Jan 20 1940.

Immediate cause of death	Duration
Bronchopneumonia	10 days
Due to Recurrent cerebral thrombosis	24 days
Due to Arteriosclerotic heart disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Necessie - temporal lobes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isabella Harrison M. D.
Address Church Home & Infirmary Date signed 1-20-40

VS 3

F 65239

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-P Registered No. F 65239

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 422 N. Strieker St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 422 N. Strieker (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis Coates

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
—	219-09-4037	Male	Col	Married

6 (b) Name of ~~husband~~ or wife Mary Coates
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1858

8. AGE: Years	Months	Days	If less than one day
56	-		hr. min.

9. Birthplace Lime Kiln Dist Lee (Town, county, and state)
10. Usual Occupation Hod-carrier
11. Industry or business —

FATHER
12. Name Jno Coates
13. Birthplace Calvert Co

MOTHER
14. Maiden Name Mary Blake
15. Birthplace Calvert Co

16 (a) Informant Mary Coates
(b) Address 422 Strieker

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-11-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Wilson - Balto. Md.

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St.

JAN 22 1940 (Registered by Registrar) (b) Katie R. Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1940 at 11.30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1939 to Jan 19 1940 and that I last saw ~~him~~ alive on Jan 15 1940

Immediate cause of death	Duration
Natural	
Due to Cancer	
Due to Heart	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mary E. Wagner
Address 42 7th Street Date signed 1/21/40

M. D. B. 1268-9

F 65240

65240 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4213 Groveland Ave. St. 28-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Louise Conroy

(a) Residence: No. 4213 Groveland Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of John Thomas Conroy

6. DATE OF BIRTH (month, day, year) Dec. 2, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Lynchburg (State or country) Virginia

FATHER

13. NAME (Unknown) Dorsey

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT John F. Conroy (Son)
(Address) 871 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Cathedral Cem. Date Jany 23 1940

19. UNDERTAKER Harry A. Whitecraft
(Address) 4204 Ridgewood Ave.

20. FILED ..... 19.. Hunter Williams, Registrar.
JAN 22 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 21, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1936 to Jan. 20, 1940

I last saw her alive on Jan. 20, 1940 Death is said to have occurred on the date stated above, at 5:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	Indef.
Arteriosclerosis	Indef
Cardiac hypertrophy	Indef
Myocardial insufficiency	Mar. 1939

Other contributory causes of importance:
Chronic nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? Phys. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) John W. Parsons M. D.
(Address) 1010 N. Calvert St.

N. B.—WRITE PLAINLY WITH INK. READING THIS CAREFULLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 65241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 65241 Registered No.

"PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1810 Maryland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1810 Maryland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gioachino Serio

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	none

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed, or divorced~~.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Marian Serio
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Aug 11th 1864

8. AGE: Years	Months	Days	If less than one day
75	5	10	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Confectioner
11. Industry or business Own

FATHER
12. Name Joseph Serio
13. Birthplace Italy

MOTHER
14. Maiden Name Marie Ventitta
15. Birthplace Italy

16 (a) Informant Joseph Serio
(b) Address Charlestown W. Va

17. ~~Burial~~ (Burial, cremation, or removal) (b) Date thereof Jan. 24/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md

18 (a) Funeral director Wathen Coty
(b) Address

JAN 22 1940 (Date received by Registrar) (b) Hunter Sr Williams, M.D. Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21st 1940, at 2:40 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1939 to Jan 21 1940 and that I last saw h ~~ive~~ alive on Jan 21 1940

Immediate cause of death	Duration
Paralysis	20 days
Due to Cerebral Hemorrhage	1 day
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide. —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature H. Williams M.D.
Address 1127 N. Eutaw St. Date signed Jan 22 1940

65242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered 65242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1020 Briscoe St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Life

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 1020 Briscoe St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John W. Regua

3 (b) If veteran, name war No

3 (c) Social Security Account No. 215-05-6073

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~:
Male	White	Married

6 (b) Name of husband or wife Nora Regua

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) July 22nd 1889

8. AGE: Years	Months	Days	If less than one day
50	5	28	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business Md Paper Products Co.

FATHER

12. Name Globe Regua

13. Birthplace Grand Rapids Michigan

MOTHER

14. Maiden Name Mary Spurny

15. Birthplace Unknown

16 (a) Informant Nora Regua

(b) Address 1020 Briscoe St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/23/40 (month) (day) (year)

(c) Cemetery ~~or crematory~~ London Park

Location Balto Md

18 (a) Funeral director Wm Cook

(b) Address 127 St Paul St

JAN 22 1940 (Date rec'd by registrar)

Signature of Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20th 1940, at 12-0 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1939, to Jan 19 1940. and that I last saw h alive on Jan 19 1940.

Immediate cause of death: Coronary thrombosis — Duration: 1 day ago

Due to: acute cardiac dilatation — Duration: 1 day ago

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Benjamin Miller MD M. D.

Address 2030 Eutaw Pl Date signed 1/20/40

VS 3

65243

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1/108

Registered No. F 65243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 1820 Linden Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Howard HARRINGTON

3 (b) If veteran, name war	3 (c) Social Security Account No.	4803
WW	Unknown 216-05	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lillian Young
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) March 20, 1889

8. AGE: Years	Months	Days	If less than one day
50	10	0	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Roofing Company
11. Industry or business

FATHER
12. Name William Francis Harrington
13. Birthplace Cambridge, Md.

MOTHER
14. Maiden Name Mary M. Hinton.
15. Birthplace Baltimore, Maryland.

16 (a) Informant Records-U. S. Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/40 (month) (day) (year)
(c) Cemetery or ~~cemetery~~ Loudon Park.
Location

18 (a) Funeral director Wm Cook
(b) Address 1217 St. Paul St.

19 (a) JAN 22 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20, 1940, at 9:22 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 19, 1940, to Jan. 20, 1940, and that I last saw him alive on Jan. 20, 1940.

Immediate cause of death	Duration
Lobar pneumonia, rt. lung, type 1	6 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature O. E. Denney M. D.
Address U. S. Marine Hospital, Baltimore, Md. Date signed 1-22-40

F 65244

F 65244

LB 51367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-e

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20days

(e) Length of stay in Baltimore (yrs., mos., or days) 23yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1424 Mulliken St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

5-1

3 (a) FULL NAME William Hamlin

3 (b) If veteran, name war: World War Veteran

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-5-1890

8. AGE: Years	Months	Days	If less than one day: hr.	min.
49	6	13		

9. Birthplace Burkeville, Va. (Town, county, and state)

10. Usual Occupation Junker

11. Industry or business

FATHER

12. Name William Hamlin

13. Birthplace Va.

MOTHER

14. Maiden Name Ella ?

15. Birthplace Va.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 22, 1940 (month) (day) (year)

(c) Cemetery or crematory Balto National Cemetery

Location Baltimore Md

18 (a) Funeral director Charles B. Cooper

(b) Address 1716 Calhoun St.

19 (a) JAN 22 1940 (Date received by registrar) Hunting for Williams MD (Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18 1940, at 2:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 28 1939, to Jan. 18 1940, and that I last saw h[illegible] alive on Jan 18 1940.

Immediate cause of death	Duration
Cerebral Thrombosis	1 Month
Due to Meningo-Vascular Syphilis	Unknown
Due to	
Other Conditions Terminal Bronchopneumonia	4 days

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature I Muraghelstein M. D.

Address Balto City Hosp Date signed 1-18-40

F 65245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 131-4

F 65245 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fire Engine House
(c) ~~Hospital or institution~~:
Lutheran + Newberry Sts 2-13
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Bare Hills
(If outside city or town limits, write RURAL and give town)
(d) Street No. Bare Hills 9710 Harl.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME James Byrnes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	wh	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 13-1868

8. AGE: Years 71 | Months 10 | Days 38 | If less than one day ..... hr. ..... min.

9. Birthplace Mt. Washington Md.
(Town, county, and state)

10. Usual Occupation Retired Laborer

11. Industry or business

FATHER
12. Name Michael Byrnes
13. Birthplace Ireland

MOTHER
14. Maiden Name Anna Quinn
15. Birthplace Ireland

16 (a) Informant Jos. H. Byrnes
(b) Address Bare Hills Md Washington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/40 (month) (day) (year)

(c) Cemetery or crematory St Marys Govans
Location Homelands Ave.

18 (a) Funeral director Chas. O. Brauchton Inc
(b) Address 118 W. Mt Royal ave

19 (a) Date received by Registrar JAN 22 1940 (b) Registrar

VS 6

MEDICAL CERTIFICATION

925a

20. DATE OF DEATH January 21 1940, at ..... M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said I find that said deceased came to his death on the day stated above.

Immediate cause of death: Cardio-vascular-renal disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Wade Groft M.D.
Medical Examiner.

Date signed 1/22/40

65246

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. F 65246

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4645 Park Heights Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Sidney Shapiro

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 19, 1924

8. AGE: Years	Months	Days	If less than one day
15	5	2	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation School Boy
11. Industry or business

FATHER
12. Name Louis Shapiro
13. Birthplace Russia

MOTHER
14. Maiden Name Anna
15. Birthplace Russia

16 (a) Informant Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-40 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Philadelphia Rd & Brooklyn Ave

18 (a) Funeral director Jack Davis Inc.
(b) Address 1439 E. Baltimore St

19 (a) JAN 22 1940 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/21 1940, at 11 55 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/20 1940, to 1/21 1940.
and that I last saw him alive on 1/21 1940.

Immediate cause of death Pneumonia — Duration 3 days
Due to — Duration own
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Elliott Katz, M.D.
Address Sinai Hospital Date signed 1/22/40

F 65247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 65247

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 511 Calvin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 511 Calvin St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Abraham Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Widowed

6 (b) Name of husband or wife Harriet

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
82			hr min

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Exc. Co. Bk.
(b) Address 618 N. Eutaw St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Cem.
Location Cedar Hill Md.

18 (a) Funeral director Ralph E. Cook
(b) Address 1304 N. Eutaw St

19 (a) (Signature of Registrar) (b) Registrar Huntington Undertaking Co

JAN 22 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to Hes death on the day stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Landecraft M.D.
Medical Examiner.
Date signed 1/21/40

HEALTH DEPARTMENT—CITY OF BALTIMORE

65248

CERTIFICATE OF DEATH

30-D F 65248

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ellen [redacted] Jewett

If U. S. Veteran specify WAR

(a) Residence: No. 917 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Not known

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Dec. '40

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME William J Jewett

14. BIRTHPLACE (city or town) (State or country) Wilmington N.C.

MOTHER

15. MAIDEN NAME Alice ?

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Willie Duncan

(Address) 917 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lucas Date Jan. 22, 1940

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 Hillsdale Ln

20. JAN 22 1940 [illegible] Katie R Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18, 1940

22. I HEREBY CERTIFY, That I attended deceased from January 16, 1940 to January 18, 1940

I last saw her alive on January 17, 1940 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurism, aortic arch	Jan. 18
Syphilis	?
Hypertension & Ar C-V-R Disease	?

Other contributory causes of importance:

Terminal Bronchopneumonia	Jan. 10, 40

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John James Bowman M. D.

(Address) Union Fidelity Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

F 65249 .

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 65249

PLEASE WRITE PLAINLY, WITH INK. Items 1 to 19 must be answered. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 D.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 737 Forest st. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME RICHARD JOHNSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
65 ~~66~~			hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name David Johnson
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Katie Campbell
(b) Address 932 S. Sharp St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A.A. Co. Md.

18 (a) Funeral director Mrs R. A. Elliott Jr
(b) Address 1129 N. Carroll St

19 (a) Date received by registrar JAN 22 1940 (b) Filed Jan 22 1940 Huntington Mitchell M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19 1940, at 5 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said ~~inquest~~ (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death Arteriosclerotic heart disease
Due to senility
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed Jan 20 1940

F 65250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F/176

Registered No. F 65250

PLEASE WRITE PLAINLY, with ink. Use no abbreviations. Do not leave any blanks. If unknown, state so. Give usual residence of deceased, even if he died in a hospital or institution. Be sure that you have given the correct age in each case. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1611 Biddle St.
(c) Hospital or institution: U. of M. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1611 E. Biddle St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME David Pitt

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-09-5690

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Viola Pitts

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 17 1898

8. AGE: Years 41 | Months 4 | Days 1 | If less than one day hr. min.

9. Birthplace Enfield N. Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Sicerole Pitts
13. Birthplace N. C.

MOTHER
14. Maiden Name Unknown
15. Birthplace N. C.

16 (a) Informant Viola Pitts
(b) Address 1611 Biddle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Balto. Co. - Md

18 (a) Funeral director Mrs. R. A. Elliott-Slighter
(b) Address 429 N. Caroline St

19 (a) JAN 22 1940 (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18 1940, at 9:10 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Crushing Injury to Chest

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 1/15/40 3:45
(c) Where did injury occur? Drug Concrete Pipe Co. Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial (Specify type of place) While at work? Yes
(e) Means of injury Concrete mixer fell on him

23. Signature W. H. Wardenburg M.D. Medical Examiner.

Date signed 1/18/40

F 63358

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B Registered No. F 65251

PLEASE WRITE PLAINLY, WITH LAWFUL INK. Physicians: please write the causes of death clearly and legibly. Be sure that information given for items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23 is complete and correct. Information for items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19 is required by law; failure to provide it may delay burial permit. Accuracy of age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 47 N. Caroline (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Hardaway

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1910

8. AGE: Years	Months	Days	If less than one day
30			hr. min.

9. Birthplace VA (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business Lunch Room

FATHER 12. Name James Hardaway

13. Birthplace VA

MOTHER 14. Maiden Name Love

15. Birthplace VA

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-22-40 (month) (day) (year)

(c) Cemetery or crematory

Location Laurel Md.

18 (a) Funeral director Mrs. R. A. Elliott Undertaker

(b) Address 1129 N. Caroline St.

19 (a) JAN 22 1940 (Date received by registrar) Thos. J. Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN - 19 1940 at 7:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN. 14 1940 to JAN 19 1940. and that I last saw him alive on JAN 19 1940

Immediate cause of death: Pulmonary tuberculosis — Duration 1 mo.

Due to

Due to

Other Conditions Syphilis, latent

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. F. Nemenfelsoph M. D.

Address 1/20/40 Johns Hopkins Hosp.

F 65252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-31-A

Registered No. F 65252

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1638-Darley Ave.

(c) Hospital or institution: --

(d) Length of stay in hospital or inst. (yrs., mos., or days) --

(e) Length of stay in Baltimore (yrs., mos., or days) 60-yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 1638-Darley Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? 60-yrs years

3 (a) FULL NAME Agatha Schaefer

3 (b) If veteran, name war: No

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Henry Schaefer

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Mar. 5th, 1857

8. AGE: Years 82 | Months 9 10 | Days 15 | If less than one day: hr. xzxzxxx min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER

12. Name Henry Nau

13. Birthplace Germany

MOTHER

14. Maiden Name ?

15. Birthplace Germany

16 (a) Informant Mrs. Katherine Heming

(b) Address 1638-Darley Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cem.

Location Baltimore, Md.

18 (a) Funeral director George A. Kaufmann, Inc.

(b) Address 1735-Harford Ave.

19 (a) [illegible] (Signature of local registrar) [illegible] M.D.

JAN 22 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-21 1940, at 7-36 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/24 1939, to 1/21/ 1940, and that I last saw h[illegible] alive on 1/20/ 1939.

Immediate cause of death: Cardio-vascular-Renal disease — Duration Since 4/24/39

Due to

Due to

Other Conditions Large leg ulcer due to oedema

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature George A. Kaufmann, M. D.

Address 1517 E. North Ave. Date signed 1/22/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

65253

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 65253

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkins + Caton Ave
(c) Hospital or institution: St. Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2635 Dulaney St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Daniel B. Steinacker

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-8795

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 22 1873

8. AGE: Years	Months	Days	If less than one day hr.	min.
66	8	28		

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Vulcanizer

11. Industry or business Pittsburg Plate Glass Co

FATHER
12. Name Frederick Steinacker
13. Birthplace Unknown

MOTHER
14. Maiden Name Agnes Toomey
15. Birthplace England

16 (a) Informant Mrs. M. M. Roesler
(b) Address 3211 Evergreen Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Leonard J. Nuck
(b) Address 5[illegible] Harford Ave.

19 (a) JAN 22 1940 (Date rec'd by registrar) (b) Hunting ton Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-20 1940 at 11:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-18 1940, to 1-20 1940, and that I last saw h[illegible] alive on 1-20 1940.

Immediate cause of death	Duration
Cardiac Rupture	
Due to Cellulitis of left leg + thigh	
Due to Old Age	one
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M Sadow M. D.
Address 81 Rogers Date signed 1/24/40

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 65254

65254

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the causes of death clearly and legibly. Be sure that the information given in each item is correct as far as is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4033 Falls Road, City
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Mr. Harry W. Burrier

3 (b) If veteran, name war: World

3 (c) Social Security Account No. 217-07-2195

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mrs. H. W. Burrier (Lillian May Boorse)

If widow, age years

7. Birth date of deceased (mo., day, yr.) April 23-1896

8. AGE: Years 43 | Months 9 | Days 8 | If less than one day: hr. min.

9. Birthplace Maryland. Baltimore City
(Town, county, and state)

10. Usual Occupation Lithographer

11. Industry or business Eastern Offset Corp.

FATHER
12. Name Mr. James H. Burrier
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Clark
15. Birthplace Maryland.

16 (a) Informant Mr. H. W. Burrier
(b) Address 4033 Falls Road, City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 24-1940 (Month) (day) (year)

(c) Cemetery or crematory Druid Ridge
Location Baltimore Co. Md.

18 (a) Funeral director Horace E. Burgee
(b) Address 3631 Falls Road

19 JAN 22 1940 (Date received by Registrar) Hunting for Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21 1940 at 5:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 12, 1940, to Jan 21, 1940, and that I last saw him alive on Jan 21, 1940.

Immediate cause of death Cerebral embolism

Duration

Due to Coronary thrombosis

Due to Arteriosclerotic coronary artery

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Murray L. Johnson M. D.
Address Union Memorial Hospital Date signed 1-24-40

CGK

F 65255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1940

52069

Registered No. F 65255

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4012 Fleetwood Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice Bosley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30, 1873

8. AGE: Years	Months	Days	If less than one day
66	8 7	20	hr. min.

9. Birthplace Penn.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Reed
13. Birthplace Penn.

MOTHER
14. Maiden Name Bridgit Kearney
15. Birthplace Ireland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 23 40 (month) (day) (year)
(c) Cemetery or crematory Balto. Mem.
Location East end of Monte. Ave.

18 (a) Funeral director Martin W.E. Dippel
(b) Address Gay & Lombard Sts.

19 (a) JAN 22 1940 (Date rec'd by registrar) Hunter for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-20- 1940, at 10.05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-19- 1940. to 1-20- 1940. and that I last saw h alive on 1-20- 1940.

Immediate cause of death	Duration
Cardiac Failure	1 mo.
Bronchopneumonia	4 day
Due to Hypertension CVD	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 1-21-40

PLEASE WRITE PLAINLY with pen and ink. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

VS 3

F 65256

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 110-a

F 65256

PLEASE WRITE PLAINLY, WITH INK. ANSWER ALL QUESTIONS. Physicians: please write the causes of death clearly and legibly. correct spelling is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1833 E Lombard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1833 E Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME SIGMUND F. DULSKY

3 (b) If veteran, name war No

3 (c) Social Security Account No. 217-07-9001

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Helen

6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) May 2 1893

8. AGE: Years 46 | Months 8 | Days 20 | If less than one day ... hr. ... min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name John Dulski
13. Birthplace Poland

MOTHER
14. Maiden Name Josephine ?
15. Birthplace Poland

16 (a) Informant Helen Dulsky
(b) Address 1833 E Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof JAN 24 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location 4430 Belair Rd.

18 (a) Funeral director Martin V. E. Duffy
Address 37 S Ann St

19 (a) [illegible] (Date received by registrar) (b) JAN 22 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22 1940, at 9 1/2 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said inquiry find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death: Pulmonary thrombosis
Due to:
Due to:
Other Conditions: No history

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: none

Duration: unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Lee Clemmeber, M.D. (Attending or Medical Examiner.)
Date signed Jan 22, 1940

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65257 CERTIFICATE OF DEATH 100-a F 65257

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles Conklin

If U. S. Veteran specify WAR

(a) Residence: No. 2053 E. Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed or divorced HUSBAND of (or WIFE of): Irene Conklin

6. DATE OF BIRTH (month, day, year): March 17-1862

7. AGE: Years 77 | Months 10 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Joseph Conklin
14. BIRTHPLACE (city or town) (State or country): St. Mary's Co. Md

MOTHER

15. MAIDEN NAME: Mary Kirby
16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Mrs Blanche Pittinger
(Address): 2916 E. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Carmel Date: 1-23-40

19. UNDERTAKER: Wendell E. Humphreys
(Address): 1621 N. Broadway

20. FILED: JAN 22 1940 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from 11-30, 1939 to 1-20, 1940

I last saw him alive on 1-20, 1940 Death is said to have occurred on the date stated above, at 8:55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Secondary Anaemia and General Debility following Post operative Hemorrhage	12-14-39

Other contributory causes of importance:

Hemorrhoids	

Was an operation performed? yes Date of 12-6-39

For what disease or injury? Hemorrhoids

Name of operation Hemorrhoidectomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. R. Crumpt, M. D.

(Address) St Joseph Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V2.2

F 65258

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 C Registered No. F 65258

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1502 E. Hoffman St
(c) Hospital or institution:
8 1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
City or town Balto.
(If outside city or town limits write RURAL and give town)
(c) Street No. 1502 E Hoffman St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anthony Lusimano
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov 16th 1900
8. AGE: Years 39 | Months 2 | Days 5 | If less than one day: hr. min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation Fruit Dealer
11. Industry or business

FATHER
12. Name Frank Lusimano
13. Birthplace Italy

MOTHER
14. Maiden Name
15. Birthplace Italy

16 (a) Informant Frank Margento
(b) Address 1828 Barford Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 24th 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road
18 (a) Funeral director Leo S. Cook
(b) Address 1201-03 N Patt Park Ave
19 (a) JAN 22 1940 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-21 1940 at 7.30 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1938 to Jan 1938
and that I last saw him alive on Jan 1939.

Immediate cause of death: Valvular disease of heart — Rheumatism —
Duration: yrs.
Due to
Due to
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature S. D. Gamajo M.D.
Address Medical Arts Bldg Date signed 1-22-40
Howard J. Maltzia, M.D. Chief Med. Examiner per S. Fitzel

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

65259

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C H

Registered No. F 65259

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 224 E Heath St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward L. Stanke

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-05-4888

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Evelyn V. Stanke
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 12, 1900

8. AGE: Years	Months	Days	If less than one day: hr.	min.
39	3	8		

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Press hand Sash
11. Industry or business Insulator

FATHER
12. Name Joseph Stankewitz
13. Birthplace Russia

MOTHER
14. Maiden Name Dora Snow
15. Birthplace Russia

16 (a) Informant Evelyn V. Stanke
(b) Address 224 E. Heath St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 24, 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location A. A. Co.

18 (a) Funeral director A. Howard Evans
(b) Address 1402 or 1404 Eutaw St

19 (a) JAN 22 1940 Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1940, at 4:30 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hemorrhage, with pleural contusion	2 hrs
Due to Fractures, ribs bilateral	
Due to	
Other Conditions Fracture, right tibia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Laparotomy wounds sewed
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence January 20 1940
(c) Where did injury occur? Hamilton Ave near Belair Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place (Specify type of place) While at work? No
(e) Means of injury Struck by auto while crossing street

23. Signature H. L. Williams M.D.
Medical Examiner
Date signed Jan 20, 1940

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

65260

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

40193 Revised

Registered No. F 65260

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 10 N. Fort Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 10 N. Fort Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Walter E. Frank

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 27, 1885

8. AGE: Years	Months	Days	If less than one day
54	7	24	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None — (Invalid) 270.
11. Industry or business Foundry & Huckster

FATHER
12. Name John Frank
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Amanda J. Morgan
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Marie H.O. Rollins (Niece)
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 24, 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Baltimore, Md.

18 (a) Funeral director A. Howard Evans
(b) Address 1400 - 02 S. Charles St

19 (a) JAN 22 1940 Burial to Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 21 1940, at 12:48 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 14 1940, to Jan. 21 1940 and that I last saw him alive on Jan. 20 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 Week
Due to	
Due to	
Other Conditions Exhaustion	1 day

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robt L Campbell M. D.
Address 1644 Hanover St Date signed 1-22-40

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Information requested in items 1 to 19 is especially important.

F 65261

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 65261

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27hr.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 116 N. Streeper Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

61

3 (a) FULL NAME Gerald Francis Walston

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Myrtle Allison
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Dec. 23, 1893

8. AGE: Years	Months	Days	If less than one day
46	0	28	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Unemployed (disability)
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Wilson
15. Birthplace Unknown

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-40 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Frederick ave

18 (a) Funeral director Robert Brooks & Son
(b) Address Calhoun & Hoffman sts

19 (a) Filed (Registrar) Huntington Williams, M.D. Registrar

JAN 22 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21, 1940, at 4:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 20, 1940 to Jan. 21, 1940, and that I last saw him alive on Jan. 21, 1940.

Immediate cause of death	Duration
Pulmonary tuberculosis, far advanced	Unknown
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature O. E. Denney M. D.
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 1-22-40

Please write plainly. Physicians please write the causes of death clearly and correct age is especially important.

65262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-W

Registered No. 65262

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1300 W. Lexington Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

19-W

3 (a) FULL NAME FRED H. HEINES

3 (b) If veteran, name war: SAW

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5, 1872

8. AGE: Years 67 | Months 10 | Days 16 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name Adolph Heines
13. Birthplace Germany

MOTHER
14. Maiden Name Dora (Unknown)
15. Birthplace Germany

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-40 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Frederick Ave

18 (a) Funeral director Robert Brooks & Son
(b) Address Calhoun & Hollins sts

19 (a) JAN 22 1940 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21, 1940, at 11:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5, 1940 to Jan. 21, 1940 and that I last saw him alive on Jan. 21, 1940.

Immediate cause of death: Coronary thrombosis — Duration: Unknown

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. B. D. Anderson M.D.
Address U. S. Marine Hospital Baltimore, Maryland. Date signed 1-22-40

VS 8

Please write plainly with pen or pencil. Physicians: please write the causes of death clearly and correct age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65263 / 64 Registered No. F 65263

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 318 S Bond st
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 318 S Bond st (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME ~~Eleanor~~ Seanor A. Strassner - Strassner 7302

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: F | 5. Color or race: WK | 6 (a) Single, married, widowed, or divorced: —

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 19, 1939

8. AGE: Years | Months: 2 | Days: 2 | If less than one day: hr. min.

9. Birthplace 318 S Bond st (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name Lawrence Strassner

FATHER 13. Birthplace Baltimore, Md

MOTHER 14. Maiden Name Sophie Brecht

MOTHER 15. Birthplace Balt. Md

16 (a) Informant Mother

(b) Address —

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof Jan. 23. 1940 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart Cem

Location Edmondson Road

18 (a) Funeral director Rendell Stupak

(b) Address 1405 E. Fayette St.

19 JAN 22 1940 (Date rec'd by registrar) Justin [illegible] Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21 1940, at ..... M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Status thymicus - Lymphaticus	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. VanderGrift M.D. Medical Examiner.

Date signed 1/24/40

PLEASE WRITE PLAINLY. Use ink. Do not use pencil. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

65264

CERTIFICATE OF DEATH

30-G

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp 9-9 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 1 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME George W Lark.

If U. S. Veteran specify WAR ____

(a) Residence: No. 218 Clarendon Ave. Pikesville Md. Balto Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Lark

6. DATE OF BIRTH (month, day, year) Sept 24 1854

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
85 54	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Virginia (State or country)

FATHER

13. NAME Geo Lark

14. BIRTHPLACE (city or town) Virginia (State or country)

MOTHER

15. MAIDEN NAME ____

16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT Otto H. Clark

(Address) 220 Clarendon Ave Pikesville

18. BURIAL, CREMATION, OR REMOVAL

Place Grace M.E. Date 1/26 1940

19. UNDERTAKER Frank H. Hengrell

(Address) Pikesville. Md.

20. FILED JAN 23 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-22-40. 19

22. I HEREBY CERTIFY, That I attended deceased from 11-21-40 19 to 1-22-40 19

I last saw him alive on 1-22-40 19 Death is said to have occurred on the date stated above, at 5:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Infarct.	
Pulmonary Abscess	
Infectious	
Sputum Pneu.	

Other contributory causes of importance: Multiple peripheral neuritis

Was an operation performed? No Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? ____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) M. P. Tennyson M. D.

(Address) St. Josephs Hosp

State CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

65265
374134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

134 ✓ F 65265 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State VA (b) County
(c) City or town Pungoteague (If outside city or town limits, write RURAL and give town)
(d) Street No. 75 (If rural give location)
Treatment
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BENJAMIN READ

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	White	MARRIED

6 (b) Name of husband or wife CLARA
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-16-75

8. AGE: Years	Months	Days	If less than one day
64	6	6	hr. min.

9. Birthplace VA (Town, county, and state)
10. Usual Occupation FARMER
11. Industry or business

FATHER
12. Name Liltono Read
13. Birthplace VA

MOTHER
14. Maiden Name Henrietta Doughty
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Pungoteague Va
Location

18 (a) Funeral director Burdick Johnson
(b) Address Onancock Va.

19 (a) Date rec'd by registrar JAN 23 1940 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN - 22 1940, at 730 P M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN - 13 1940, to JAN-22 1940, and that I last saw HIM alive on JAN 22 1940.

Immediate cause of death: Cardiac failure — Duration:
Due to Coronary occlusion
Due to Thrombosis of coronary artery
Other Conditions arteriosclerosis
Renal calculi
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James H Demaris M. D.
Address Johns Hopkins Hosp. Date signed 1/23/40

correct age is especially important. Physicians: please write the causes of death clearly.

F 65266

65266 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 131-a

1. PLACE OF DEATH W.

CITY OF BALTIMORE: (No. 2817 Mulberry St. 20-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Rosalie H. Dietz

If U. S. Veteran specify WAR

(a) Residence: No. 2817 W. Mulberry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard S. Dietz

6. DATE OF BIRTH (month, day, year) March 26-1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Bomberg.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Deigard.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Marguerite Hoffman

(Address) 2817 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Jan 23 1940

19. UNDERTAKER George G. Schwab

(Address) 2101 Frederick Ave.

20. FILED 19 Registrar.

Removal to Williamsport, Md.

JAN 23 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1939 to Jan 20 1940

I last saw her alive on Jan 19 1940. Death is said to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia, Arteriosclerosis	
Cerebral Hemorrhage	
Chronic Nephritis	
Other contributory causes of importance: Gallstones, Arthritis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert C. Hatch M. D.

(Address) 2151 Wilkens Ave.

state CAUSE OF DEATH in plain (Terms, so that it may be properly coded.
OCCUPATION is very important. See instructions on back of certificate.

65267

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

123

Registered No. E 65267

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. Wyalding Hotel Charles & North ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 28 ? years

3 (a) FULL NAME Peter Chabinis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ~~years~~

7. Birth date of deceased (mo., day, yr.) May 15, 1894

8. AGE: Years	Months	Days	If less than one day
45 46	8	6	hr. min.

9. Birthplace Greece (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Henry Chabinis
13. Birthplace Turkey

MOTHER
14. Maiden Name Mary Amerandas
15. Birthplace Greece

16 (a) Informant Hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto Md

18 (a) Funeral director John R. Byers
(b) Address Westminster Md.

19 (a) Date received JAN 23 1940 (b) Registrar's signature

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21 1940, at 5:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from January 20 1940, to January 21 1940, and that I last saw him alive on January 21 1940.

Immediate cause of death	Duration
Intracranial hemorrhage	3 weeks
Due to cerebral arteriosclerosis	5 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Craniotomy & drainage of abscess
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frederick J. Vollmer M. D.
Address Mercy Hosp Date signed 1-21-40

Correct age is especially important. Physicians: please write the words in ordinary language.

F 65268

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65268

CERTIFICATE OF DEATH

83-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 549 S. Paca St. 22-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Ambrose Grazulus

(a) Residence: No. 549 So Paca St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Grazulus

6. DATE OF BIRTH (month, day, year): Dec 25 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	-	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mens Clothing

10. Date deceased last worked at this occupation (month and year): 1930

11. Total time (years) spent in this occupation: 45 yrs

12. BIRTHPLACE (city or town) (State or country): Lithuania ?

FATHER

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): Lithania

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Lithuania

17. INFORMANT: Joseph J. Miller

(Address) 549 S. Paca St

18. BURIAL, CREMATION OR REMOVAL

Place: Holy Redeemer Date: Jan. 24 19 40

19. UNDERTAKER: Joseph Kasinska, Sr.

(Address) 6012 Washington Blvd

JAN 23 1940 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 22, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1940 to Jan 22, 1940

I last saw him alive on Jan 20, 1940. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1938
Cerebral Hemorrhage	1-13-40

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? -

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury, 19

Where did injury occur? - (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place -

Manner of injury -

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward F. Milan, M. D.

(Address) 682 Washington Blvd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

65269 E 65269

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2106 Druid Hill Ave St., 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elizabeth R. Harris

If U. S. Veteran specify WAR

(a) Residence: No. 2106 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry

6. DATE OF BIRTH (month, day, year) May 12, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49 49	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Afton, N. C.

FATHER

13. NAME David Herndon

14. BIRTHPLACE (city or town) (State or country) Afton N. C.

MOTHER

15. MAIDEN NAME Sallie Hicks

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Henry Harris
(Address) 2106 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 1-23 1940

19. UNDERTAKER Wm. Geo. H. Hodgson
(Address) 1631 Druid Hill Ave

20. FILED JAN 23 1940 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/20, 1940

22. I HEREBY CERTIFY, That I attended deceased from 12/8, 1939 to 1/20, 1940

I last saw her alive on 1/20, 1940 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	
& Paralysis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Burt Roberts M. D.

(Address) 713 Dix Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 65270

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 65270 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 205 Augusta St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 209 Augusta (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FIRST NAME Thomas H Allen
3 (b) If veteran, name war IFF Spanish Amer.
3 (c) Social Security Account No. [redacted]
4 Sex Male
5 Color or race Col
6 (a) Single, married, widowed, or divorced Widower
6 (b) Name of husband or wife Elizabeth Allen
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) — 1852
8. AGE: Years 88 Months — Days — If less than one day — hr. — min.
9. Birthplace Columbia Ohio (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs Lillian Englert
(b) Address 525 Garland Place
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore, Md.
18 (a) Funeral director Mrs Cas. H. Holland
(b) Address 1631 Druid Hill Ave.
19 (a) Date received by Local Registrar JAN 23 1940 (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-20 1940 at 9:30 AM
21. I certify that death occurred on the date above stated; that I attended deceased from 12-20 1939 to 1-20 1940 and that I last saw her alive on 1-20 1940

Immediate cause of death Chronic Myocarditis — Duration Dec 1 1939
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature George T. Allen MD
Address 50 E Augusta St Date signed 1/22-40 M. D.

Physicians: please write the causes of death clearly and legibly. Information is especially important. Be sure that the correct age is given.

F 65271

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65271

65271

CERTIFICATE OF DEATH

46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2106 Etting St. 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Chas. H. Boyer

(a) Residence: No. 2106 Etting St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C.

6. DATE OF BIRTH (month, day, year) Feb. 18, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	67	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Snow Hill, Md

FATHER

13. NAME James Boyer

14. BIRTHPLACE (city or town) (State or country) Snow Hill, Md.

MOTHER

15. MAIDEN NAME Sarah Dale

16. BIRTHPLACE (city or town) (State or country) Snow Hill, Md.

17. INFORMANT Florence Bayber

(Address) 2106 Etting St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 1-24 19 40

19. UNDERTAKER Mrs. Geo. H. Holland

(Address) 1631 Druid Hill Ave

JAN 23 1940 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/21, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1/4, 1940 to 1/21, 1940

I last saw him alive on 1/21, 1940 Death is said to have occurred on the date stated above, at 12 20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - Liver	
Ac. Gastro-enteritis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Wm Rhett M. D.

(Address) 704 Cathedral St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

VS 8

65272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65272
Registered No. 94-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Tavern 1622 Gorsuch Ave
(c) Hospital or institution: D. of A. St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Aberdeen (If outside city or town limits, write RURAL and give town)
(d) Street No. 99 (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME Doellob, ~~Gottlieb~~ Goetz

3 (b) If veteran, name war No
3 (c) Social Security Account No. No

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of ~~husband~~ or wife Caroline Goetz
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Sept 28, 1873

8. AGE— Years 67 | Months 5 | Days 22 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business Own

FATHER
12. Name Christian Goetz
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Switzerland

16 (a) Informant Mrs Caroline Goetz
(b) Address Aberdeen Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25, 40 (month) (day) (year)
(c) Cemetery or crematory Mountain
Location Linden Lane

18 (a) Funeral director L. Heimann & Son
(b) Address 32 S. Broadway

19 (a) [illegible] (Signature of registrar)
(b) [illegible]
JAN 23 1940
Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 1940, at 5.45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Waddell M.D.
Medical Examiner.
Date signed 1/22/40

correct age is especially important. Physicians: please write the causes of death clearly, and give

HEALTH DEPARTMENT—CITY OF BALTIMORE

65273 65273

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2923 N. Lavale St. 16-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. 8 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Fries

If U. S. Veteran specify WAR

(a) Residence: No. 2923 N. Lavale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest A. Fries Sr.

6. DATE OF BIRTH (month, day, year) May 7 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Ernest Myer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Fredericka Fredelein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Charlotte Fries

(Address) 2923 N Lavale

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 1-25-40

19. UNDERTAKER Geo W Sittle

(Address) 2700 Edmondson Ave

20. FILED JAN 23 1940 19 Registrar

Recorded by [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1940 to Jan 22, 1940

I last saw h[illegible] alive on Jan 21, 1940 Death is said to have occurred on the date stated above, at 4.09 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Valvular Heart Disease	1934
Mitral Insufficiency	
Chr. Interstitial Nephritis	1939
Other contributory causes of importance:	
Acute Bronchitis	1/17/40

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, state

(Signed) Paul Brown M. D.

(Address) 1663 W. Mount Ave

OCCUPATION is very important. See instructions on back of certificate.

65274 HEALTH DEPARTMENT—CITY OF BALTIMORE 65274

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Redwood + Greene St. 6-K Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth?

If U. S. Veteran specify WAR S.S. No. 212-07-2291

2. FULL NAME Anna Pugh

(a) Residence: No. 400 N. Rose St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: W
5. Single, Married, Widowed, or Divorced (write the word): M. (Separated)

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: John Pugh

6. DATE OF BIRTH (month, day, year): Jan 14/1902

7. AGE: Years 38 | Months 0 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bradbury Tailoring
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER
13. NAME: James Hagan
14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER
15. MAIDEN NAME: Elizabeth Dunn
16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mrs Wm Amos (mother)
(Address) 431 N. Madeira St

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Date: Jan 24 1940

19. UNDERTAKER: Chester Hensley Sons
(Address) 2016 Eastern Ave

20. FILED JAN 23 1940 19 E. Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from January 20 1940 to January 20 1940
I last saw h[er] alive on January 20 1940. Death is said to have occurred on the date stated above, at 10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	4 mos. ago
Multiple Metastases	7 mos. ago
Carcinoma of Breast	1 yr. ago

Other contributory causes of importance:

Was an operation performed? Yes Date of 1939
For what disease or injury? Carcinoma of Breast
Name of operation Excision of Breast tumor.
What test confirmed diagnosis? Surg. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. E. Bradley M. D.
(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 65275

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-a

F 65275 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and Lanvale
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 34 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1018 E. Lombard pl. (If rural give location)
(e) If foreign born, how long in U. S. A.? 34 years years

3 (a) FULL NAME Mendel Lesinsky (MENDEL LESINSKY

3 (b) If veteran, name war No

3 (c) Social Security Account No. ?

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mrs Esther Lesinsky

6 (c) If alive, give age 0 years

7. Birth date of deceased (mo., day, yr.) ? 1876

8. AGE: Years 64 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Fruit Business

11. Industry or business

FATHER
12. Name Dom Lesinsky
13. Birthplace Russia

MOTHER
14. Maiden Name Emma SHARF
15. Birthplace Russia

16 (a) Informant Hosp Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-40 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Phila Rd + Bowley Lane

18 (a) Funeral director Jack Louis Inc
(b) Address 1439 E. Balto St

19 (a) JAN 23 1940 (Date received by registrar) (b) Signature of registrar Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/23 1940, at 6:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/19 1940, to 1/23 1940, and that I last saw him alive on 1/23 1940.

Immediate cause of death Carcinoma Esophagus — Duration

Due to

Due to

Other Conditions Generalized Exhaustion — 2 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis S. Shuer M. D.
Address Mercy Hospital Date signed 1/23/40

Correct age is especially important. Typewriter should be used.

65276

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 65276 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Communicated by Coroner -

(c) Hospital or institution: 75 3 Long St. and then removed to Morgue

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1102 Penna. ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James N. Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Widowed

6 (b) Name of husband or wife Mollie

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years	Months	Days	If less than one day
55 54			hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business unemployed

MOTHER / FATHER

12. Name James H Johnson

13. Birthplace Md

14. Maiden Name Mariah Johnson

15. Birthplace Md

16 (a) Informant John T Johnson

(b) Address 328 Montana st Phila Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Anne Arundel County Md

18 (a) Funeral director Williams & Jackson

(b) Address 846 Pennsylvania ave

(a) Filed JAN 23 1940 (Registrar) (b) Baltimore, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-21- 1940, at 2 00 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Acute Congestive Cardiac Failure, Pulmonary Tuberculosis. — Duration

Due to Excessive Cold

Due to Generalized Arteriosclerosis

Other Conditions Edema of Brain Chronic Nephritis.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)

(e) Means of injury —

23. Signature Howard J. Madden M.D. Medical Examiner.

Date signed 1-22-40

VS 6

correct age is especially important, if deceased was [illegible]

Eliza Brown

65277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107 F 65277

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 Pierce St., 19-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elza Brown

If U. S. Veteran specify WAR

(a) Residence: No. 1704 Pierce St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Noah Brown

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Cooper

14. BIRTHPLACE (city or town) (State or country) Unk

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Noah Brown

(Address) 508 W. Cross St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Jan 26 1940

19. UNDERTAKER James A Harris

(Address) 1142 Hollins St

21 FILED JAN 23 1940 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-21-1940

22. I HEREBY CERTIFY, That I attended deceased from 1/8, 1940 to 1-21-, 1940

I last saw him alive on 1/19, 1940 Death is said to have occurred on the date stated above, at 8p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	12 Days
Empyema	
Other contributory causes of importance:	
Hypertension	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. E. Jackson M. D.

(Address) 1604 N Arlington Ave

OCCUPATION is very important. See instructions on back of certificate.

V 8

374417
65278

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-B

Registered F-65278

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 909 WARNER (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CARRIE WOODLON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	BLACK	MARRIED

6 (b) Name of husband or wife JAMES

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-26-90

8. AGE: Years	Months	Days	If less than one day
49	3	25	hr. min.

9. Birthplace MD (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER
12. Name BENJAMIN HUGHT
13. Birthplace MD

MOTHER
14. Maiden Name GEORGIA HANDY
15. Birthplace MD

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 1/24/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto.

18 (a) Funeral director James A Hayes
(b) Address 142 N. Stricker St. Phone Hanover 0

19 (a) (b)
(Date rec'd by Registrar) JAN 23 1940 Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN - 21 1940 at 1205 A M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 19 1940 to JAN 21 1940 and that I last saw HER alive on JAN 21 1940.

Immediate cause of death	Duration
Myocardial insufficiency, Cardiac - with fibrillation leading to failure	Unknown
Due to Fibrinous pericarditis & emphysema (healed)	
Due to ? Pneumonia	over
Other Conditions Cirrhosis of Liver,	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Confirms above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury ORDMAN

23. Signature C W Dorman M.D.
Address John Hopkins Hosp. Date signed 1-24 40 M. D.

Correct age is especially important. Registrar.

65279

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65279

Registered No. 180

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: In Balt. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: Anne Arundel
(a) State Md (b) County Baltimore
(c) City or town Ferndale (If outside city or town limits, write RURAL and give town)
Street No. 243 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edith Sewes (Correct name: Ethel Lewis)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Married

6 (b) Name of husband or wife Garfield Lewis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace Ferndale Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Mathews
13. Birthplace Maryland.

MOTHER
14. Maiden Name Maggie Harris
15. Birthplace Maryland

16 (a) Informant Garfield Lewis
(b) Address Ferndale, Maryland

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 1/23/40 (month) (day) (year)
(c) Cemetery or crematory Furnace Branch
Location Anne Arundel County

18 (a) Funeral director James A. Hayes
(b) Address 148 West Hill Street.

19 JAN 23 1940 (Date received by Registrar) (b) Hunter [illegible] M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21 1940, at 2 12 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Burns 1 body and extremities	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1/20/40
(c) Where did injury occur? Ferndale Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Clothes caught on fire in burning [illegible]

23. Signature W. P. Caudle M.D. Medical Examiner.
Date signed 1/22/40

VS 6

correct age is especially important. Physicians, please write plainly.

F 65280

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 65280 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3315 Oakfield Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ~~life~~
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3315 Oakfield Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15-D

3 (a) FULL NAME Kate Agusta Rasmers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Married

6 (b) Name of husband or wife Frederick William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12 1863

8. AGE: Years	Months	Days	If less than one day
76	7	10	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jacob Groes
13. Birthplace Germany

MOTHER
14. Maiden Name Kate Stieff
15. Birthplace Meyerstown Pa.

16 (a) Informant Miss Elsie Rasmers
(b) Address 3315 Oakfield Ave.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Jan. 24 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director William J. Tickner & Sons
(b) Address North & Pennsylvania Aves

19 (a) JAN 23 1940 (Date received by Registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 22, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 11 1940 to Jan 22 1940, and that I last saw h alive on Jan 21 1940.

Immediate cause of death Bronchopneumonia — Duration 11 Days

Due to

Due to

Other Conditions Myocarditis — P

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter Stubbs M. D.
Address 220 Mannum Date signed 1/23/40

VS 8

8

F 65281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-04 Registered No. 65281

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1340 E. Fort Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1340 E. Fort Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary T. Long

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife John La. Long
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 31 1872

8. AGE: Years	Months	Days	If less than one day
67	11	21 20	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James V. Muldoon
13. Birthplace Baltimore

MOTHER
14. Maiden Name Sarah Virginia Affayroux
15. Birthplace Baltimore

16 (a) Informant Miss Edith Affayroux
(b) Address 1340 E. Fort Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director William J. Tickner & Sons
(b) Address North & Pennsylvania Aves

19 (a) (b)
(Date rec'd by registrar) Registrar
JAN 23 1940

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1940, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1939, to Jan 20 1940 and that I last saw h[illegible] alive on Jan 20 1940.

Immediate cause of death	Duration
Rupt. Hemisphere	
Due to Arterio Sclerosis	over
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm G. Tuson M. D.
Address Medical Date signed 1-22-40

65282

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X F 65282 / 93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2510 Greenmount
(c) Hospital or institution: Southern Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Cockeysville (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 3 Cockeysville (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Benjamin Howard Mayo

3 (b) If veteran, name war None. | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Sallie W. Mayo
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 18 1851

8. AGE: Years	Months	Days	If less than one day
88	3	3	hr. min.

9. Birthplace Mt Carmel Balto Co. (Town, county, and state)
10. Usual Occupation Contractor self.
11. Industry or business Retired

FATHER
12. Name Abraham. Mayo.
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Lydia Wilhelm
15. Birthplace Pennsylvania

16 (a) Informant Mrs Thos A Bond
(b) Address 3201 Baker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 24 1940 (month) (day) (year)
(c) Cemetery or crematory Glencoe Cemetery
Location Glencoe Md.

18 (a) Funeral director Hudson J Duckett & Son
(b) Address North & Pennsylvania Ave

19 (a) Registered JAN 23 1940 (b) Thomas J. Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1940, at 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 2. 1940 to Jan 21 1940 and that I last saw him alive on Jan. 20. 1940.

Immediate cause of death	Duration
Chronic Myocarditis	1 yr.
Due to arteriosclerosis - Senile	yrs.
Due to Old. Age	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert C. Blake M. D.
Address Med. Arts Bldg. Date signed

VS 2

CORRECT AGE IS IMPORTANT—IMPORTANT—IMPORTANT

65283

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No. E 65283

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2008 Mc Henry St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore City. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2008 Mc Henry St. (If rural give location)
(e) If foreign born, how long in U. S. A. 67 years

3 (a) FULL NAME John M. Ott.

3 (b) If veteran, name war None.

3 (c) Social Security Account No. None.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single.

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 8 1866.

8. AGE: Years 73 | Months 8 | Days 12 | If less than one day hr. min.

9. Birthplace Germany. (Town, county, and state)

10. Usual Occupation Retired.

11. Industry or business Restaurant.

FATHER 12. Name Paul Ott.

13. Birthplace Germany.

MOTHER 14. Maiden Name Unknown.

15. Birthplace Germany.

16 (a) Informant William H. Schmidt.

(b) Address 2008 Mc Henry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 23-40. (month) (day) (year)

(c) Cemetery or crematory London Park.

Location Baltimore Md.

18 (a) Funeral director Charles J. Schwab.

(b) Address 505 N. Monroe St.

19 (a) JAN 23 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21 - 1940 at 4.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 28 1939 to Jan 20th 1940. and that I last saw him alive on Jan 20 1940.

Immediate cause of death Cerebral Hemorrhage — Duration Jan 20/40 Jan 21/40

Due to Unknown.

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy not any

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Wm. Conrad Forte M. D.

Address 1900 Maryland Ave. Date signed Jan. 22/40

correct age is especially important. Physicians, please

VS 3

65284 COK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

519[illegible] 65284 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address. Baltimore Maryland

(c) Hospital or institution:
Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 25 or 26 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 226 S. Exeter St.
(If rural give location)

If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rose Cucina

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-16-1886

8. AGE: Years	Months	Days	If less than one day
53	9	4	hr. min.

9. Birthplace Italy
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Vincent Pedora
13. Birthplace Italy

MOTHER
14. Maiden Name Rose ?
15. Birthplace Italy

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Holy Rood (Burial, cremation, or removal) (b) Date thereof Jan 24-1940 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cem
Location Baltimore Md

18 (a) Funeral director Frank Della Rocca

(b) Address 52 N. Hanley Rd

19 (a) JAN 23 1940 (Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

28. DATE OF DEATH January 20 1940, at 11:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 14 1940, to Jan 20 1940, and that I last saw h[illegible] alive on Jan 20 1940.

Immediate cause of death Diabetes mellitus — Duration [illegible]

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Maryglebstein M. D.

Address Balto City Hosp. Date signed 1-21-40

65283

F 65285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2351 Annapolis Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2351 Annapolis Road (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Harry Barnett Ellis

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03-5246

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Gertrude F. Ellis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 14-1878

8. AGE: Years	Months	Days	If less than one day
61	1	8	hr. min.

9. Birthplace Meadville Pa. (Town, county, and state)
10. Usual Occupation Glass Blower
11. Industry or business

FATHER
12. Name Edward W. Ellis
13. Birthplace Meadville Pa.

MOTHER
14. Maiden Name Florence Barnett
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Gertrude F. Ellis
(b) Address 2351 Annapolis Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 24-1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Minnie Cook Syfer
(b) Address 1600 N. North Ave.

19 (a) JAN 23 1940 (Date received by registrar) Hunter Jr. Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 — 1940 C. at 9:30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 23 1939 to Aug 27 1939 and that I last saw him alive on Aug 27 1939.

Immediate cause of death	Duration
Arterio Sclerotic Cardiovascular Disease	1938
Due to	
Due to	
Other Conditions Bronchitis Asthma (Include pregnancy within 3 months of death)	1938

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward J. Nolan M. D.
Address 652 Washington Blvd Date signed 1-23-40

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HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65286

CERTIFICATE OF DEATH

61

F 65286

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Sandruck

If U. S. Veteran specify WAR ...

(a) Residence: No. Nazis St., ... Ward. Carroll Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Sandruck (Dead)

6. DATE OF BIRTH (month, day, year) May 10, 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
~~about 60~~ 56	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Sandruck

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Reichart

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT George W Sandruck
(Address) Millers Md

18. BURIAL, CREMATION, OR REMOVAL
Place Manchester Md Date 1/26 1940

19. UNDERTAKER Jacob Winkie Sons
(Address) Manchester Md

20. JAN 23 1940 Huntington Williams, M.D.
Registrar.

OCCUPATION is very important. See Instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-22, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 17th, 1940, to Jan 23rd, 1940

I last saw him alive on Jan 22nd, 1940. Death is said to have occurred on the date stated above, at 4:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	?
Diabetes mellitus	?
Arteriosclerosis	?
Terminal pneumonia	Jan 19th

Other contributory causes of importance: ...

Was an operation performed? No Date of —

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Chem. & C.C. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 19—

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) E. I. Brauntly M. D.

(Address) University Hospital

5287

✓ F 65287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 417 Lexington St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 19

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4106 Park Heights Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 47 years

15 13

3 (a) FULL NAME ISRAEL FLEISCHMAN — FLEISHMAN

3 (b) If veteran, name war —

3 (c) Social Security Account No. none.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married — Husband

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 26 1885

8. AGE: Years	Months	Days	If less than one day
54	9	27	hr min

9. Birthplace Latvia (Town, county, and state)

10. Usual Occupation owner of store - sales
11. Industry or business shoe store

FATHER
12. Name Nathan Fleishmon
13. Birthplace Latvia - Russia

MOTHER
14. Maiden Name Ewa Nachgal
15. Birthplace Russia

16 (a) Informant sister mrs Yetta Katz
(b) Address 4100 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 23 - 40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rodeph Shalom
Location Philadelphia Rd

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 E. North ave Baltimore, Md

19 (a) JAN 23 1940 (Date received by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22 1940, at 3 40 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions and history

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H L Wollenmeber M.D.
Medical Examiner.

Date signed Jan 22, 1940

Correct date is especially important. Typewriter or ink.

F 65288

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No. F 65288

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5105 Roland Ave
(c) Hospital or institution: Rio Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore City
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 5105 Roland Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Alexander Russell

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna Blanche Russell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June-10-1870

8. AGE: Years 69 | Months 7 | Days 12 11 | If less than one day: hr. min.

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual Occupation: Brick Mfgr
11. Industry or business

FATHER
12. Name: Alexander H. Russell
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Sarah A. Keech
15. Birthplace: Baltimore, Md.

16 (a) Informant: Mrs. W. Raymond Russell
(b) Address: Glen Arm, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 23/40 (month) (day) (year)
(c) Cemetery or crematory: Greenmount
Location: Greenmount & Clavis Sts.

18 (a) Funeral director: STEWART & MOWEN COMPANY
(b) Address: (E. F. WOODEN SUC.) 108 W. SOUTH AVENUE

19 (a) (Date rec'd by Registrar) (b) Registrar

JAN 23 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21 1940, at 4-40 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan-6 1940 to Jan 21 1940, and that I last saw him alive on Jan-21 1940.

Immediate cause of death: Cerebral Hemorrhage Left Hemiplegia — Duration: 15 days
Due to: Arteria-Sclerotic Hypostatic Pneumonia — 1925 24 Years
Due to: Bronchio-Pneumonia
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: No
Of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature: W. Gibson Porter, M. D.
Address: 4822 Roland Ave Date signed: 1/22/40

correct age is especially important

65289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94:a

F 65289
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3822 Pennington St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 Wks

2. USUAL RESIDENCE OF DECEASED:
(a) State N. Y. (b) County
(c) City or town Brooklyn (If outside city or town limits, write RURAL and give town)
Street No. 7513 Hamilton Parkway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ivor Ulvestad (Correct spelling: Ivar Ulvestad)

3 (b) If veteran, name war: World War

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: WL

6 (a) Single, married, widowed, or divorced: unknown

6 (b) Name of husband or wife: unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3, 1879

8. AGE: Years: 60 yrs. Months: 8 Days: 18 If less than one day: hr. min.

9. Birthplace: Aalesund, Norway (Town, county, and state)

10. Usual Occupation: Seaman

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace

MOTHER
14. Maiden Name: Unknown
15. Birthplace

16 (a) Informant: Lena Bergholtz
(b) Address: 7513 Ft. Hamilton Pk Way, Brooklyn, N.Y.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) 1/24/40
(c) Cemetery or crematory: Louden Pk.
Location: Frederick Rd.

18 (a) Funeral director: Charles E. Schimunek.
(b) Address: 2601-03 E. Madison St.

JAN 23 1940 (Date received by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION 130a

20. DATE OF DEATH Jan. 21 1940 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Vandegrift M.D.
Medical Examiner.
Date signed 1/22/40

65290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164-C Registered F 65290

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3006 Pelham Ave
(c) Hospital or institution:
none
(d) Length of stay in hospital or inst. (yrs., mos., or days) no
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3006 Pelham Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? life years

3 (a) FULL NAME DAISY BELL CROOK

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Daniel Crook
6 (c) If alive, give age: dead years

7. Birth date of deceased (mo., day, yr.) Jan 23, 1880

8. AGE: Years 59 | Months 11 | Days 30 | If less than one day: hr. min

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business own home

FATHER
12. Name James Thompson
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Sarah Jane Ball
15. Birthplace Baltimore, Md

16 (a) Informant: Daughter, Mrs B M. Stout
(b) Address 3006 Pelham Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Jan. 25 - 1940 (month) (day) (year)
(c) Cemetery or crematory Lakewood
Location Baltimore - Balto. Co.

18 (a) Funeral director H. L. Walter & Son
(b) Address 2503 Edmondson Ave
Penalty for Filing, &c. Williams, M.D.

19 (a) (Date rec'd by registrar) Registrar

JAN 23 1940 VS

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22 1940, at 7:50 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Gun-shot wound of head - suicide	
Due to mental derangement	
Due to	
Other Conditions Phlebitis, chronic both legs. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence January 22, 1940
(c) Where did injury occur? 3006 Pelham Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? —
(e) Means of injury Revolver bullet 38 Calibre

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed January 23 1940

F 65291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 65291

131-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2239 E. Oliver st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2239 E. Oliver st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Emmer Kate Osborne
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 9 = 60

8. AGE: Years	Months	Days	If less than one day hr.	min.
79	2	12		

9. Birthplace Baltimore County (Town, county, and state)
10. Usual Occupation Seamstress
11. Industry or business

FATHER
12. Name Wm Larkin
13. Birthplace Baltimore Co

MOTHER
14. Maiden Name Elizabeth Primacost
15. Birthplace

16 (a) Informant Nora N. Gough
(b) Address 2239 E. Oliver st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 24/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville

18 (a) Funeral director Henry Lutz
(b) Address 1203 N. Broadway

19 (a) JAN 23 1940 (Date received by registrar) (b) [illegible] Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JANUARY 21 1940, at 2:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 1937, to JAN 21 1940, and that I last saw her alive on JAN 21 1940.

Immediate cause of death
CHRONIC MYOCARDITIS
CHRONIC NEPHRITIS
Due to Arteriosclerosis
Due to
Other Conditions Chronic Bronchitis
(Include pregnancy within 3 months of death)

Duration
many years
4 years

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Victor Goldberg M.D.
Address 524 N Patterson Park Ave Date signed 1-24-40 M. D.

65292

F 65292

BALTIMORE CITY HEALTH DEPARTMENT 93D Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 213 So. Carey St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 213 S Carey St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME AMAR D COLEMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 7th 1858

8. AGE: Years	Months	Days	If less than one day
81	2	15	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation housework
11. Industry or business own home

FATHER
12. Name Samuel Coleman
13. Birthplace Maryland

MOTHER
14. Maiden Name Maachah Cosgrew
15. Birthplace Virginia

16 (a) Informant Brother Capt. Charles Coleman
(b) Address 1411 N. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore

18 (a) Funeral director [illegible]
(b) Address 1005 W. Baltimore St.

19 JAN 23 1940 (Date rec'd by registrar) Hunter, Sgt Williams MD

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22 1940, at 3:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic heart disease	indefinite
Due to senility	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. L. Wollenweber M.D.
Asst Medical Examiner.

Date signed Jan 23, 1940

VS 6

Correct age is especially important

65293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No. E 65293

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 931 N. Luzerne Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 931 N. Luzerne Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Mary O'Connell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Thomas O'Connell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 20, 1868

8. AGE: Years	Months	Days	If less than one day
71	1	1	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Duffy
13. Birthplace Ireland

MOTHER
14. Maiden Name
15. Birthplace Ireland

16 (a) Informant Joseph O'Connell
(b) Address 931 N. Luzerne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 24-40 (month) (day) (year)
(c) Cemetery or crematory Mem Cathedral
Location Frederick Road

18 (a) Funeral director Frank J. Pilstone
(b) Address 2818 E. Baltimore St

(Date received by registrar) (b) [illegible] (Registrar)

JAN 23 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1940, at 11 52 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 13 1940, to Jan 21 1940, and that I last saw h[illegible] alive on Jan 21 1940.

Immediate cause of death
Cerebral Apoplexy — Duration: 8 days
Due to Hypertensive Disease — Duration: 1 year
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm J Mahoney M. D.
Address 701 N. Kenwood Ave Date signed 1/23/40

M. D. B. 1268-9

65294

HEALTH DEPARTMENT—CITY OF BALTIMORE

65294

CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 S Fremont St., 22-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Jones

(a) Residence: No. 611 S Fremont St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hilda Jones

6. DATE OF BIRTH (month, day, year) March 2, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Samuel Jones

14. BIRTHPLACE (city or town) (State or country) West Point Va

MOTHER

15. MAIDEN NAME Bessie Byers

16. BIRTHPLACE (city or town) (State or country) Salisbury S. C.

17. INFORMANT Hilda Jones

(Address) 611 S Fremont

18. (BURIAL) CREMATION, OR REMOVAL

Place Mt Calvary Ct Date 1/24/40

19. UNDERTAKER Isaiah L Brown & Son

(Address) 108 W Montgomery St.

20. FILED JAN 23 1940 by ... Registrar.

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20-1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 5th, 1940, to Jan 21st, 1940

I last saw him alive on Jan 20th, 1940. Death is said to have occurred on the date stated above, at 6:10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs.	
Other contributory causes of importance: Bronchitis	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James A Cafon M. D.

(Address) 1016 E Eutaw St

65295
374285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-a

F 65295
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna (b) County
(c) City or town California
(If outside city or town limits, write RURAL and give town)
(d) Street No. 315 Hickory
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

17 Department

3 (a) FULL NAME Arthur S. Gilmore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Elsie

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) 9-26-80

8. AGE: Years	Months	Days	If less than one day
59	3.	28	hr. min.

9. Birthplace Penna
(Town, county, and state)

10. Usual Occupation Teacher

11. Industry or business

FATHER
12. Name John W Gilmore
13. Birthplace Penna

MOTHER
14. Maiden Name Anna M Lehman
15. Birthplace Penna

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-40 (month) (day) (year)

(c) Cemetery or crematory Wildwood
Location Williamsport Penna

18 (a) Funeral director John. F. Mitchell
(b) Address 1200 Eutaw Pl.

19 (a) JAN 23 1940 (b) [illegible] Registrar
Date received by registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN-23 1940 at 2.00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN-16 1940, to JAN 23 1940, and that I last saw him alive on JAN 26 1940

Immediate cause of death: Pneumonia-post-operative — Duration 6 days

Due to

Due to

Other Conditions Hernia of cardium malignant
(Including pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles E. Ireland M. D.
Address Johns Hopkins Hospital Date signed 1-25-40

A&Co. 5-11 2500

65296 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 65296

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 108

CITY OF BALTIMORE: (No. 678 Pierce St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Floyd

(a) Residence: No. 678 Pierce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Sept 24 1919

7. AGE: Years 20 | Months 4 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): June 1940

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Robert Woolley

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Celsie Floyd

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Eliz Floyd
(Address): 678 Pierce St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Lebanon Date: Jan 23 19 1940

19. UNDERTAKER: Mrs Kates R Williams
(Address): 320 E Lanvale St

20. JAN 23 1940 Registrar. pp Williams, Mgr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1940 to Jan 20, 1940

I last saw h. alive on Jan 19, 1940 death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar - Pneumonia	Jan 15

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wm C Stewart M. D.
(Address) 1318 Division Ave

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

F 65297

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a

Registered No. F 65297

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 908 W Franklin
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 908 W Franklin (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph E Watts

3 (b) If veteran, name war WW | 3 (c) Social Security Account No. 218-10-5045

4. Sex: male | 5. Color or race: col | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Jessie Watts
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 4 1882

8. AGE: Years 57 | Months 4 | Days 18 | If less than one day: hr. min.

9. Birthplace Baltimore - md. (Town, county, and state)

10. Usual Occupation Laborer
11. Industry or business WPA

FATHER
12. Name Joseph Watts
13. Birthplace Mary land

MOTHER
14. Maiden Name Alberta Hazellun
15. Birthplace Kent Island Md.

16 (a) Informant Jessie Watts
(b) Address 908 W Franklin

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 24 /40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cemet
Location Mt Winans

18 (a) Funeral director E O Wilson
(b) Address 1 a Brantley

19 (a) JAN 23 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan - 22 19 40 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1940 to Jan 22 1940 and that I last saw deceased alive on Jan 22 1940.

Immediate cause of death: Cerebral Hemmorhage — Duration

Due to Hypertension

Due to Myocarditis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Franklin M. D.
Address 1211 Lee Date signed 1/23 /40

correct age is especially important. If uncertain, please secure information.

VS 3

F 65298

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-6 F 65298 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1415 Eastern Ave
(c) Hospital or institution: (City Mussem)
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State / (b) County
(c) City or town Same
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3 1
(If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Esther Gordon

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife Same
6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
Over 75			hr. min

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Same
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL JAN 23 1940
Location Commissioner of [illegible]
Per H. A. Moore

18 (a) Funeral director
(b) Address

19 (a) (Date received by Registrar) (b) 5342 Registrar

JAN 23 1940

VS 6

MEDICAL CERTIFICATION

730 p

20. DATE OF DEATH Jan. 12 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. B. Vanderhoff M.D.
Medical Examiner
Date signed 1/13/40

65299

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-P

Registered No. F 65299

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 859 Harlem
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 859 Harlem (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Jenkins

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col	widow

6 (b) Name of husband or wife. Alex Jenkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 4 1870

8. AGE: Years	Months	Days	If less than one day
69	11	15	hr. min.

9. Birthplace Culvert Co, (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Patrick Brooks
13. Birthplace Culvert Co, Md

MOTHER
14. Maiden Name Adele Gross
15. Birthplace Culvert Co Md

16 (a) Informant Eliza Meeks
(b) Address 859 Harlem

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1/23/1940 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cemetery
Location Balto Md

18 (a) Funeral director Mrs Lottie P. Williams
(b) Address 322 N. Schroeder St.

19 (Date received by Registrar) JAN 23 1940 Attending for Williams Mgr Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/19 1940, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/1 1939 to 1/19 1940 and that I last saw h alive on 1/19 1940

Immediate cause of death (a) Cancer of Myocardium & Nephritis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Franklin

Address 1 [illegible] Lee Date signed 1/20 1940

correct age if apparently improbable

65300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ Registered No. F 65300

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 Belvedere Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1700 Belvedere Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Sarah E. Eliason

3 (b) If veteran, name war ———

3 (c) Social Security Account No. ———

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	Widow

6 (b) Name of husband or wife Robert L Eliason

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30-1856

8. AGE: Years	Months	Days	If less than one day
83	7	23?	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business at Home

FATHER
12. Name Mathias Harris
13. Birthplace —

MOTHER
14. Maiden Name Rebecca —
15. Birthplace —

16 (a) Informant Harry B. Fisher
(b) Address 1700 Belvedere Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-40 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location

18 (a) Funeral director Leonard J Ruck
(b) Address 5305 Harford Rd

19 (a) JAN 23 1940 (Date received by registrar) (b) Registrar Waiting for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 1940 at 7:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1940 to Jan 22 1940, and that I last saw Her alive on Jan 20 1940.

Immediate cause of death Chronic myocarditis + arteriosclerosis — Duration ?
Due to Old age
Due to
Other Conditions Infected ulcers, right leg. — Duration several weeks.
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. M. Bacon M.D.
Address 2810 Dayton Ave Date signed 1/22/40

VS 3

65301 51819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49-a Registered No. 65301

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
8-13
(d) Street No. 1225 N. Luzerne Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Kaufman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Charles (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 12, 1883

8. AGE: Years	Months	Days	If less than one day
57	0	10	hr. min.

9. Birthplace Del.
(Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name William J. Morris
13. Birthplace Del.

MOTHER
14. Maiden Name Sarah Jane
15. Birthplace Del.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof Jan. 24, '40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director John R. Kenny
(b) Address 1242 Leeds Terrace, Arbutus

19 JAN 23 1940 Huntington Mathias, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-22 1940, at 3½ A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-11 1940 to 1-22 1940, and that I last saw her alive on 1-21 1940.

Immediate cause of death: Carcinoma Ovary with metastasis and fecal fistula — Duration: ?

Due to: — Duration: ?

Due to: — Duration:

Other Conditions Diabetes mellitus — Duration: ?

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. Kleinhaus M.D.
Address Balto City Hosp. Date signed 1-22-40

VS 8

M. D. R. 1208-9

65302

HEALTH DEPARTMENT—CITY OF BALTIMORE 65302

CERTIFICATE OF DEATH

1. PLACE OF DEATH 804 Washington Blvd - 115-N

CITY OF BALTIMORE: (No. ..... St. 21-N Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Sara Serio Venturella

(a) Residence: No. 804 Washington Blvd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	M

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Salvatore Venturella

6. DATE OF BIRTH (month, day, year) June 12 - 18 ? 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 65	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Charles Lepis

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Frank Venturella
(Address) 804 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Jan 24 1940

19. UNDERTAKER Albert M. Leary & Son
(Address) 440 E. North Ave

20. FILED JAN 23 1940 1940 Huntington Ave Baltimore Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-17-40 19..... to death 19.....

I last saw h.. alive on 1-20-40 19..... Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Malnutrition	?
Sinusitis, Chronic	?
Bronchitis, Chronic	?
Myocardial failure	1-17-40

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Conrad Acton M.D.

(Address) 101 W. Read St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 65303

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 65303

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1002 S. Eutaw St.
(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) ?
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 1002 S. Eutaw St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Penthia Boyer

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Fe | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years 78 | Months — | Days — | If less than one day — hr. — min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation housework
11. Industry or business —

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Rosa Fisher
(b) Address 927 Plum St.

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan 25-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Joanna Hayes
(b) Address 172 W Steel

19 (a) (Date and address of registrant) (b) Huntington Whitehouse, M.D.

JAN 24, 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 1940, at 9.10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1940, to Jan 22 1940, and that I last saw h[illegible] alive on Jan 22 1940.

Immediate cause of death — Duration 1 day
Uraemia
Due to Chronic Interstitial Nephritis
Due to
Other Conditions Arterial Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D H Carroll M.D.
Address 911 Warner St Date signed 1/23/40

65304

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65304 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D. C. A. Balt. Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 329 Sharp St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ~~James W. Kraemer~~ WILLIAM KRAMER

3 (b) If veteran, ~~name war~~

3 (c) Social Security Account No.

MEDICAL CERTIFICATION 1/30

20. DATE OF DEATH Jan 21 1940, at 2 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed or divorced~~
M	~~Col~~ Wh	Married

6 (b) Name of ~~husband or~~ wife Bessie Kraemer

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Feb 14 1882

8. AGE: Years	Months	Days	If less than one day
57	11	7	hr. min

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business Self

FATHER 12. Name Unknown Kraemer

FATHER 13. Birthplace "

MOTHER 14. Maiden Name "

MOTHER 15. Birthplace "

16 (a) Informant Helen V. Brocato

(b) Address 809 W. Fayette St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/24/40 (month) (day) (year)

(c) Cemetery ~~or crematory~~ St. Matthews

Location Balto Md.

18 (a) Funeral director William Bolt

(b) Address 1217 St Paul St

19 JAN 24 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Vandegrift M.D. Medical Examiner.

Date signed 1/21/40

VS 6

F 65305 52209-FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 65305 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 min.
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 591 W. West St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 37 years

3 (a) FULL NAME Rachael Richman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife David Richman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-10-1879

8. AGE: Years	Months	Days	If less than one day
60	4	13	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name Harman Belfield
13. Birthplace Russia

MOTHER
14. Maiden Name Pearl Seindlman
15. Birthplace Russia

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Washington Rd
Location Washington Blvd

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 N North ave

19 (a) [illegible] for Williams M.D. Registrar

JAN 24 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 23 1940, at 6.35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/23 1940, to 1/23 1940, and that I last saw h cl alive on 1/23 1940.

Immediate cause of death — Duration

Cerebral Hemorrhage — 2½ hours

Due to Hypertension — 1

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sol Goldberg M. D.
Address Baltimore City Hospitals Date signed 1/23/40

F 65306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

Registered No. F 65306

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Monument & Rutland

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 14 E Montgomery st (If rural give location)

(e) If foreign born, how long in U. S. A.? 26 years

3 (a) FULL NAME Hannah Goldberg

3 (b) If veteran, name war —

3 (c) Social Security Account No. — —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Jacob

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years 48 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business House Wife

FATHER 12. Name Moses Shinsky.

13. Birthplace Russia

MOTHER 14. Maiden Name Bessie ?

15. Birthplace Russia

16 (a) Informant Jacob Goldberg

(b) Address 14 E Montgomery st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25/40 (Month) (Day) (Year)

(c) Cemetery or crematory Workmen's Circle Cem. Location Mt Carmel Road

18 (a) Funeral director Sol Levinson & Bros.

(b) Address 1124-26 W North ave

19 (a) (Date received by Local Registrar) JAN 24 1940 (b) Harry Levin, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/24/40 at 3 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/17 1940 to 1/24 1940 and that I last saw h[illegible] alive on 1/24 1940.

Immediate cause of death P.O. hemorrhage — Duration

Due to Resection

Due to

Other Conditions Ca of rectum & metastasis to liver? Pelvic adhesions (Significant conditions contributing to death but not related to immediate cause given)

Major findings:

Of operations Ca of rectum & metastasis to liver

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A. Clark M.D.

Address Sinai Hospital Date signed 1/24/40

F 65307

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D

Registered No. F 65307

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2506 Oswego Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2506 Oswego ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Abraham Zarwitz OR Zarkswitz

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-10-7101

4. Sex male | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife Late Katie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years 61 | Months | Days | If less than one day hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation Shipping Dept

11. Industry or business Clothing

FATHER
12. Name Louis Zarkswitz
13. Birthplace Russia

MOTHER
14. Maiden Name Freda —
15. Birthplace Russia

16 (a) Informant M. Zarkswitz
(b) Address 2506 Oswego ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 24/40 (month) (day) (year)

(c) Cemetery or crematory Shaarie Tfiloh Cemetery
Location Winfield Mill Road

18 (a) Funeral director Sol Levinson & Bro
(b) Address 1124-26 W. North ave

19 (a) (Date rec'd by registrar) (b) (Registrar)

JAN 24 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1940 at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1939, to Jan 24 1940 and that I last saw h[illegible] alive on Jan 24 1940.

Immediate cause of death: Cardiac embolism acute cardiac Dilatation — Duration

Due to: Arteriosclerosis & Hypertension = Vascular disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard Cohen M. D.
Address Marlborough Date signed 1-24-40

F 65308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 65308 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5266 Cordelia Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 5266 Cordelia (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louisa E. Doering

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fmale	White	Married

6 (b) Name of husband or wife Paul Doering
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Nov. 29th 1869

8. AGE: Years	Months	Days	If less than one day
70	1	2423	hr. min.

9. Birthplace Balto City (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Fredk. Stiesel
13. Birthplace Germany

MOTHER
14. Maiden Name Lenty
15. Birthplace Balto. Md.

16 (a) Informant Paul Doering
(b) Address 5266 Cordelia Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 25 40 (month) (day) (year)
(c) Cemetery or crematory St. Pauls
Location Violetville

18 (a) Funeral director F. Tassolini & Son
(b) Address 7401 Belair Rd.

19 (a) Hattie E. Williams, M.D. (Date rec'd by registrar) Registrar

JAN 24 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 22 1940, at 11 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 22 1940, to Jan 22 1940, and that I last saw h[illegible] alive on Jan 22 1940.

Immediate cause of death
1 Acute Stage Lobar Pneumonia
2. [illegible] Heart Disease
Due to [illegible] History & Cause

Due to Senility

Other Conditions Age

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration of Interval
[illegible]
[illegible]
—

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. B. Ernst M. D.
Address 4936 Park Hgts Ave Date signed 1-24-40

A. L. Hollenworth, M.D. Assistant Medical Examiner per E. L. Brantz

65309

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65309
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1348 W. Fremont Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Moore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Sara

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 26 1905

8. AGE: Years 34 | Months 8 | Days 25 | If less than one day: hr. min.

9. Birthplace Richmond Va (Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business

FATHER 12. Name Wm H. Moore

13. Birthplace Va

MOTHER 14. Maiden Name Hattie Franklin

15. Birthplace Va.

16 (a) Informant Sara Moore

(b) Address 1348 Fremont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/40 (month) (day) (year)

(c) Cemetery or crematory Richmond, Va

Location

18 (a) Funeral director Thos E. Kelson

(b) Address 303 Brentmon

JAN 24 1940 (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION 827a

20. DATE OF DEATH Jan 21 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said M (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fractured skull	
Brain abscess	
Due to Fractures of right tibia and fibula	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 1/14/40
(c) Where did injury occur? Argyle & Jewell sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work? No
(e) Means of injury Pedestrian struck by autocar

23. Signature H B Vandeventer M.D. Medical Examiner.

Date signed

VS 6

65310 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 65310

CERTIFICATE OF DEATH

✓ 61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hospital for the Women of Maryland St., Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? 31 yrs. mos. da.

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Clara W. Bernstein

If U. S. Veteran specify WAR .....

(a) Residence: No. Lake Drive Apts. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Emil Bernstein

6. DATE OF BIRTH (month, day, year) May 30 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jacksonville, Fla.

FATHER

13. NAME Philip Walter

14. BIRTHPLACE (city or town) (State or country) London, England

MOTHER

15. MAIDEN NAME Sarah Baer

16. BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

17. INFORMANT Mr. Henry Bernstein
(Address) Annapolis, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Jacksonville, Fla. Date 1/24 1940

19. UNDERTAKER Daniel Goodman & Son
(Address) 1902 Eutaw Place

20. FILED Jan 24 1940 Hunting for Williams Myth

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/23/ 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1940 to Jan. 23, 1940

I last saw h.. alive on Jan. 23, 1940 Death is said to have occurred on the date stated above, at 8:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	2 weeks
Diabetes mellitus	?
Other contributory causes of importance:	
Terminal uremia	?
Hypertrophic arthritis	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Richard W. Wattenberg M.D.

(Address) Women's Hospital

OCCUPATION is very important. See instructions on reverse side.

JAN 24 1940

8/C

Spec.—2-29-28—L. F. S.—500 Blks.

TOWNSLEY

F 65311 HEALTH DEPARTMENT—CITY OF BALTIMORE F 65311

CERTIFICATE OF DEATH √ 92-B

1—PLACE OF DEATH REGISTERED NO.

CITY OF BALTIMORE: (No. 3405 Chelsnut Av ST. 13-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Virginia Townsley

(a) RESIDENCE NO. 3405 Chelsnut ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles M. Townsley

6 DATE OF BIRTH (month, day, and year) Aug 29, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Isaiah L. Dailey

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Annie Riley

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Edna V. Price

(Address) 3405 Chelsnut Ave

15 Filed JAN 24 1940 19

Hearing for Hillcrest Mem. Pk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22, 1940

17 I HEREBY CERTIFY, That I attended deceased from Nov 7 1939 to Jan 22 1940

that I last saw her alive on Jan 22 1940

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis
Mitral Insufficiency

CONTRIBUTORY (Secondary) Hypertension Chronic (duration) unknown yrs. mos. ds.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Physical Exam

(Signed) H. A. Dailey M. D.

19 (Address) 817 Medical Arts Bld

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet	Jan 24 1940
20 UNDERTAKER	ADDRESS
Schnoudt & Donovan	36 S. Chelsnut

Important. See instructions on back of certificate.

65312

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 65312
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3248 Kenwick Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3248 Kenwick Road (If rural give location)
(e) If foreign born, how long in U. S. A.? 70 years

13

3 (a) FULL NAME August F Wolter

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower

6 (b) Name of husband or wife Daisy E. Wolter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 3, 1862

8. AGE: Years	Months	Days	If less than one day
77	5	21	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Daisy E. Wolter
(b) Address 3248 Kenwick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 26, 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Thenouth & Donovan
(b) Address 3615-17 Eastern Ave

19 (a) (Signature of local registrar) (b) Registrar

JAN 24 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1940, at 7:45 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to Jan 23 1940, and that I last saw him alive on Jan 23 1940.

Immediate cause of death Bronchial Pneumonia — Duration 3

Due to

Due to

Other Conditions Bronchitis asthma

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. E. Thompson M. D.
Address 1123 N Paca St Date signed 1-24-40

S. S. NO. 215-03-5384 X E 65313

65313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. H-2 Ward)

Registered No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 22 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Oscar O. Abel

If U. S. Veteran specify WAR _____

(a) Residence: No. Dogwood Rd., (Usual place of abode) Woodlawn, Md. St., _____ Ward. Baltimore Co. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Grace Abel

6. DATE OF BIRTH (month, day, year) Feb. 7, 1888

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
51	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brass finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Crown Cork & Seal

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Loudon Co. Virginia

FATHER

13. NAME Frederick T. Abel

14. BIRTHPLACE (city or town) (State or country) Loudon Co. Virginia

MOTHER

15. MAIDEN NAME Mary Elizabeth C[illegible]

16. BIRTHPLACE (city or town) (State or country) Loudon Co. Virginia

17. INFORMANT Harry E. Abel

(Address) 5142 Hoaster St. Pittsburg Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Johns Cem. Date 1-22-40

19. UNDERTAKER Easton Sons & Ellicott City Md.

(Address)

20. FILED _____ 19__ _____ Registrar.

JAN 24 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from January 2, 1940 to January 24, 1940

I last saw him alive on Jan 24, 1940. Death is said to have occurred on the date stated above, at 12:15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mesenteric Thrombosis	1-19-40
Other contributory causes of importance: Perforated Appendix with Generalized peritonitis	12-31-39

Was an operation performed? Yes Date of (1) 1-19-40 (2) 1-20-40

For what disease or injury? (1) Perforated appendix with Generalized peritonitis (2) Mesenteric Thrombosis

Name of operation (1) Drainage (2) Resection of Ileum

What test confirmed diagnosis? [illegible] Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, Suicide or Homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) L. H. Pierce M. D.

(Address) University Hospital

314 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 65314

CERTIFICATE OF DEATH √ 131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3337 Falls Road St. 13-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Fannie Kerr

If U. S. Veteran specify WAR

(a) Residence: No. 3337 Falls Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late John J. Kerr

6. DATE OF BIRTH (month, day, year) Sept 20-1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charlottesville Va

FATHER

13. NAME ? Bonnett

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME ? Bishop

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. Frances Helms.
(Address) 3337 Falls Road

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 1/24/40

19. UNDERTAKER Geo. L. Beyer Jr
(Address) 1512 Hollins St

20. FILED JAN 24 1940 19 Registrar's No. 37 Williamson M.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1940 to Jan 20, 1940

I last saw her alive on Jan 20 1940 Death is said to have occurred on the date stated above, at 9.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset (about)
Arterio sclerosis, Nephritis & Chronic Myocarditis	5 yrs ago

Other contributory causes of importance:

Terminal Bronchopneumonia	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —

(Signed) Jerome Dreesmann M.D.

(Address) 846 W 36 St Balto

VS 3

5315

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A

F 65315

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2420 E. Hoffman St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2420 E Hoffman St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James B Boone

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ida B Boone

6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) Dec. 28. 1865

8. AGE: Years	Months	Days	If less than one day
74	-	25	hr. min.

9. Birthplace Easton Md.
(Town, county, and state)

10. Usual Occupation Bank Clerk

11. Industry or business

FATHER
12. Name Owen B Boone
13. Birthplace Easton Md.

MOTHER
14. Maiden Name Georgeanna Calahan
15. Birthplace Easton Md.

16 (a) Informant Ida B Boone
(b) Address 2420 E Hoffman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 - 26 - 40 (month) (day) (year)

(c) Cemetery or crematory Baltimore
Location North Ave

18 (a) Funeral director John C Pilly Jr
Address 2435 E Oliver St

19 (a) JAN 24 1940 (Date received by registrar) (b) Interred in Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 23, 1940 at 12:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 16, 1939 to Jan. 23 1940. and that I last saw him alive on Jan. 23 1940.

Immediate cause of death
Chronic Interstitial Nephritis — Duration: 3 yrs.

Due to

Due to

Other Conditions Aortic Regurgitation — Duration: 3 yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert G Singewald M. D.
Address 613 E. North Ave Date signed Jan 24 1940

F 65316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1940 at Registered No. 65316

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2136 Maryland Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME JAMES McDOUGALL

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
—	[illegible]	M	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr) Oct 14 1880

8. AGE: Years	Months	Days	If less than one day hr.	min.
59	3	3		

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation owned lumber Co.
11. Industry or business Lumber business

FATHER
12. Name James McDougal.
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Harriet H. Collins
15. Birthplace Baltimore

16 (a) Informant brother in law. John A
(b) Address Baltimore Md

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/25/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location Balto Md

18 (a) Funeral director Williams Cook
(b) Address 1207 St. Paul St

19 JAN 24 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22 1940, at 3 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to Arteriosclerosis, general	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H L Wollenweber M.D. Medical Examiner.
Date signed Jan 24 1940

F 65317

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1/31 F 65342

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 604 Springfield Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 604 Springfield Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME T. Albert Young

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, ~~widowed, or divorced~~
No	218-09-5055	Male	White	Married

6 (b) Name of ~~husband~~ or wife Mary Elizabeth Young
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13 1867

8. AGE: Years	Months	Days	If less than one day
72	7	9	hr. min.

9. Birthplace Balto, Md. (Town, county, and state)
10. Usual Occupation Manager
11. Industry or business Lyric Theatre

FATHER
12. Name John A. Young
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Margaret Van Sant
15. Birthplace Balto. Md.

16 (a) Informant Mary Elizabeth Young
(b) Address 604 Springfield Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-25-40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Wm Cook
(b) Address 1217 St. Paul St

19 (a) JAN 24 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22nd 1940, at 3:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1938, to Jan 22 1940 and that I last saw h[im] alive on Jan 22 1940.

Immediate cause of death	Duration
Chronic Myocarditis	1940
Chronic Interstitial Nephritis	1930
Due to	
Coronary Sclerosis	1934
Due to Senile Cerebral Arteriosclerosis	1939
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Cook M. D.
Address 511-513 Sheridan Ave Date signed Jan 24 1940

65318 1854-FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45-F

F 65318 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1314 Eastern Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Bromwell

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Alfred
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-4-1866

8. AGE: Years	Months	Days	If less than one day
73	6	18	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name Henry Freedman
13. Birthplace Va.

MOTHER
14. Maiden Name CAroline Jacobs
15. Birthplace Va.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation or removal) (b) Date thereof Jan 25th 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st.

19 JAN 24 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-22 1940, at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-12 1940 to 1-22 1940, and that I last saw alive on 1-22 1940.

Immediate cause of death	Duration
Bronchopneumonia	four days
Due to Carcinoma mammae - ?	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L.K. Woodward M. D.
Address Balto City Hosp. Date signed 1-22-40

VS 2

65319

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 65319 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 310 E. 33rd St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 1/2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 310 E. 33rd St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Catherine White

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NONE

4. Sex: Female
5. Color or race: White
6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed
6 (b) Name of husband ~~or wife~~: William W. White
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Dec 1st 1846

8. AGE: Years 93 | Months 1 | Days 21 | If less than one day: hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name A. D. Session
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Hester V. Turner
15. Birthplace Balto Md.

16 (a) Informant Mrs Fred Preinz
(b) Address 310 E. 33rd St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/24/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (Date rec'd by registrar) JAN 24 1940 (Signature) Wm. Tevis Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22nd 1940, at 4 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 18 1940, January 21 1940, and that I last saw h[er] alive on January 21 1940.

	Duration
Immediate cause of death Acute Cardiac Dilatation	1 day
Due to Bilateral Broncho-Pneumonia	4 days
Due to Hypostatic	
Other Conditions Senility (93 years old)	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury ~~occur~~ about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury John G. Hanson

23. Signature John G. Hanson M. D.
Address 800 N. Charles St. Date signed 1/22/40

65320

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65320 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Pimlico, Balto., Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 5706 Maple Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Fred. Thiele

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	married

6 (b) Name of husband or wife Minnie Hoffmeier
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Feb. 21, 1866

8. AGE: Years	Months	Days	If less than one day
73	11	30	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business Own business for self

FATHER
12. Name unknown
13. Birthplace Germany

MOTHER
14. Maiden Name unknown
15. Birthplace Germany

16 (a) Informant Mrs. Minnie E. Thiele
(b) Address 5706 Maple Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/25/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto. Co.

18 (a) Funeral director E. Vernon Emmert
(b) Address 4411 Park Heights Ave.

19 (a) (Date received by registrar) (b) Registrar

JAN 24 1940

Awaiting for Permanent certificate

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/22 1940, at 11:42 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-9 1940 to 1-22 1940, and that I last saw him alive on 1/22 1940.

Immediate cause of death	Duration
Cerebral hemorrhage	13 hrs
Due to Arteriosclerosis and hypertension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles N. Lewis M. D.
Address St. Agnes Hospital Date signed 1-22-40

V8 2

65321

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1.81

F 65321

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 1/2 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 405 N. Fremont Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Bryant

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-3-1916

8. AGE: Years	Months	Days	If less than one day
24		18	hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name John R. Bryant
13. Birthplace N.C.

MOTHER
14. Maiden Name Sophie Haywood
15. Birthplace N.C.

16 (a) Informant Mrs. Sophie Brown
(b) Address 890 Booth St, Balt. Md 1-25-40

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location Anne Arundel Co.

18 (a) Funeral director Mrs. Ewd. H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) JAN 24 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-21-1940, at 11:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Inquest~~ Autopsy thereon and from the evidence obtained by said ~~Inquest~~ Autopsy and that said deceased came to his death on the day stated above.

Immediate cause of death Toxemia

Due to Chronic Nephritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 1-20-40
(c) Where did injury occur? City - 511 N. Bull St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Grocery Store (Specify type of place) While at work? Yes
(e) Means of injury Clothing ignited by oil stove Home accident

23. Signature Howard A. Wilson M.D.
Medical Examiner.
Date signed 1-22-40

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65322

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 McCulloh St., 14-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert D. Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1603 McCulloh St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Mary M Johnson

6. DATE OF BIRTH (month, day, year): May 25 1860

7. AGE: Years: 79 | Months: 4 | Days: 27 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): New Orleans La

FATHER

13. NAME: Lewis Johnson

14. BIRTHPLACE (city or town) (State or country): New Orleans La

MOTHER

15. MAIDEN NAME: Susan Payne

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Mary M Johnson

(Address) 1603 McCulloh

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 1-24 19 40

19. UNDERTAKER: Mrs. Geo. H. Holland

(Address) 1631 Druid Hill Ave

20. FILED: JAN 24 1940 Harry Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 22, 19 40

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 19 40, to Jan 22, 19 40

I last saw h... alive on Jan 21, 19 40 Death is said to have occurred on the date stated above, at 9A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	?

Other contributory causes of importance:

Acute Cardiac Dilatation

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Bernard Brown M. D.

(Address) 1577 N Carrollton

OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 65323

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 65323 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3034 Baker St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3034 Baker
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine C Kammer

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife Ferdinand Kammer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/16/878

8. AGE: Years	Months	Days	If less than one day hr.	min.
61	11	7		

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation housekeeper
11. Industry or business

FATHER
12. Name Michael Fahey
13. Birthplace Ireland

MOTHER
14. Maiden Name Sarah O'Dea
15. Birthplace Ireland

16 (a) Informant Mr C Kammer
(b) Address 3034 Baker

17 (a) (Burial, cremation, or removal) (b) Date thereof 1/27/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director P J Fahey Son
(b) Address 1810 Light

19 (a) JAN 24 1940 (b) Thurlie [illegible] Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1940, at 1:00 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 28 1938, to Jan 23 1940, and that I last saw her alive on Jan 22 1940.

Immediate cause of death. Cerebral Hemorrhage — Duration Jan 22 1940

Due to Cardio Vascular Disease — 3 years
a Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eliot W Johnson M.D.
Address 3432 Frederick Ave Date signed 1/27/40

65324

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 65324 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 808 Woodward St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 808 Woodward St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

21

3 (a) FULL NAME SADY MILES (Sarah Miles)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Thomas E. Miles
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) 6/16/1871

8. AGE: Years	Months	Days	If less than one day
68	7	6	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation house wife.
11. Industry or business

MOTHER / FATHER
12. Name John Banton
13. Birthplace Virginia

MOTHER
14. Maiden Name Unknown
15. Birthplace Virginia

16 (a) Informant Thomas E. Miles
(b) Address 808 Woodward Street

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 1/25/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location 4200 Old Frederick Road

18 (a) Funeral director John J. Cowan & Son
(b) Address 901 Hollins Street

19. (a) (Signature) (Address)
(b) Date received by Local Registrar JAN 24 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22 1940, at 7 40 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death Arteriosclerotic heart disease — Duration unknown

Due to

Due to

Other Conditions Ovarian cysts, right kidney. Pelvic infection
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Lee Wallenmeier M.D.
Medical Examiner.
Date signed Jan 24, 1940

F 65325

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D Registered No. F 65325

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1032 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Unk
(e) Length of stay in Baltimore (yrs., mos., or days) Unk

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1032 E Edmondson Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME MARY F SMITH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	married

6 (b) Name of husband or wife Harry Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jun 15, 89

8. AGE: Years	Months	Days	If less than one day
51	-	4	hr. min.

9. Birthplace Balto. md.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Elijah Colbert

13. Birthplace G & Co. md

MOTHER 14. Maiden Name Carrie Shroy

15. Birthplace Charles Co. md.

16 (a) Informant Richard Colbert

(b) Address 420 Appleton St

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan 25, 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location

18 (a) Funeral director Mrs Katie R Williams

(b) Address 322 N Schroeder St

19 (a) (Signature of person in charge of burial) (b) Mt. Auburn, Md.

JAN 24 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19 1940, at 2 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
Acute cardiac failure	
Due to Arteriosclerotic heart disease	
Due to	
Other Conditions Unk hysterectomy	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H L Wallenmeyer M.D.
Asst Medical Examiner.

Date signed Jan 20, 1940

65326 .

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65326

131-A Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 661 W Mulberry St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 661 W Mulberry St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME EMMA B. ROBINSON

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col.	married

6 (b) Name of husband or wife Bird Robinson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1876

8. AGE: Years	Months	Days	If less than one day
64 65	7	7	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business domestic

FATHER
12. Name Hara Queen
13. Birthplace Baltimore md

MOTHER
14. Maiden Name Emma Queen
15. Birthplace Baltimore Md

16 (a) Informant James Waters, friend
(b) Address 661 W Mulberry St.

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan 26, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 W. Schroeder St

19 (a) (Date received by Registrar) (b) Name of [illegible] for Williams M.D.

JAN 24 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22 1940, at 7 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Carbovascular renal disease — Duration —
Due to Arteriosclerosis general
Due to
Other Conditions no history
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Asst Medical Examiner.
Date signed Jan 23, 1940

F 65327

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F

F 65327 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 11 Pm.
(b) Street address 418 W Hoffman St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 418 W. Hoffman St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Evans
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Col	m married

6 (b) Name of husband or wife Lucy Ann Evans
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) May 12 90

8. AGE: Years	Months	Days	If less than one day
49	8	11	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation W. P. A.
11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name Catherine Evans
15. Birthplace Md.

16 (a) Informant Lucy Ann Evans
(b) Address 418 W. Hoffman St

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan 24, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St.

19 JAN 24 1940 (b) Mrs Katie R Williams, M.D.
(Date not to be inserted)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 9 1939, to Jan 21 1940, and that I last saw h[illegible] alive on Jan 20. 1940.

Immediate cause of death: Cancer of Liver & Pancreas — Duration: about a year

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. C. Peltetain M. D.
Address 817 Huntington Ave Date signed Jan 24/40

F 65328

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 65328 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 das.
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1020 W. Saratoga St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Clayborne (51199)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 16, 1921

8. AGE: Years	Months	Days	If less than one day
18	4	7	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER
12. Name Archie Clayborne
13. Birthplace Va.

MOTHER
14. Maiden Name Susie Hill
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan 26, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 332 N Schroeder St.

19 (a) (Date rec'd by registrar) (b) Mrs. Katie R. Williams M.D. (Signature of registrar)

JAN 24 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH January 23, 1940, at 12:10 M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 21, 1939. to Jan. 23, 1940. and that I last saw her alive on Jan. 23, 1940.

Immediate cause of death Tuberculosis of the lungs — Duration July 1937

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Salerno M. D.
Address Balto. City Hospitals Date signed 1-23-40

F 65329

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-6

F 65329

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: Maryland State Penitentiary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 mos
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Washington
(c) City or town Hagerstown (If outside city or town limits, write RURAL and give town)
(d) Street No. 56 Harman Alley (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Augustus Newman

3 (b) If veteran, name war ..... | 3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) ~~Single, married, widowed, or divorced~~
M	Col	Widowed

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) .....

8. AGE: Years	Months	Days	If less than one day
41			hr. min

9. Birthplace Charles Town (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business .....

FATHER
12. Name Frank R. Newman
13. Birthplace Charles Town, W Va

MOTHER
14. Maiden Name Betty Colston
15. Birthplace Charles Town

16 (a) Informant Frank Newman
(b) Address Charles Town

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 26 1940 (month) (day) (year)
(c) Cemetery or crematory Fair View Wva
Location Box Virginia Charles Town WVa

18 (a) Funeral director Wreaan Bros
(b) Address 127 S. 1 Paul St.

19 (a) Date received by registrar Jan 24 1940 Hunting for Williams MD Registrar

VS 6

MEDICAL CERTIFICATION 11 20 a

20. DATE OF DEATH Jan 23 1940, at ..... M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Acute paresis Secondary following intravenous	
Due to treatment for Positive blood Wasserman	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide - no
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature W. W. Hunting M.D.
Medical Examiner
Date signed 1/23/40

JAN 24 1940

65330 F 65330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 N. Gross St. 21-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Kraemer

If U. S. Veteran specify WAR.

(a) Residence: No. 1120 N. Gross St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 31. 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Kraemer

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Mary Berg.

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Ida Meseke

(Address) 1120 N. Gross St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 25. 1940

19. UNDERTAKER Mc Mus. John N. Pugh & Son

(Address) 801 N. Fayette St.

20. FILED JAN 24 1940 Hunting for Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1940 to Jan 22, 1940

I last saw him alive on Jan 22, 1940 Death is said to have occurred on the date stated above, 9.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cerebral hemorrhage	1/20/40
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation Cerebral Curve

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Murtyn B. Kirk M.D.

(Address) 1904 Reisterstown Rd

OCCUPATION is very important. See instructions on back of certificate.

VS 3

65331 HEALTH DEPARTMENT—CITY OF BALTIMORE 65331

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 30 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles S. Warner If U. S. Veteran specify WAR

(a) Residence: No. Forest Hill, Md. St., Ward. Harford Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret K Warner

6. DATE OF BIRTH (month, day, year) Dec 5 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Dec 1939

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME Silas S Warner

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Mascebean Scarborough

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Harry Heaps
(Address) Forest Hill

18. BURIAL, CREMATION, OR REMOVAL
Place Centre Cem Date Jan 27 1940

19. UNDERTAKER C. E. Kurtz Son
(Address) Aberdeen Md

FILED JAN 24 1940 Registrar for Williamsport

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 24 1940

22. I HEREBY CERTIFY, That I attended deceased from 12-25 1939 to 1-24 1940

I last saw h alive on 1-24 1940 Death is said to have occurred on the date stated above, at 9:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	1-21-40
Cerebral Oedema	2
Other contributory causes of importance:	
Hypertension CV-D	7

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John M. Scott M. D.

(Address) Maryland General Hosp.

65332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 65332

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Camp Holabird
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: Camp Holabird (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Julia A. McFaul

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife: William McFaul
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Nov. 16, 1883

8. AGE: Years	Months	Days	If less than one day
56	2	6	hr. min.

9. Birthplace: Baltimore Md. (Town, county, and state)
10. Usual Occupation: At Home
11. Industry or business

FATHER
12. Name: William Benton
13. Birthplace: Baltimore Md.

MOTHER
14. Maiden Name: Mary E. Jubb
15. Birthplace: Baltimore Md.

16 (a) Informant: Mrs. Louise Boyd
(b) Address: Camp Holabird

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 26, 1940 (month) (day) (year)
(c) Cemetery or crematory: Mt. Carmel Cemetery
Location: 5712 ODonnell St

18 (a) Funeral director: Salaume & Hoffmann
(b) Address: 2723 E. Preston St.

19 (a) JAN 24 1940 (Date rec'd by registrar) (b) H. [illegible] Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 22 1940, at 4P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1940, to Jan 22 1940, and that I last saw her alive on Jan 22 1940.

Immediate cause of death	Duration
Bronchial Pneumonia	1 wk.
Due to Arteriosclerotic Cardio-Vascular disease	
Due to	
Other Conditions Fragmentary Myelitis (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: J. M. Baumgardner M. D.
Address: Rosedale Md. Date signed: 1/23/40

F 65333

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 195-F

F 65333 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 728 E Lexington St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME WALTER MORGAN

3 (b) If veteran, name war

3 (c) Social Security Account No. None.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1902

8. AGE: Years	Months	Days	If less than one day
38			hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/25/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location 2950 Frederick Road

18 (a) Funeral director John J. Corcoran & Son
(b) Address 901 Hollins St.

JAN 24 1940 (Date rec'd by Registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22 1940, at 9 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Fracture, skull occipital + right temporal bone	
Due to	
Other Conditions Pneumonia Lobar, bilateral (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident (?)
(b) Date of occurrence Unknown
(c) Where did injury occur? To be investigated (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? unknown (Specify type of place) While at work? —
(e) Means of injury Possible street brawl

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed Jan. 23, 1940

VS 6

65334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

F 65334
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore 211 North Spring St
(If outside city or town limits, write RURAL and give town)
(d) Street No. 211 North Spring St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CLARENCE PARHAM

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Widower

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years	Months	Days	If less than one day
47	-		hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace —

16 (a) Informant Friends
(b) Address —

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25th 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location old annapolis road

18 (a) Funeral director Edward Bryan
(b) Address 1241 Orleans St.

19 (a) Jan 29 1940 (Date filed by registrar) (b) Thos. S. Fox Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19 1940, at 6:10 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Exposure to cold — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. Wolloughan M.D.
Medical Examiner.
Date signed Jan 29, 1940

5335

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65335

CERTIFICATE OF DEATH

Social Security # 212-05-5424

93-V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hosp St. 11-3 Ward).

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herbert C. Boyd

If U. S. Veteran specify WAR

(a) Residence: No. Greenwood Rd St., Ward Anne Arundel

(Usual place of abode) Linthicum Heights (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Adam Boyd.

6. DATE OF BIRTH (month, day, year) October 24, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Warehouse Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas + Elec. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME John S. Boyd.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Laura Henderson.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Ruth Adams Boyd

(Address) Linthicum Hghts, Md

18. BURIAL, CREMATION, OR REMOVAL Friendship A.M.E. Co Date Jan. 24 1940

19. UNDERTAKER Thomas W. Scrugham

(Address) Glen Burnie, Md.

JAN 24 1940 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24-40, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-15-40, 19 to 1-24-40, 19

I last saw him alive on 1-24-40, 19. Death is said to have occurred on the date stated above, at 2:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular disease	?
Arteriosclerosis	?
Other contributory causes of importance:	
Cerebral hemorrhage	1-24-40

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [signature] M. D.

(Address) Md Gen Hosp

Social Security # 212-05-5425.

F 65336 F 488 ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 65336

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5200 Clifton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Mary Jane Martin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 14, 1940

8. AGE: Years	Months	Days	If less than one day
		9	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Donald Martin
13. Birthplace

MOTHER
14. Maiden Name Mary Jane Jendrek
15. Birthplace Baltimore Md.

16 (a) Informant Mary Jane Martin
(b) Address 5200 Clifton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-40 (month) (day) (year)
(c) Cemetery or crematory St Marys Cemetery
Location Baltimore Md

18 (a) Funeral director Joseph A. Tinsley
(b) Address Fulton Ave & Fayette

19 (a) JAN 24 1940 (Registrar) Baltimore, Md. (Registrar)
(b) Registered

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1940, at 11:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1940, to Jan 23 1940, and that I last saw her alive on Jan 23 1940.

Immediate cause of death	Duration
Bilateral Bronchopneumonia	3 days
Due to Aspiration of Food ?	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Bilateral pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. J. Voelmer M. D.
Address Mercy Hospital Date signed 1-23-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65337 F 5988

CERTIFICATE OF DEATH

160-a F 65337

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., H 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Girl Cook

(a) Residence: No. 313 N Green St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 22nd 1940

7. AGE	Years	Months	Days	If LESS than 1 day 10 hrs. or 27 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Curtis Riley

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

15. MAIDEN NAME Lucretia Jane Cook

16. BIRTHPLACE (city or town) Falling Waters (State or country) W. Va.

17. INFORMANT Mother (Address) 313 N. Green St.

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date 19

UNIVERSITY MEDICAL SCHOOL JAN 24 1940

19. UNDERTAKER Commissioner of Health (Address)

20. FILED JAN 24 1940 Registrar. 5345

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23rd, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 22nd, 1940 to Jan 23rd, 1940

I last saw her alive on Jan 23rd 1940 Death is said to have occurred on the date stated above, at 1:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra-cranial hemorrhage	1-22-40
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. King, B. E. Sugar, Jr. M. D.

(Address) University Hospital

VO 8

65338

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 65338

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Williams & Caton Aves.
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. Co.
(c) City or town Texas
(If outside city or town limits, write RURAL and give town)
(d) Street No. 61
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Margaret Harrick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-8-1863

8. AGE: Years	Months	Days	If less than one day
76	1	17	hr. min.

9. Birthplace Balto. Co.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name John Ireland
13. Birthplace Ireland.

MOTHER
14. Maiden Name Mary Welch
15. Birthplace Ireland.

16 (a) Informant Helen G. Magruder
(b) Address 505 Eaton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-40 (month) (day) (year)
(c) Cemetery or crematory St Joseph's Texas Rd
Location

18 (a) Funeral director Leonard J. Rooks
(b) Address 5365 Harford Rd

19 (a) JAN 24 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw her alive on 1-22 1940.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Arteriosclerosis	
Due to Hypertension	
Other Conditions -	

(Include pregnancy within 3 months of death)

Major findings:
Of operations -
Of autopsy -

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles V. Leavitt M. D.
Address St Agnes' Hospital Date signed 1-29-40

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65339

CERTIFICATE OF DEATH

122-6 F 65339

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Md. General Hosp. St. 24-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ambrose Rueck

If U. S. Veteran specify WAR

(a) Residence: No. 418 E. Randall St. St., ... Ward. Soc-Sec-214-01-2076

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Dudeke

6. DATE OF BIRTH (month, day, year) Feb. 25, 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Michael J. Rueck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary E.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Leonard J. Rueck

(Address) 6805 Harbor Road

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 1-26 19 40

19. UNDERTAKER Leonard Kurtz

(Address) 5305 Harford Rd.

20. FILED JAN 24 1940 19 Hunting for Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 8 1940 to Jan 22. 1940

I last saw him alive on Jan 22, 1940 Death is said to have occurred on the date stated above, at 10 35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Hernia	
Paralytic ileus	
Other contributory causes of importance:	

Was an operation performed? yes Date of Jan 15 1940

For what disease or injury Strangulated Hernia, Ileus

Name of operation Hemiplasty, Ileus

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Strained hernia while working

(Signed) William R. Trimpbin, M. D.

(Address) Md. General Hospital

VS 3

65340

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D Registered No. F 65340

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 108 N. Carrollton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 108 N. Carrollton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John P. Devan

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 5th, 1874.

8. AGE: Years	Months	Days	If less than one day
65	3	17	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Plumber
11. Industry or business Retired

FATHER
12. Name John P. Devan
13. Birthplace Ireland

MOTHER
14. Maiden Name Katherine
15. Birthplace Ellicott City, Md.

16 (a) Informant Miss Mary Glantz
(b) Address 108 N. Carrollton Ave;

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 25 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director Frederick B. Dold
(b) Address 1200 W Lombard St
JAN 24 1940 (Registrar) Hunting for Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 22, 1940, at 2:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-20- 1940 to 1-22- 1940, and that I last saw h. alive on 1-20- 1940.

Immediate cause of death	Duration
Acute cardiac dilatation - Due to	2 days
Valvular heart disease	Unk 2 days
Due to Not determined	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address 1203 W. Fayette St. Date signed 1-22-40

65341

HEALTH DEPARTMENT—CITY OF BALTIMORE

Social Security #213-09-4319

CERTIFICATE OF DEATH

93-D F 65341

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 530 S. Paca St. 22-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Simon Garvis

If U. S. Veteran specify WAR

(a) Residence: No. 530 S. Paca St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Garvis

6. DATE OF BIRTH (month, day, year) not known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper (machine)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Charles Garvis

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Mrs Elizabeth Garvis

(Address) 530 S. Paca Street

18. BURIAL, CREMATION OR REMOVAL

Place Holy Redeemer Date Jan. 26 1940

19. UNDERTAKER John A. Grebliunas Jr

(Address) 523 S. Paca St.

20. Filed JAN 24 1940 Huntington Williams M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1938 to Jan 22, 1940

I last saw him alive on Jan 22, 1940. Death is said to have occurred on the date stated above, at 12.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular Disease	1939
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Edward J Nulen M. D.

(Address) 68 W Hamilton St Balto

V8 3

65342 273

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B Registered No. F 65342

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs. 1 mth. 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 408 E. 22nd St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Agnes Curtis Wells

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/16/1875

8. AGE: Years	Months	Days	If less than one day
64	1	7	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation unknown
11. Industry or business

FATHER
12. Name Robert Wells
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Benny
15. Birthplace Scotland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Mary M. Hyndfield
(b) Address 507 E. 22nd

19 (a) JAN 24 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 23 1940, at 3:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 22 1939 to Jan 23 1940, and that I last saw h.. alive on Jan 23 1940.

Immediate cause of death: Cerebral Thrombosis — Duration: 2 years

Due to

Due to

Other Conditions: Terminal Bronchopneumonia — 4 days.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Murray Luckman M. D.
Address Balto City Hosp. Date signed 1-25-40

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

65343

CERTIFICATE OF DEATH

186-a F 65343

1. PLACE OF DEATH

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Josephs Hospital St. 12-4 Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME Ida Mins

If U. S. Veteran specify WAR _____

(a) Residence: No. 420 E. 22nd St., Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper (Home)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto., Co.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Miss C. Keene
(Address) 9117 Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Date 1/26, 1940
Place

19. UNDERTAKER: Mary M. Hatfield
(Address) 40 E. Preston St.

20. FILED JAN 24 1940 19 Hunting for Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 22, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1940 to June 22 1940

I last saw her alive on June 22, 1940 Death is said to have occurred on the date stated above, at 1 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	1/940
Fracture femur, left	1/10
(fell from chair)	

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc. Date of injury 1/10, 1940

Where did injury occur? Home, Baltimore
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home.

Manner of injury Fell from chair

Nature of injury Fracturing femur, left

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) M. R. Tennant M. D.

(Address) St. Josephs Hosp

To Dr Wohlgemuth
Asst medical examiner.

65344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1170 - Registered No. F 65344

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 55 North Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? (years

3 (a) FULL NAME Corfos N. Stavrou STAVROU

3 (b) If veteran, name war

3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband~~ or wife ARETIT

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 30 1880

8. AGE: Years	Months	Days	If less than one day
59	45	24	hr. min.

9. Birthplace NAUPKTOS - GREECE
(Town, county, and state)

10. Usual Occupation RESTAURANT-MANAGER

11. Industry or business

FATHER
12. Name NICHOLAS-STAVROU
13. Birthplace GREECE

MOTHER
14. Maiden Name AIDA PAPAS
15. Birthplace GREECE

16 (a) Informant ARETIT STAVROU - WIFE
(b) Address 5 E. North ave

17 (a) WOODLAND (b) Date thereof Jan 27-1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory WOODLAND CEM.
Location NEWARK (N.)

18 (a) Funeral director Frank Wells Mace
(b) Address 52 N. Morley St.

JAN 25 1940 (b) Harry for Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-24- 1940, at 2.40 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Pulmonary Embolism	
Due to Multiple Fractures	
Due to	
Other Conditions Coronar Occlusion Air Embolism	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1-22-40
(c) Where did injury occur? City -
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street North & Calvert While at work? No
(Specify type of place)
(e) Means of injury Auto - struck him PEDES-TRIAN

23. Signature Howard L. Mallonee M.D.
Medical Examiner.
Date signed 1-24-40

VS 6

F 65345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 65345 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: So. Baltimore Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2735 W. Mosher St
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Benjamin F. Young

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 208 F

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Minnie C. Young
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 17th 1881

8. AGE: Years	Months	Days	If less than one day
58	10	6	hr. min.

9. Birthplace: Balto Md.
(Town, county, and state)
10. Usual Occupation: Captain
11. Industry or business: Balto City Fire Dept.

FATHER
12. Name: John A. Young
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Margaret Vansant
15. Birthplace: Unknown

16 (a) Informant: Minnie C. Young
(b) Address: 2735 W. Mosher St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/40 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: Balto Md

18 (a) Funeral director: William Cook
(b) Address: 127 S. Paca St

19 (a) JAN 25 1940 (Date rec'd by registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 23, 1940, at 8:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 20, 1940, to Jan. 23, 1940, and that I last saw h[illegible] alive on Jan. 23, 1940.

Immediate cause of death	Duration
Uraemia	
Hypertensive cardio-renal disease & cardiac decompensation	
Due to	
Due to	
Other Conditions Generalized arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: R. H. Williams M.D.
Address: So. Balto Gen. Date signed 1-23-40

VS 5

F 65346

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65346

CERTIFICATE OF DEATH

131-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St. 9-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mr. Archibald Strasbaugh

If U. S. Veteran specify WAR

(a) Residence: No. 739 E. 36th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	M.

5a. If married, widowed, or divorced HUSBAND of Octavia B. Strasbaugh

6. DATE OF BIRTH (month, day, year) Feb. 23 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pa. R. R.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Marysville Pa

FATHER

13. NAME George E. Strasbaugh

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Matilda Funk

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Octavia Strasbaugh

(Address) 1311 Southview Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Maryland Park Date Jan 27 1940

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St

20. FILED 19 Registrar.

JAN 25 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/24, 1940

22. I HEREBY CERTIFY, That I attended deceased from 6/5, 1939, to 1/24, 1940

I last saw h[illegible] alive on 1/23, 1940 Death is said to have occurred on the date stated above, at 6 a.m. A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	
Other contributory causes of importance: Chr. glomerular nephritis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward L. Glasser M. D.

(Address) Md. Gen. Hosp.

374515 F 65347

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-B

F 65347 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2822 Bakers St (If rural give location)
15th
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William A. Rogers

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband or~~ wife: Lydia Rogers
If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-14-61

8. AGE: Years 79 | Months 11 | Days 9 | If less than one day: hr. min.
(78)

9. Birthplace Md. Washington D. C (Town, county, and state)

10. Usual Occupation Retired Pattern Maker

11. Industry or business Md. Car Wheel Co.

FATHER
12. Name George Jackson Rogers
13. Birthplace Unknown

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Jan 26 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (Date received by registrar) JAN 25 1940 by [illegible], Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1940, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-21 1940, to 1-23 1940 and that I last saw h~~im~~ alive on 1-23-1940.

Immediate cause of death — Duration

Due to Uremia — Chronic

Due to Bladder Tumor X-Ray treatment — over

Other Conditions Hydronephrosis, bilateral
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Bilateral hydronephrosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James A. Hamer M. D.
Address Johns Hopkins Hospital Date signed 1/24/40

65348

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 65348 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5261 Quantico Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5261 Quantico Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clara E Fielding

3 (b) If veteran, name war — 3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 26 1876

8. AGE: Years	Months	Days	If less than one day
63	4	28	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Henry Fielding
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Catherine Washington
15. Birthplace Baltimore Md

16 (a) Informant Mary E Hooper
(b) Address 1806 Linden Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Md
Location Baltimore Md

18 (a) Funeral director Hathaway Sons
(b) Address 1217 E Conlt St

19 (Date received by Registrar) JAN 25 1940 (Attesting by Physician M.D.)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1940, at 1:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1940 to Jan 24 1940, and that I last saw alive on Jan 23 1940.

Immediate cause of death: Hypostatic Pneumonia — Duration 7 day
Due to Chronic Myocarditis — 2 yrs
Due to Chronic Nephritis — unknown
Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James L Ashehurst M. D.
Address 1012 Park Ave Date signed 1-24-40

VS 3

65349

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C

Registered No. F 65349

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-1
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town-limits, write RURAL and give town)
(d) Street No. 4002 Parkside Drive (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME EARNEST J ~~BERNARD~~ Benard.

3 (b) If veteran, name war —

3 (c) Social Security Account No 214-01-7131

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Ethel Benard
6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) July 8 - 1895

8. AGE: Years	Months	Days	If less than one day
44	6	19	hr min.

9. Birthplace London Eng. (Town, county, and state)
10. Usual Occupation Pressman
11. Industry or business Lithographing

FATHER
12. Name Edw Benard
13. Birthplace France

MOTHER
14. Maiden Name Mary London
15. Birthplace England

16 (a) Informant ~~Mrs Ethel Benard~~ Edna A. Jackson
(b) Address 4002 Parkside Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 26/4 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn Md

18 (a) Funeral director John Ulrich
(b) Address 200 E Orleans

19 (a) (Signature of Registrar) (b) Thursday for Middleton, MD.

JAN 25 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22 1940, at 6 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to ~~his~~ her death on the day stated above.

Immediate cause of death Cerebral hemorrhage — Duration 2 days
Due to Fracture, skull right temporal bone.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence January 20, 1940
(c) Where did injury occur? Belair Rd and Harford Ave. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? —
(Specify type of place)
(e) Means of injury struck windshield in auto crash

23. Signature [illegible] M.D.
Medical Examiner.
Date signed Jan 23, 1940

65350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-b

F 65350 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 144 N Milton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 144 N Milton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary A. Dorgan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Chas H. Dorgan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 15 1865

8. AGE: Years 74 | Months 1 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name George Gardner

13. Birthplace Baltimore

MOTHER 14. Maiden Name Alberta Brown

15. Birthplace Baltimore

16 (a) Informant Mrs. Jennie Gardner

(b) Address 144 N Milton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 26/1940 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem

Location Baltimore Md

18 (a) Funeral director John Ulrich

(b) Address 2008 Orleans St

19 (a) JAN 25 1940 (Registrar) (b) [illegible] Registered

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1940, at 2-9 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 28 1938, to Jan 4th 1940, and that I last saw h[illegible] alive on Jan 4th 1940

Immediate cause of death — **Duration**

Cerebral Hemorrhage

Due to Hypertension

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Sankin M. D.

Address 119 N. Milton Ave Date signed Jan 25 40

65351 50759-FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65351

30-E Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 das.
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1015 Shields Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	married-separated

6 (b) Name of husband or wife Clarence Jakcson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-31-1910

8. AGE: Years	Months	Days	If less than one day
29	11	20	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name Charles Parker
13. Birthplace Md.

MOTHER
14. Maiden Name Flora Allen
15. Birthplace Md.

16 (a) Informant B.C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 26-1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Westport
18 (a) Funeral director T. A. Brooks
(b) Address 1463 N. Carey St. Baltimore, Md.
(Signature of undertaker or person acting as such)

JAN 25 1940 (Filled by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21 1940, at 2.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 5 1939, to Jan 21 1940, and that I last saw h[illegible] alive on Jan 21 1940.

Immediate cause of death	Duration
Hypostatic Heart disease	
Due to	
Due to	
Other Conditions Terminal bronchopneumonia	2 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 1-22-40

LB 51891.
65352

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 65352 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or Town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 802 Wilmot St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Jane Holt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife William (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1877

8. AGE: Years 62 | Months 0 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation unknown

11. Industry or business

FATHER
12. Name Crafton Quickley (d)
13. Birthplace Md. (?)

MOTHER
14. Maiden Name Phobie Quickley (d)
15. Birthplace Baltimore

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 26 /40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Brooklandville

18 (a) Funeral director E. A. Wilson
(b) Address 1000 Brantley Av

19 (a) Date received by local registrar JAN 29 1940 (b) Signature of local registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-23 1940, at 1A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-13 1940, to 1-23 1940, and that I last saw her alive on 1-22 1940

Immediate cause of death: acute Cardiac failure — Duration: sudden

Due to: Arteriosclerotic heart disease — Duration: ?

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy Autopsy not completed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lt-Woodward Jr. M. D.
Address Balto City Hosp Date signed 1-23-40

F 65353

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 65353

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland
(c) Hospital or institution: Sinai Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 dys
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 642 N. Fulton (If rural give location)
(e) If foreign born, how long in U. S. A.? 43 years

3 (a) FULL NAME Philip Adler

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years	Months	Days	If less than one day hr.	min.
79				

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Russia
13. Birthplace Louis Adler

MOTHER
14. Maiden Name Minnie
15. Birthplace Russia

16 (a) Informant Hospt. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-40 (month) (day) (year)
(c) Cemetery or crematory Wash Blvd.
Location Wash Blvd.

18 (a) Funeral director Jack Lewis Inc.
(b) Address 1439 E. Balto St.

JAN 25 1940 (Local registrar's signature)

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-24-40 1940, at 3:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-10 1940, to 1-24 1940, and that I last saw him alive on 1-24 1940.

Immediate cause of death cerebral hemorrhage — Duration 6 days

Due to arteriosclerosis,

Due to hypertension,

Other Conditions arteriosclerotic cardiovascular disease

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address Sinai Hospital Date signed 1/24/40

65354

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

F 65354 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2213, Madison Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore Life (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2213 Madison Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Matilda Henson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	C.	Married

6 (b) Name of husband or wife John Henson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-10-1867

8. AGE: Years	Months	Days	If less than one day
72 73	8	11	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business —

FATHER
12. Name Thomas Webb
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Catherine Webb
15. Birthplace Baltimore, Md

16 (a) Informant Annie Jefferson
(b) Address 2213 Madison Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-25-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location Brooklyn, Md.

18 (a) Funeral director Mrs Chas G. Bailey
(b) Address 1421 Jefferson St

19 (a) JAN 25 1940 (Date received by Registrar) (b) [illegible] Baltimore, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1940, at 9 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1939 to Jan 21 1940, and that I last saw h[illegible] alive on Jan 20 1940.

Immediate cause of death Chronic Parenchymatous Nephritis

Due to —

Due to —

Other Conditions Myocarditis

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

Duration
Complicated
Complicated

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R J Young
Address 1424 E Hoffman Date signed 1/21/40

3

M. D. B. 1260-a

65355

F 65355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 N. Mount St. 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosa Washington

(a) Residence: No. 1821 N. Mount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Washington

6. DATE OF BIRTH (month, day, year) 8-20-1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge, Md.

FATHER

13. NAME Daniel Jolly

14. BIRTHPLACE (city or town) (State or country) Cambridge, Md.

MOTHER

15. MAIDEN NAME Maria Campher.

16. BIRTHPLACE (city or town) (State or country) Cambridge, Md.

17. INFORMANT Gladys Adams

(Address) 1821 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL

Place Ft. Auburn Cemetery Date 1-27- 1940

19. UNDERTAKER Mrs. Isaac G. Bailey

(Address) 1321 Jefferson St.

20. FILED JAN 25 1940 Thomas J. Williams, Registrar.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24- 1940

22. I HEREBY CERTIFY, That I attended deceased from 12-18- 1940 to 1-24- 1940

I last saw her alive on 1-23- 1940 Death is said to have occurred on the date stated above, at 5:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal Vascular Disease	1937

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) George C. Rage M. D.

(Address) 1816 N. Mount St.

Anders

65356

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52-M Registered No. F 65356

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert & Saratoga Sts

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3023 Arunah Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daniel W. Anders

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-12-1424

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Edna Anders

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 24 - 1879

8. AGE: Years 60 61 | Months 11 | Days 29 | If less than one day hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Bureau of Supplies

FATHER

12. Name Charles H. Anders

13. Birthplace Maryland

MOTHER

14. Maiden Name Margaret Whiteshire

15. Birthplace Maryland

16 (a) Informant Augustus B. Anders

(b) Address 3023 Arunah Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/40 (month) (day) (year)

(c) Cemetery or crematory Cremated

Location

18 (a) Funeral director Chas. F. Grace & Son Inc.

(b) Address 118 W. Mt. Royal Ave

19 (a) [illegible] Registrar

JAN 25 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 - 23 1940, at 12:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 15 1940, to Jan 23 1940, and that I last saw h 1m alive on Jan 23 1940.

Immediate cause of death: intra abdominal metastases, carcinomatosis.

Due to: adeno-carcinoma - rt kidney

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: nephrectomy - rt. findings as above.

Of autopsy: extra abdominal metastases

Duration: Unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. L. Cunningham M. D.

Address Mercy Hospital Date signed 1-25

Kratsch

F 65357

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 108

F 65357 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1515 Gorsuch Ave (If rural give location)
(e) If foreign born, how long in U. S. A.) 65 years

3 (a) FULL NAME Mrs. Charles Henry Kratsch (Louise)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Charles H. Kratsch

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 13, 1858

8. AGE: Years 81 | Months 10 | Days 10 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name Mr. Vogel
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Vogel
15. Birthplace Germany

16 (a) Informant Mrs Julia Altpeter
(b) Address 1515 Gorsuch Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25/40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Westview Park Md
Location

18 (a) Funeral director Philip Henry Sons
(b) Address 2016 Orleans St

19 (a) Date 1940 (Registrar) (b) Filed

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1940 at 7:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 26 1939 to Jan 23 1940 and that I last saw h[illegible] alive on Jan 23 1940.

Immediate cause of death Lobar Pneumonia Cardiac failure — Duration

Due to

Due to

Other Conditions Pleural effusion bilateral

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Same as clinical

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Crawford
Address Union Memorial Hospital Date signed 1/25/40

JAN 25 1940

5358

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 65358

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1306 Linden Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1306 Linden Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gertrude Richards

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5-1856

8. AGE: Years	Months	Days	If less than one day hr.	min.
83	8	19		

9. Birthplace London, England (Town, county, and State)

10. Usual Occupation ~~Domestic~~ Nurse Teacher

11. Industry or business

FATHER
12. Name Henry Richards
13. Birthplace London, England

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Miss Constance Cooley
(b) Address 723 N. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Balto. Md.

18 (a) Funeral director Charles H. Black
(b) Address 742 W. North Ave for Holmes, Mgr

19 (a) JAN 25 1940 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1940, at 4:00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1938, to Jan 24 1940, and that I last saw h[illegible] alive on Dec 4 1939.

Immediate cause of death Acute Cardiac failure — Duration 1 day

Due to Arteriosclerotic Heart Disease — Duration years.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lemuel L. Reaver M.D. M. D.
Address 1938 Linden Ave Date signed 1/24/40.

F 65359

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 65359

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1807 Frederick Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1807 Frederick Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 56 years

3 (a) FULL NAME Pauline Wolfe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife John Wolf

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) July 7, 1876

8. AGE: Years	Months	Days	If less than one day
63	6	16	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name William Kirmess
13. Birthplace Germany

MOTHER
14. Maiden Name Pauline Fish,
15. Birthplace Germany

16 (a) Informant John Wolf
(b) Address 1807 Frederick Avenue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/40 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore City

18 (a) Funeral director George W. Little
(b) Address 2700 Edmondson Avenue

19 (a) [illegible] (Date received by registrar)

JAN 29 1940

MEDICAL CERTIFICATION 1155P

20. DATE OF DEATH January 27 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Cardio vascular renal disease — Duration
Due to Obesity
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.
Date signed 1/24/40

65360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. F 65360

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3703 Forest Park Ave
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 48-7-4

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ✓
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3703 Forest Park Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Edith Prince Avery

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife J. Robert Avery
6 (c) If alive, give age 44 years
7. Birth date of deceased (mo., day, yr.) June 18-1891
8. AGE: Years 48 | Months 7 | Days 4 | If less than one day ____ hr. ____ min.
9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Conrad Prince
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Carolyn Smith
15. Birthplace Baltimore Md

16 (a) Informant Mrs J Robert Avery
(b) Address 3703 Forest Park Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md
18 (a) Funeral director Wm J Gessner & Sons
(b) Address 1 N Eutaw
19 (a) JAN 25 1940 (Date received by Registrar) (b) Registrar's signature [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22nd 1940 at 9:45 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 1936 to Jan. 22 1940 and that I last saw her alive on Jan 22 1940

Immediate cause of death	Duration
Carcinoma of Lungs	1 year
Due to Carcinoma of Breast	3 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations Carcinoma
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Homer L. Dodd M. D.
Address 735 N. Fulton Ave Date signed 1/24/40

VS 3

65361

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1 80

F 65361

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 705 Druid Hill Ave
(c) Hospital or institution:
D. U. A. Provident Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town 705 Druid Hill Ave
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore, Md
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph B. Handy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Married (changed)

6 (b) Name of husband or wife Josephine Handy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 52 | Months | Days | If less than one day: hr. min.

9. Birthplace Tyaskin, Md
(Town, county, and state)

10. Usual Occupation Oyster shucker

11. Industry or business

MOTHER / FATHER

12. Name Hiram J. Handy

13. Birthplace Tyaskin Md

14. Maiden Name Sarah Laws

15. Birthplace Tyaskin Md

16 (a) Informant Alethia Green-Nice

(b) Address 1535 E Monument St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 25 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location

18 (a) Funeral director Robert H. Young

(b) Address 804 N. Caroline St

(b) [illegible] Williams, M.D. Registrar

(Date rec'd by registrar) JAN 25 1940

MEDICAL CERTIFICATION 8 10a

20. DATE OF DEATH January 23 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Extensive Burns — **Duration**

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1/23/40
(c) Where did injury occur? 705 Druid Hill Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Burns on face

23. Signature [illegible] and Dept M.D.
Medical Examiner

Date signed 1/24/40

JAN 25 1940

65362 F 489 ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 159

F 65362

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day (10 hr.)
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 756 Bradley Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Baby Moore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	C	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-14-40

8. AGE: Years	Months	Days	If less than one day
			9 hr. 52 min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Harvey Thomas Moore
13. Birthplace Virginia

MOTHER
14. Maiden Name Thelma Edna McHoney
15. Birthplace Baltimore, Md.

16 (a) Informant Thelma Edna M. Moore
(b) Address 756 Bradley Street

17 (a) ____ (b) Date thereof ____
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL JAN 25 1940
Location

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) ____ (b) ____
(Date rec'd by registrar)

JAN 25 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14 1940, at 8.12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-14 1940, to 1-14 1940, and that I last saw her alive on 1-14 1940.

Immediate cause of death Respiratory Failure — Duration

Due to Congenital Atelectasis

Due to Prematurity

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M B Butler M. D.
Address Provident Hospital Date signed 1/27/40

65363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 65363 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3301 Park Hts. Ave. (If rural give location) Park Circle
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Samuel A. Klein

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Reba
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 15 1890

8. AGE: Years	Months	Days	If less than one day
49	4	9	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Owner of
11. Industry or business Cooperage Business

FATHER
12. Name Yosseph Rabinowsky
13. Birthplace Russia

MOTHER
14. Maiden Name Rebecca ?
15. Birthplace Russia

16 (a) Informant Mrs. Reba Klein
(b) Address 3301 Park Heights ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rodale
Location Philadelphia Rd.

18 (a) Funeral director Sol Levinson & Bros.
(b) Address 1124-26 W. North ave.

19 (a) JAN 25 1940 (b) [illegible] (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/24 1940, at 10:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/22 1940 to 1/24 1940.
and that I last saw h[illegible] alive on 1/24 1940.

Immediate cause of death Toxemia — Duration 3 days
Due to Gangrene of left leg — 3 days
Due to ?
Other Conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney Deforlis M. D.
Address Sinai Hospital Date signed

VS 3

64

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 65364

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 947 Madison
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 947 Madison ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 17 years

3 (a) FULL NAME May Legum

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex: Male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Ida

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 25, 1884

8. AGE: Years 55 | Months 5 4 | Days 30 29 | If less than one day: hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation owner of Tailoring

11. Industry or business cleaning & pressing clothing

FATHER
12. Name Edward Legum
13. Birthplace Russia

MOTHER
14. Maiden Name Cecelia —
15. Birthplace Russia

16 (a) Informant Dr Samuel Legum
(b) Address 947 Madison ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25 40 (month) (day) (year)

(c) Cemetery or crematory Hebrew Herring Run
Location Phyllis Road

18 (a) Funeral director Sol Levinson & Bro
(b) Address 124-26 W North ave

19 (a) [illegible] Thursday Jan 25 1940

JAN 25 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1940, at 11½ M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-14 1940, to 1-24 1940 and that I last saw h[illegible] alive on 1-24 1940.

Immediate cause of death: acute coronary occlusion — Duration

Due to

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard Glaser M. D.
Address Marlborough Date signed 1-25-40

365

HEALTH DEPARTMENT—CITY OF BALTIMORE F 65365

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 632 N. Biddle St., 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Washington

If U. S. Veteran specify WAR

(a) Residence: No. 632 N. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Nov. 14, 1885

7. AGE: Years 54 | Months 2 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Miss Lucy Washington
(Address) 1538 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Jan 27 1940

19. UNDERTAKER: Mrs. Frances A. Hemsley
(Address) 576 N. Biddle St.

20. FILED 19
Registrar

JAN 25 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1940 to Jan 24, 1940

I last saw h[illegible] alive on Jan 24, 1940 Death is said to have occurred on the date stated above, at 2:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of trans verse Colon	?
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J. Mullahey M. D.

(Address) 820 Druid Hill Ave

5366

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65366

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 N. Carrollton St. 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm. Henry Curtis

If U. S. Veteran specify WAR

(a) Residence: No. 710 N. Carrollton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Lucy Curtis

6. DATE OF BIRTH (month, day, year) Dec. 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Lewis Curtis

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Maria Hutchins

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Ruby Curtis

(Address) 710 N. Carrollton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Jan. 27, 19[illegible]

19. UNDERTAKER Mrs. Francis A. Chrystie

(Address) 578 W. Baltimore St.

20. FILED [illegible] Registrar

JAN 25 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-21, 1940 to 1-24, 1940

I last saw him alive on 1-23, 1940 Death is said to have occurred on the date stated above, at 12:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	1-24-40
Other contributory causes of importance: Cardio-Vascular-Renal Disease	

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. Hughes M. D.

(Address) 825 N. Fremont Ave

65367 .

F 65367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. 3698

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2240 Madison Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 61 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2240 Madison Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Annie Wallace

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Joseph Wallace (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-?-1868

8. AGE: Years 71 | Months 3 | Days | If less than one day hr. min.

9. Birthplace Calvert Co. Md (Town, county, and state)

10. Usual Occupation House work

11. Industry or business own Home

MOTHER - FATHER

12. Name Wm. Freeland
13. Birthplace Calvert Co. Md
14. Maiden Name Eliza Booze
15. Birthplace Calvert Co. Md

16 (a) Informant Edmonia Murray
(b) Address 2240 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/40 (month) (day) (year)
(c) Cemetery or crematory Arlington
Location

18 (a) Funeral director Thos. E. Kelson
(b) Address 1303 Pleasant Ave

19 (a) JAN 25 1940 (Date received by registrar) (b) Huntington Maryland

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1940, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-1-1939, to 1-24-1940, and that I last saw her alive on 1-23-1940.

Immediate cause of death Myocarditis — Duration 6 mo.?

Due to Unknown

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank A. Saunders M. D.
Address 1029 N. Stricker Date signed 1-24-40

F 65368 F4478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 65368

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 14 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2912 Dupont Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Nadeau Margaret Elizabeth

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 10, 1940

8. AGE: Years	Months	Days	If less than one day
—	—	14	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Elwin J. Nadeau
13. Birthplace Maine

MOTHER
14. Maiden Name Beatrice Spiller
15. Birthplace Maine

16 (a) Informant Beatrice Nadeau
(b) Address 2912 Dupont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/25/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto.

18 (a) Funeral director C. Vernon Lemmon
(b) Address 741 Park Heights
(c) Hunter & Von Williams Reg. No.

JAN 25 1940
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24, 1940, at 11:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 10, 1940, to Jan 24 1940, and that I last saw her alive on Jan 24 1940.

Immediate cause of death Bronchopneumonia Prematurity — Duration 24 hrs. 1 mo.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. J. Vollmer M. D.
Address Mercy Hospital Date signed 1-24-40

VS 3

F 65369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-C

F 65369 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel Co
(c) City or town Hanover (If outside city or town limits, write RURAL and give town)
Street No. 251 Box 14 A Hanover (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME JOSEPH KITTL - Joseph J. KITTL

3 (b) If veteran, name war Spanish American | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Emma K. Kittl

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 6 1881

8. AGE: Years 68 | Months 5 | Days 16 | If less than one day: hr min

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Sergt U.S. ARMY

11. Industry or business U.S. ARMY

FATHER 12. Name ? - Kittl

13. Birthplace Germany

MOTHER 14. Maiden Name unknown

15. Birthplace Germany

16 (a) Informant Jno Lenhardt

(b) Address 100 Blk Nu Rue Ken St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/25/40 (month) (day) (year)

(c) Cemetery or crematory Baltimore National

Location Baltimore Maryland

18 (a) Funeral director C. B. Shepherd Son

(b) Address 1300 Eutaw Place

19 (a) JAN 25 1940 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22 1940 at 11 00 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquest) obtained by said inquiry find that said deceased came (Autopsy or Inquest) to his death on the day stated above.

Immediate cause of death: Fracture, skull, left temporal + parietal area — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence January 22 1940
(c) Where did injury occur? Work. Yard near shop (Town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial place While at work? (Specify type of place)
(e) Means of injury Fell from top of car crashed by crane

23. Signature H. K. Wallenmeyer M.D. Medical Examiner.

Date signed Jan 22 1940

VS 6

F 65370

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53

F 65370

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1347 Lorraine Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(b) Street No. 1347 Lorraine Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 5 years

3 (a) FULL NAME Charles F. Wollschlager

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife: Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 28 1857

8. AGE: Years	Months	Days	If less than one day
82	11	2625	— hr. — min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER 12. Name Adolph Wollschlager
FATHER 13. Birthplace Germany

MOTHER 14. Maiden Name Unknown
MOTHER 15. Birthplace Germany

16 (a) Informant Mrs. Alma Davis
(b) Address 1347 Hanover Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore Maryland

18 (a) Funeral director F. B. Shepherd & Son
(b) Address 300 Eutaw Place

19 (a) JAN 25 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1940, at 1 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 20 1940, to Jan 23 19—, and that I last saw h alive on Jan 23 40.

Immediate cause of death Cerebral Hemorrhage — Duration 3 days
Due to Arteriosclerosis
Due to Cancer of nose over 10 yrs
Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Ed. L. Zimmerman M. D.
Address 2858 Harford Ave Date signed 1/25/40

VS 3

2858

371

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65371

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 28 S. Patterson Park Ave / 1-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME RICHARD KENNARD THURSBY

If U. S. Veteran specify WAR

(a) Residence: No. 28 S. Patterson Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Thursby

6. DATE OF BIRTH (month, day, year) Oct. 12. 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Highways Engineers Dept.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore City.

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME David U. Thursby

14. BIRTHPLACE (city or town) (State or country) Washington D. C.

MOTHER

15. MAIDEN NAME Henrietta Kennard

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Anna B. Fairbanks (Sister)

(Address) 3420 Mondawmin Ave.

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cem. Place Jan. 25. 1940 Date 19

19. UNDERTAKER HENRY SANDER & SONS, INC. by T. Sander

(Address) Baltimore & Broadway,

20. FILED JAN 25 1940 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22. 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20 19 39 to Jan. 22 19 40

I last saw h. alive on Jan. 22 19 40 Death is said to have occurred on the date stated above, at 9.50 P. M.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Pulmonal Oedema	
Other contributory causes of importance:	
Metastasis (Generalized)	1 Mo.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isaac H. Steinberg M. D.

(Address) 2002 E. Baltimore St.

Ailes

5372 HEALTH DEPARTMENT—CITY OF BALTIMORE 65372

CERTIFICATE OF DEATH

61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hosp St. 11-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 24 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME George Giles

If U. S. Veteran specify WAR

(a) Residence: No. Delta, Pennsylvania St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Treatment

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Giles.

6. DATE OF BIRTH (month, day, year) Sept 25 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	4	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Iron Worker.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Co Pa

FATHER

13. NAME Wm C Giles

14. BIRTHPLACE (city or town) (State or country) York Co Pa

MOTHER

15. MAIDEN NAME Jane Cornick

16. BIRTHPLACE (city or town) (State or country) York Co Pa

17. INFORMANT Elizabeth Giles

(Address) Delta Pa.

18. BURIAL, CREMATION, OR REMOVAL Place Delta York Co Pa Date Jan 29 1940

19. UNDERTAKER Herbert P Hoskins

(Address) Delta, Pa.

20. FILED 19 Registrar

JAN 25 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1940 to Jan 25, 1940

I last saw him alive on Jan 25 1940 Death is said to have occurred on the date stated above, at 6 50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	
Other contributory causes of importance:	
Gangrene	
Septicemia	

Was an operation performed? yes Date of 1/14 & 1/15/40

For what disease or injury? Diabetic Gangrene

Name of operation Amputation of Toe; Amput of Thigh

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. R. Trumpbour M. D.

(Address) Md. General Hospital

F 65373

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-C

F 65373 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 hrs 20 mins
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 924 Jordan St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Ervin Young.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Widowed

6 (b) Name of husband or wife Maggie Young
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
68			..... hr. ..... min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Plasterer
11. Industry or business

FATHER
12. Name Irving Young
13. Birthplace [illegible]

MOTHER
14. Maiden Name [illegible]
15. Birthplace [illegible]

16 (a) Informant Charles Young
(b) Address 828 Vine St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-27-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Wilson-Balto Md

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Dolphin St.

19 (a) Date received JAN 25 1940 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-23- 1940 at 4:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-22-1940 to 1-23-1940 and that I last saw h..... alive on 1-23-1940.

Immediate cause of death Cerebral Hemorrhage — Duration 20 hrs
Due to Arterio-sclerosis — ?
Due to Cardiac Hypertrophy
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Generalized Arterio-sclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. F. Maloney M. D.
Address Provident Hospital Date signed 1/27/40

VS 2

F 65374 ✓ F 65374

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3724 Harford Road
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ✓
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3724 Harford Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Annie D. Sinclair

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Edward A. Sinclair

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 6 - 1874

8. AGE: Years 65 | Months 5 | Days 18 | If less than one day: hr. min.

9. Birthplace Talbot Co. Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Isaac Henry
13. Birthplace Talbot Co. Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs Gladys Simmons
(b) Address 3724 Harford Road

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Jan (month) (day) 1940 (year)
(c) Cemetery or crematory Methodist
Location Highlands - Talbot Co. Md

18 (a) Funeral director Wm. J. Seehorn & Sons
(b) Address Keith & Pennsylvania Aves

JAN 25 1940 Registered by Registrar Hunting for Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 24 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1940 to Jan 24 1940 and that I last saw her alive on Jan 23 1940.

Immediate cause of death: Chronic Interstitial Nephritis — Duration 3 Years

Due to

Due to

Other Conditions Chronic Myocarditis 5 years

(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. T. Gordy M. D.

Address 5706 Harford Rd Date signed 1-24-40

F 65375

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 65375 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2524 EAST BALTIMORE ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) LIFE
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2524 EAST BALTIMORE ST (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME FRANCES SCHAECH

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife JOSEPH SCHAECK
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) JAN. 11 1869

8. AGE: Years	Months	Days	If less than one day
71	0	12	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER 12. Name UNKOWN
13. Birthplace GERMANY

MOTHER 14. Maiden Name MARGARET LOHEIS
15. Birthplace GERMANY

16 (a) Informant JOSEPH SCHAECH HUSBAND
(b) Address 2524 EAST BALTIMORE ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 27/40 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER CEM.
Location BELAIR ROAD

18 (a) Funeral director Lilly & Zeilenhofer
(b) Address 403 S. WOLFE ST. Hunters or Pikesville, Md.

JAN 25 1940 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 23 1940 6:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 15 1939 to Jan. 23 1940 and that I last saw h alive on Jan. 23 1940

Immediate cause of death

Due to Myocardial Insufficiency — Duration 3 yrs.

Due to

Other Conditions Diabetes Mellitus 5 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry E. Nolan M.D.
Address 3 W. Biddle signed 2-4-40

VS 8

65376

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. 65376

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2862 Mayfield Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME George Bernard HOLMES

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.: Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 12, 1895

8. AGE: Years	Months	Days	If less than one day
44	9	11	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation R. R. Car Inspector
11. Industry or business Railroad B & O.

FATHER
12. Name George Holmes
13. Birthplace ~~Unknown~~ Balto. Md

MOTHER
14. Maiden Name Annie C. Bacon
15. Birthplace ~~Unknown~~ England

16 (a) Informant Records - U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/40 (month) (day) (year)
(c) Cemetery or crematory Mount Calvary
Location Balto Md

18 (a) Funeral director George J. Roth Inc
(b) Address 1230 Hartford Ave Balto Md

JAN 25 1940 (Date rec'd by registrar) (b) Undertaker's address Baltimore, Md.

VS 3 20-53105-1310-1480

MEDICAL CERTIFICATION

20. DATE OF DEATH January 23, 1940 at 9:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 19, 1940, to Jan. 23, 1940. and that I last saw h alive on Jan. 23, 1940.

Immediate cause of death Myocardial degeneration — Duration: Unknown

Due to Arteriosclerosis, general — Duration: Unknown

Due to — Duration:

Other Conditions — Duration:

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy No autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. M. H. Anderson M. D.
Address U.S. Marine Hospital, Baltimore, Maryland. Date signed 1-23-40

65377

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-A

Registered No. F 65377

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Nolan's
(b) Street address 525 South Monroe St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Ins
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1517 E. Lanvale St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — — — years

3 (a) FULL NAME MARY M. DILLMAN

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife Jacob M. Dillman
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 2/21/1880

8. AGE: Years	Months	Days	If less than one day
59	11	3	— hr. — min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name James V. Dwyer
13. Birthplace Ireland

MOTHER
14. Maiden Name Hannora Hentley
15. Birthplace Ireland

16 (a) Informant Joseph M. Dillman
(b) Address 1517 - E. Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md.

18 (a) Funeral director George J. Roth Inc
(b) Address 35 Maryland Ave

19 (c) JAN 25 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 24 1940, at 9:55 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration sudden

Due to —

Due to —

Other Conditions Obesity.
(Include pregnancy within 3 months of death)

Major findings:
Of operations None history
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H L Wollenweber M.D.
Medical Examiner.
Date signed Jan 24, 1940

VS 6

F 65378

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-G Registered No. F 65378

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo19da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1731 Aisquith Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George HEINLEIN

3 (b) If veteran, name war: SAW
3 (c) Social Security Account No.: Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Carrie B. Brown
6 (c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): July 13, 1877

8. AGE: Years	Months	Days	If less than one day
62	6	11	hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Laborer
11. Industry or business: Penn. R. R.

FATHER
12. Name: Christian Heinlein
13. Birthplace: Germany

MOTHER
14. Maiden Name: Susan Derr
15. Birthplace: Havre de Grace, Md.

16 (a) Informant: Records-U. S. Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/40 (month) (day) (year)
(c) Cemetery or crematory: Lakewood
Location: Balto. Md.

18 (a) Funeral director: George J. Ruth Jr.
(b) Address: 123 Harford Ave

19 (a) Date received by Registrar JAN 25 1940 (b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 24, 1940 at 4:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from December 5, 1939 to Jan. 24, 1940 and that I last saw h im alive on Jan. 24, 1940

Immediate cause of death	Duration
Acute cholangitis	3 mo.
Due to Carcinoma of pancreas with metastasis to liver	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation: Exploratory Laparotomy
Of autopsy: Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature O. E. Denney M. D.
Address U.S. Marine Hospital, Baltimore, Maryland. Date signed 1-24-40

65379

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 65379

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 89 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1111 Edmonson Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eli Jones (49649)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Div.

6 (b) Name of husband or wife Josephine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 29, 1876

8. AGE: Years	Months	Days	If less than one day
63	10	27	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Sells Ice
11. Industry or business

FATHER
12. Name Charles W. Jones (D)
13. Birthplace Md.

MOTHER
14. Maiden Name Ozellah Linthicum
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Gilead Cem
Location Balto. Co.
18 (a) Funeral director J. F. Eline & Son
(b) Address Westminster, Md.
19 (a) JAN 25 1940 (Date rec'd by registrar) (b) Hunting for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25, 1940, at 2:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from October 28 1939, to Jan. 25, 1940, and that I last saw him alive on Jan. 25, 1940.

Immediate cause of death Tuberculosis of the lungs — Duration Oct '39

Due to

Due to Ichthyosis congenital

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Falconi M. D.
Address Balto. City Hospitals Date signed 1-25-40

VS 8

F 65380

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

Registered No. F 65380

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Died in
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1431 Lawrence St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME WILLIAM GORDON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	married

6 (b) Name of husband or wife Bessie Gordon
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Oct 12, 1888

8. AGE: Years	Months	Days	If less than one day
51 52	3	12	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Unknown

FATHER
12. Name Unknown
13. Birthplace " "

MOTHER
14. Maiden Name Unknown
15. Birthplace " "

16 (a) Informant Bessie Gordon
(b) Address 1431 Lawrence st

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1/26/40 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location Balto. Co Md

18 (a) Funeral director Jas. M. Skinner
(b) Address 927 N. Mount St

19 JAN 25 1940 (Date filed by registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 24 1940, at 5 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Tuberculosis pulmonary acute — Duration: some years
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. T. L. Wallenmeyer M.D. Medical Examiner
Date signed Jan 25, 1940

65381

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65381

CERTIFICATE OF DEATH

14

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp. 27-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Aubry James

If U. S. Veteran specify WAR

(a) Residence: No. 521 Piedmont Ave (Usual place of abode) St, Ward. SS No 216-03-1202 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Cornelia J James

6. DATE OF BIRTH (month, day, year): May 20 1886

7. AGE — Years: 53 | Months: 8 | Days: 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stone Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Stone Co

10. Date deceased last worked at this occupation (month and year): 1940

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Smithville Md

FATHER

13. NAME: Lemuel B James

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Rose Gilbert

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Cornelia James

(Address) 521 Piedmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Bethany Date: 1/27 1940

19. UNDERTAKER: Pallhorn Bros

(Address) 1217 N Carey St

JAN 25 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-24-40 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-22-40 1940 to 1-24-40 1940

I last saw him alive on 1-24-40 1940. Death is said to have occurred on the date stated above, at 11 25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1940

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Cruzat M. D.

(Address) St Josephs Hosp

382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 65382 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1627 Abbott Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1627 Abbott St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Della Clark

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife William
6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) Sept 23, 1909

8. AGE: Years	Months	Days	If less than one day hr.	min.
30	3	29		

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Louis Smith
13. Birthplace Md

MOTHER
14. Maiden Name Rhoda Bantam
15. Birthplace Md.

16 (a) Informant William Clark
(b) Address 1627 Abbott St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery Cem
Location G. A. Co. Md.

18 (a) Funeral director Mrs R A Elliotts Daughter
(b) Address 1124 N. Carolina St.

19 (a) Jan 25 1940 (Date rec'd by registrar) (b) Filed by Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 1940, at 3 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 15 1939 to Jan 22 1940, and that I last saw h alive on Jan 22 1940.

Immediate cause of death

Acute nephritis — Duration 12/2/39

Due to

Due to

Other Conditions Chr Myocar Infec — 8/15/39

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Calvin B. LeCompte

Address 111 N Carolina St Date signed 1/25/40

HEALTH DEPARTMENT—CITY OF BALTIMORE

65383

CERTIFICATE OF DEATH

1940 F 65383

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. Linden Ave & Madison Ave) Ward 23

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 6 dys. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ dys.

2. FULL NAME Mrs. Carrie L. Lee

If U. S. Veteran specify WAR _____

(a) Residence: No. Sykesville Road Ward. Carroll Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 6, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	75	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Mr. Jos. Allen

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Miss Mary Richardson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Elmer E. Lee
(Address) Springfield Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 1-27-40

19. UNDERTAKER Harry Wells
(Address) Sykesville Md

20. FILED JAN 25 1940 Hunter M. Hollerith, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-25, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-19, 1940 to 1-25, 1940

I last saw her alive on 1-25-, 1940 Death is said to have occurred on the date stated above, at 1:19 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Left Lung	
Chronic Myocarditis	
Other contributory causes of importance:	

Was an operation performed? ___ Date of ___

For what disease or injury? ___

Name of operation ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___
If so, specify ___

(Signed) L. C. Rost, M. D.

(Address) Maryland Gen. Hosp.

OCCUPATION is very important. See instructions.

V8 3

F 65384

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 65384

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Washington Blvd & Monroe st
(c) Hospital or institution:
U.S.A. Franklin Sq. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Stat. N.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town ~~Baltimore~~ Halethorpe
(If outside city or town limits, write RURAL and give town)
(d) Street No. Spring Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME William M. Long

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Estella Long.
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb. 21-1881

8. AGE: Years	Months	Days	If less than one day
58	11	3	hr. ..... min.

9. Birthplace Nebraska (Town, county, and state)
10. Usual Occupation Pipefitter.
11. Industry or business B & O. RR.

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Walter Hulse
(b) Address 18 Ashburne Ave Halethorpe

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md.

18 (a) Funeral director Geo Lowery Jr
(b) Address 1572 Hollins St

19 JAN 25 1940 (Date rec'd by registrar) Hunting for Williams, M.D. (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1940, at 7:00 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquest) thereon and from the evidence obtained by said ..... (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death Coronary occlusion — Duration .....
Due to ..... — Duration .....
Due to ..... — Duration .....
Other Conditions ..... — Duration .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature H. M. Blanchard M.D. (Medical Examiner)
Date signed 1/24/40

5385

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-6 Registered No. F 65385

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette and Pulaski Sts
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2117 Penrose Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 59 years

3 (a) FULL NAME William Ellison

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Emma Ellison
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-26-54

8. AGE: Years	Months	Days	If less than one day
85	7	29	hr. min.

9. Birthplace England (town, county, and state)
10. Usual Occupation retired machinist
11. Industry or business B. & O. R.R.

FATHER
12. Name Richard Ellison
13. Birthplace England

MOTHER
14. Maiden Name Martha
15. Birthplace England

16 (a) Informant Mrs. Emma Ellison
(b) Address 2117 Penrose Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 27-1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park Cemetery
Location Baltimore Co. Md.

18 (a) Funeral director George L. Lehnert
(b) Address 2101 Frederick Ave

19 (a) JAN 25 1940 (Date rec'd by registrar) (b) Attested by Hollingsworth M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1940, at 6 50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1940, to Jan 24 1940, and that I last saw h im alive on 1-24-1940.

Immediate cause of death	Duration
Arteriosclerotic gangrene of leg	9 days.
Due to Chronic nephritis & uremia	1 week
Due to Generalized arteriosclerosis.	years
Other Conditions Arteriosclerotic heart disease with hypertension (Include pregnancy within 3 months of death)	years.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. McClafferty M. D.
Address Bon Secours Hosp. Date signed 1-24-40

65386

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 65386

1. PLACE OF DEATH:

(a) Baltimore City, Marylapd

(b) Street address 1509 William st

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 53yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto. City

(c) City or town Balto. Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 1509 William st (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME George M. Rickards

3 (b) If veteran, name war

3 (c) Social Security Account No. no

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Hattie V. Rickards

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov. 24 1864

8. AGE: Years 75 | Months 2 | Days - | If less than one day: hr. ..... min.

9. Birthplace Frederick Co. Md (Town, county, and state)

10. Usual Occupation Retired B&O Engineer

11. Industry or business

FATHER

12. Name Francis Rickards

13. Birthplace Frederick Co Md

MOTHER

14. Maiden Name Lyma. Ring

15. Birthplace Frederick Co Md

16 (a) Informant Hattie V. Rickards

(b) Address 1509 William st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27 1940 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet Cem

Location Frederick City

18 (a) Funeral director A. Rowland Evans

(b) Address 1400-02 Eutaw St Baltimore, Md.

19 (a) JAN 25 1940 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1940, at 10:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 13 1938, to Jan 24 1940.

and that I last saw h[illegible] alive on Jan 24 1940.

Immediate cause of death: Senile asthenia, Chronic Myocarditis — Duration: 3yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. H. Bergamo M. D.

Address 436 E Fort Ave Date signed 1/24/40

VS 3

65387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 65387

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days) 28 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Braddock Heights
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel E. Tucker

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
71	-	-	hr. min.

9. Birthplace Wash. D.C. (Town, county, and state)
10. Usual Occupation Retired Passenger
11. Industry or business

FATHER
12. Name Charles Tucker
13. Birthplace Wash D.C.

MOTHER
14. Maiden Name Mary ?
15. Birthplace Wash. D.C.

16 (a) Informant Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/40 (month) (day) (year)
(c) Cemetery or crematory St Pauls Luth. Cem.
Location Jefferson, Md.

18 (a) Funeral director M. B. Eichelberger & Son
(b) Address Frederick Md.

19 (a) JAN 25 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/25 1940, at 2.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/28 1939 to 1/25 1940, and that I last saw h[illegible] alive on 1/25 1940.

Immediate cause of death	Duration
Epithelioma of Oesophagous	4 mo.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Gastrostomy for feeding.
Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard Kummer Jr. M.D.
Address Mercy Hospital Date signed 1/27/40

VS 3

F 65388

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 65388

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1171 Cleveland St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 81yrs 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1171 Cleveland St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Barbara Eichorn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex Fem. | 5 Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband ~~or wife~~ Chas Eichorn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5 1858

8. AGE: Years 81 | Months 8 | Days 19 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation None.

11. Industry or business

FATHER
12. Name John Depser
13. Birthplace Germany

MOTHER
14. Maiden Name E. Witzfall
15. Birthplace Germany

16 (a) Informant Mrs B. Smyth
(b) Address 1171 Cleveland St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Front Ave.

18 (a) Funeral director Geo. H. Leimbach
(b) Address 525 N. Lynchurst St

19 (a) JAN 25 1940 (Date Rec'd by registrar) (b) Signature of Registrar Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-24- 1940, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 - 1939 to 1-24- 1940, and that I last saw h[illegible] alive on Jan 25 1940.

	Duration
Immediate cause of death: Cerebral Hemorrhage	9 days
Due to:	
Due to:	
Other Conditions: Uterine Adenoma Actual Hyperplasia (Include pregnancy within 3 months of death)	1/9/39

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Shepherd Dean M. D.
Address [illegible] Date signed

VS 1

65389 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 65389

CERTIFICATE OF DEATH 195-D

1. **PLACE OF DEATH**

CITY OF BALTIMORE: (No. University Hospital St. 4 W Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. 5 da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. **FULL NAME** Helen Bartles

If U. S. Veteran specify WAR _____

(a) Residence: No. _____ St., _____ Ward. Hagerstown, Maryland

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Jan 15 1936

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
4	—	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Hagerstown Maryland

FATHER

13. NAME Charles Bartles

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Nora Shanks

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Community Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Hagerstown Date Jan 27 1940

19. UNDERTAKER Andrew K Coffman

(Address) Hagerstown, Md.

20. FILED _____ 19 _____ Registrar

JAN 26 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from January 21, 1940 to January 25 1940

I last saw h alive on January 25 1940 Death is said to have occurred on the date stated above at 5.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Asphyxia due to acute laryng-trachea-bronchitis	Hours, Days, Weeks, Months, Years
Other contributory causes of importance: Foreign body (glass) in left bronchus	

Was an operation performed? Yes Date of operation January 23 1940

For what disease or injury Foreign body left bronchus

Name of operation Bronchoscopy

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/21 1940

Where did injury occur? Hagerstown Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Shard on glass tumbler

Nature of injury Pen + 2 ballbearings in finger

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Edwin R Ruzzda M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

65390 — CERTIFICATE OF DEATH — 65390

1X / 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 4-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Nellie Musgrave

(a) Residence: No. Cambridge MD St., ... Ward. Howard Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Stephen W. Musgrove

6. DATE OF BIRTH (month, day, year) June 8 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

FATHER

13. NAME James Hobbs

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sophia E. Hobbs

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. S. W. Musgrove

(Address) Cooksville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Harmony Cem. Date Jan. 28, 1940

19. UNDERTAKER C. M. Waltz

(Address) Mayfield - Md

20. FILED Jan 28 1940 — [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 26, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 20th, 1940, to Jan 26th, 1940

I last saw him alive on Jan 26th, 1940. Death is said to have occurred on the date stated above, at 12 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	1/18/40
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) John A. Morgan, M.D. M. D.

(Address) University Hospital

OCCUPATION IS very important

JAN 26 1940

F 65391

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 65391
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2111 Bank St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2111 Bank St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 30 yrs years

3 (a) FULL NAME Julianna Jakubiak

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24 1885

8. AGE: Years	Months	Days	If less than one day
54	6	-	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business at Home

FATHER
12. Name Antoni Stugiak.
13. Birthplace Poland.

MOTHER
14. Maiden Name ?
15. Birthplace Poland

16 (a) Informant Sophie Fedelska
(b) Address 1108 Madison St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Oszczanski.
(b) Address 920 Eastern Ave.

19 (a) Filed JAN 26 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 24 1940, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 22 1940, to Jan. 24 1940, and that I last saw her alive on Jan. 24 1940.

Immediate cause of death Cerebral Hemorrhage — **Duration** 1 day

Due to Hypertension, Cardio Vascular Disease — Aug. 1939

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury —

23. Signature Seth F. Wenger M. D.

Address 209 E. Lexington St. Date signed 1/24/40

392 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 65392

CERTIFICATE OF DEATH

✓ 48-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 13-6 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mamie M. Walker

If U. S. Veteran specify WAR

(a) Residence: No. 3413 Keswick Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John A. Walker.

6. DATE OF BIRTH (month, day, year) Feb 23 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Frank Henderson

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Alvirita Johnson

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT John A. Walker

(Address) 3413 Keswick Road

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Date Jan. 27, 1940

19. UNDERTAKER Chenoweth & Donovan

(Address) 2415-17 Pennsylvania Ave.

20. FILED JAN 26 1940 Thurston Forman Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 - 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1939 to Jan. 24, 1940

I last saw her alive on Jan. 24, 1940 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix stage III	2 yrs
uretheral obstruction	2 mos.
with uremia	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 12-12-39

For what disease or injury? Urinary Retention

Name of operation Suprapubic Cystotomy.

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Raymond M. Cunningham M. D.

(Address) Univ. Hosp. Balto. Md

OCCUPATION IS very important—See instructions

VS 3

65393

HEALTH DEPARTMENT—CITY OF BALTIMORE

65393

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 818 Hollins St. 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME George J. Berentesis

If U. S. Veteran specify WAR .....

(a) Residence: No. 818 Hollins St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Helen Berentesis

6. DATE OF BIRTH (month, day, year) Dec 1 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME John Berentesis

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Helen Berentesis

(Address) 818 Hollins Street

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Jan 26 1940

19. UNDERTAKER Albert M Gregory

(Address) 440 E. North Ave.

JAN 26 1940 19.. ... Registrar.

OCCUPATION IS VERY Important

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1940 to Jan 24, 1940

last saw him alive on Jan 24, 1940 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Dil. Nephritis	6 mo

Other contributory causes of importance:

None

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following.

Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

1/25/40 (Signed) Thos. Norton, M. D.

(Address) 818 N Lombard St.

5394 50316-FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65394

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days 2 mths.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2006 E. Biddle St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Kemmer

3 (b) If veteran, name war NV

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 14, 1880

8. AGE: Years	Months	Days	If less than one day
59	10	11	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation unknown Salesman

11. Industry or business Self

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) 1-26 1940 (Date filed by registrar) (b) Hunting Town Williamsport Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-25 1940, at 1:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-20 1939, to 1-25 1940, and that I last saw h[illegible] alive on 1-25 1940.

Immediate cause of death Suppurative arthritis elbow — Duration 4 wks

Due to

Due to

Other Conditions Leukocytosis — over 4 yrs

(Include pregnancy within 3 months of death)

Major findings: Of operation, Suppurative arthritis elbow

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. K. Richardson Jr. M. D.
Address Balto City Hosp. Date signed 1-25 40

5395

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 65395

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2210 London Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-2

(e) Length of stay in Baltimore (yrs., mos., or days) 42 Yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2210 London Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rudolph W. Klein

3 (b) If veteran, name war: No | 3 (c) Social Security Account No.: None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Gertrude Klein

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 2 1880

8. AGE: Years 59 | Months 1 | Days 23 | If less than one day: hr. min.

9. Birthplace: New Jersey. (Town, county, and state)

10. Usual Occupation: Salesman

11. Industry or business: Jewelry

FATHER
12. Name: Jacob Klein.
13. Birthplace: New York U.S.

MOTHER
14. Maiden Name: Louise Meyer
15. Birthplace: New York U.S.

16 (a) Informant: Gertrude Klein
(b) Address 2210 London Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27, 40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Catonsville Md

18 (a) Funeral director Pellman
(b) Address 1219 E. Fayette St.

19 (a) JAN 26 1940 (Date received by registrar) (b) Hunting ton Indiana, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 1940, at 84 M

21. I certify that death occurred on the date above stated; that I attended deceased from December 19 38 to Jan 25 1940, and that I last saw him alive on 1/24/40 1940

Immediate cause of death: Cardiac failure — Duration

Due to

Due to: Carcinoma of tongue

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Theodore A. Schwartz, M. D.
Address Medical Arts Bldg. Date signed 1/26/40

VS 3

396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 65396 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 26 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town ~~Baltimore~~ Lansdowne
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3 English Consul Apt 412
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME PETER NYCHOLAS WEBER (Webber)

3 (b) If veteran, name war: W

3 (c) Social Security Account No. 216-05-7419

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
M	W	Married

6 (b) Name of ~~husband or~~ wife Winnie Webber
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 15 1874

8. AGE: Years	Months	Days	If less than one day: hr.	min
65	4	10		

9. Birthplace Metuchen N. J.
(Town, county, and state)

10. Usual Occupation Glass Blower
11. Industry or business Can Lowry Co.

MOTHER / FATHER

12. Name Peter Webber
13. Birthplace Germany
14. Maiden Name Julia Barrett
15. Birthplace Ireland

16 (a) Informant Peter R. J. Webber
(b) Address English Consul A.A.C.M.

17 (a) Removal (~~Burial, cremation, or~~ removal) (b) Date thereof 1/27/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Anderson
Location Madison Co. Indiana

18 (a) Funeral director Wm Cook
(b) Address 1217 St Paul St Huntington Ind Williams, Mgr

19 (a) JAN 26 1940 (Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25 1940, at 9 12 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said ~~inquest~~ (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death Coronary occlusion — Duration
Due to Arteriosclerosis General.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. H. Wollenmann M.D.
Medical Examiner.
Date signed Jan 25, 1940

65397

F 65397

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1313

Registered No. 3698

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1110 W. Lafayette Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 d

(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1110 W. Lafayette ave
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Mary Jiffetts

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife Henry Jiffetts

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 10 1871

8. AGE Years	Months	Days	If less than one day
68	9	13	hr. — min.

9. Birthplace Mecklenburg Co. Va
(Town, county, and state)

10. Usual Occupation House work

11. Industry or business Own home

FATHER

12. Name Burrell Patilla

13. Birthplace Va

MOTHER

14. Maiden Name Unknown

15. Birthplace Va

16 (a) Informant Ora Smith

(b) Address 1110 W. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Balto. Md.

18 (a) Funeral director Mrs. Geo H. Holland

(b) Address 163 Druid Hill Ave

JAN 26 1940 (Date received by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-23-1940, at 7:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-14-1940 to 1-23-1940, and that I last saw her alive on 1-22-1940.

Immediate cause of death Nephritis — Duration Unknown

Due to Unknown — Duration over

Due to

Other Conditions none known

(Include pregnancy within 3 months of death)

Major findings:

Of operations nephritis

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Thos A Saunders M. D.

Address 1 E 29 Strieker Date signed 1-23-40

F 65398

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 65398 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 701 W. Lombard St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alexander Wonsavich (51970) (Wonsojcz)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Sep.

6 (b) Name of husband or wife Amelia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1889

8. AGE: Years	Months	Days	If less than one day
50 ~~35~~	5	9 10	hr. min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation Presser

11. Industry or business

FATHER
12. Name John
13. Birthplace Lithuania

MOTHER
14. Maiden Name Amelia
15. Birthplace Lithuania

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 29-40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Ozarowski
(b) Address 1900 Eastern Ave

JAN 26 1940 (Date rec'd by registrar) (Signature) M. D. Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25, 1940, at 4:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 16, 1940 to Jan. 25 1940, and that I last saw him alive on Jan. 25, 1940.

Immediate cause of death Tuberculosis of the Lungs — Duration Dec 1939

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Balto. City Hospitals Date signed 1-25-40 M. D.

65399 HEALTH DEPARTMENT—CITY OF BALTIMORE 65399

CERTIFICATE OF DEATH

877 Registered No.

1. PLACE OF DEATH General German Aged Peoples Home
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 22 S. Athol Ave. St. 28-4 Ward)

Length of residence in city or town where death occurred 79 yrs. mos. 15 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Julia Messerschmidt
If U. S. Veteran specify WAR

(a) Residence: No. 22 S. Athol Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 8, 1861.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Adam Messerschmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret J. Jaeger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT General German Aged Peoples Home, Records, 22 S. Athol Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Jan. 26/40.

19. UNDERTAKER Harry W. Lutzke
(Address) 2101 Edmondson Ave.

20. FILED JAN 26 1940 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5/40, 19.., to Jan. 23/40, 19.. I last saw her alive on Jan. 23/40, 19.. Death is said to have occurred on the date stated above, at 11.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Unknown.
Other contributory causes of importance:	
Multiple Sclerosis	Unknown.

Was an operation performed? No. Date of None.
For what disease or injury? None.
Name of operation None.
What test confirmed diagnosis? None. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Harry Weidenschmidt M.D.
(Address) 933 Hanover St.

65400

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65400

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 McHenry St. St. 19-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elizabeth Belt

If U. S. Veteran specify WAR

(a) Residence: No. 1620 McHenry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND (or) WIFE of Late Charles E. Belt

6. DATE OF BIRTH (month, day, year) Oct. 20, 1855.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Daniel Battenfeld

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Ottman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Lula Kronberg
(Address) 1620 McHenry St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Jan. 26/40

19. UNDERTAKER Harry H. Leitzke
(Address) 101 Edmondson Ave.

20. FILED 19 Registrar

JAN 25 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from March, 5, 1938 to Jan. 24 1940

I last saw her alive on Jan 22 1940. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
chronic myocarditis	

Other contributory causes of importance:

generalized arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Nathan Romm M. D.

(Address) 206 S. Gilmor St

OCCUPATION is very important. See instructions on back of certificate.

F 65401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

F 65401 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1818 No Appleton St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1818 No Appleton St (If rural, give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Hannah Block

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Wht | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Louis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years 70 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Isreal Berman
13. Birthplace Russia

MOTHER
14. Maiden Name Etta
15. Birthplace Russia

16 (a) Informant Mr. Block - Son
(b) Address 1818 N. Appleton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-40 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Park Rd & Hamilton Ave

18 (a) Funeral director Jacob Young & Son
(b) Address 1429 E. Baltimore St

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

JAN 26 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1940, at 1:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 4, 1939 to Jan. 26 1940 and that I last saw her alive on Jan. 25, 1940.

Immediate cause of death: Carcinoma - (Rectum) — Duration about one yr.

Due to

Due to

Other Conditions: Myocardial failure

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan H. Shontz M.D. M.D.
Address 2351 Eutaw Pl. Date signed 1/26/40

F 65402

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-8 F 65402 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 228 N. Payson St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 76 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 228 N. Payson St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Luther H Thomas.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Annie B Thomas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 18 1857

8. AGE: Years	Months	Days	If less than one day
82	5	7	hr. min.

9. Birthplace Leesburg Va (Town, county, and state)
10. Usual Occupation Sheet Metal Worker
11. Industry or business (Self)

FATHER
12. Name Joseph B Thomas
13. Birthplace Leesburg Va.

MOTHER
14. Maiden Name Martha Moffet
15. Birthplace Leesburg Va.

16 (a) Informant Joseph H Thomas
(b) Address 228 N. Payson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jany 27 1940 (month) (day) (year)
(c) Cemetery or crematory London Park.
Location Balto Md

18 (a) Funeral director Harry A Tomarchio
(b) Address 4201 Ridgewood Ave

19 (a) Jan 26 1940 (b) Physician's Signature and M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 11 1940, to Jan 25 1940 and that I last saw h[illegible] alive on Jan 25 1940

Immediate cause of death ! Myocarditis Chronic — Duration

Due to

Due to Arteriosclerosis Chronic

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None held

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? None ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George C Thomson M. D.
Address 700 N. Eutaw St. Date signed 1/26/40

M. D. B. 1268-0

COVNER

F 65403 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 131-a F 65403

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1624 N. Bruce St. 15-2 Ward)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Coffman

(a) Residence: No. 1624 N. Bruce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. Color or Race: Colored.

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Cornelius Coffman.

6. DATE OF BIRTH (month, day, year): May 8, 1902

7. AGE: Years 37 | Months 8 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Accomac Co., Va.

FATHER

13. NAME: Arthur Knox

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Mary Drummer

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Cornelius Coffman
(Address) 1624 N. Bruce St.

18. BURIAL, CREMATION, OR REMOVAL
Place Accomac Co. Va. Date 1/27, 1940

19. UNDERTAKER: Thomas E. Kelson
(Address) 1362 Pennsylvania Ave

20. JAN 26 1940, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-24-, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-3-, 1940 to 1-24-, 1940

I last saw her alive on 1-24-40. Death is said to have occurred on the date stated above, at 11:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal Vascular Disease (Personal Knowledge)	1935

Other contributory causes of importance:

Name of operation: NO Date of: —

What test confirmed diagnosis? — Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO. If so, specify

(Signed) George C. Page M. D.

(Address) 816 N. Monroe St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Entry of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

F 65404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131-a F 65404

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1020 N. Eutaw St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Virginia Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 1020 N. Eutaw St., Ward, (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George Johnson

6. DATE OF BIRTH (month, day, year): March 12 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Charles Co. Md.

FATHER

13. NAME: George Butler

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Dan'l Johnson

(Address) 1020 N. Eutaw St.

18. BURIAL, CREMATION, OR REMOVAL. Place: Mt. Auburn Date: 1-27 19 40

19. UNDERTAKER: Mrs. Frances A. Hundley

(Address) 578 W. Baltimore St.

20. Filed JAN 26 1940 19 ... Registrar. Williams H.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 25 1940

22. I HEREBY CERTIFY, that I attended deceased from Jan 12 1940 to Jan 24 1940

Last saw ... alive on Jan 24 1940 Death is said to have occurred on the date stated above, at 12:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	9
	1

Other contributory causes of importance: Senility

Was an operation performed? No Date of

For what disease or injury?

Name of operation:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If a fatality

(Signed) ... M. D.

(Address) 1413 Druid Hill Ave

OCCUPATION is very important. See instructions on back of certificate.

VS 3

~~F 73794~~ ~~F 65405~~

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65405 Registered No. 47-F

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2328 Guilford Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Agnes Mary Wells

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Married

6 (b) Name of husband or wife Robert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years	Months	Days	If less than one day hr.	min.
52 51				

9. Birthplace Domestic MD (Town, county, and state)
10. Usual Occupation Cook
11. Industry or business

FATHER
12. Name William Turner
13. Birthplace MD

MOTHER
14. Maiden Name Emily Bond
15. Birthplace MD

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-40 (month) (day) (year)
(c) Cemetery or crematory Fairview
Location Harford Co. Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 JAN 26 1940 (Date received by Registrar) (b) Huntingtown, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN-24 1940, at 8.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN-17 1940, to JAN 24 1940, and that I last saw her alive on JAN 24 1940.

Immediate cause of death	Duration
Malignant tumor of mediastinum involving spinal cord	
Due to	
Due to	
Other Conditions Nephritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Tumor of mediastinum
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles E. Ireland M. D.
Address Johns Hopkins Hosp. Date signed 1-27-40

65406 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 65406 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 918 Ridgely Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

24

(a) FULL NAME Katherine Tierney

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Thomas (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 13, 1855

8. AGE: Years: 84 | Months: 1 | Days: 11 | If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: O.A.P.

11. Industry or business

FATHER
12. Name: Henry (d)
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Margaret Greenfield (d)
15. Birthplace: ?

16 (a) Informant: Records
(b) Address: Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 27, 1940 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: 3801 Frederick Ave.,
(d) Funeral director: L. Howard Strong
(e) Address: 715 Light St.,

19 (a) JAN 26 1940 (Date rec'd by Registrar) (b) Hunter Ave Williamsville, N.Y.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-24 1940 at 12:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-11 1940 to 1-24 1940.
and that I last saw alive on 1-24 1940.

Immediate cause of death	Duration
Bronchopneumonia	four days
Due to Intertrochanteric fracture left femur	2 weeks
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 1-11-40
(c) Where did injury occur? Baltimore (City or town) Md. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Fell at home

23. Signature R.K.Woodward M.D.
Address Balto City Hosp Date signed 1-24-40

(R.K.W.)

W. J. Madden, M.D. Chief Med Examiner

HEALTH DEPARTMENT—CITY OF BALTIMORE

65407 — CERTIFICATE OF DEATH — 13-B — 65407

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 N. Rose St. E. Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julius Napinski

If U. S. Veteran specify WAR

(a) Residence: No. 410 N. Rose St., Ward. No St. No.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Napinski

6. DATE OF BIRTH (month, day, year) Aug 22-1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery. Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary Napinski

(Address) 410 N Rose St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 1/27, 1940

19. UNDERTAKER William Fiackowski

(Address) 1613 Carlton

20. FILED JAN 26 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1930 to Jan. 24, 1940

I last saw him alive on Jan. 24, 1940 Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isidore L. Levy M. D.

(Address) 1324 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

VS 9

65408

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-B

Registered No. 65408

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 306 S. Stricker st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr 3
(e) Length of stay in Baltimore (yrs., mos., or days) 65

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 306 S. Stricker St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** Benjamin A. Steinman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed~~, or divorced
~~M.~~ M.	W.	Married

6 (b) Name of husband or wife Johanah Steinerman
(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 28th 1869

8. AGE: Years	Months	Days	If less than one day
70	6	26	hr. — min.

9. Birthplace ..... (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Frank Steinerman
13. Birthplace Germany

MOTHER
14. Maiden Name —
15. Birthplace Germany

16 (a) Informant Johanah Steinerman
(b) Address 306 S. Stricker st

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 1-27-40 (month) (day) (year)
(c) Cemetery or crematory Melvale Cem. Elkridge
Location Lot

18 (a) Funeral director A. Jones
(b) Address 111 S. Gilmor st

19 (a) JAN 26 1940 (Date rec'd by registrar) Huntington Woodward, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 24, 1940, at 4:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 21, 1940, to Jan. 24 1940, and that I last saw h im alive on Jan 23 1940.

Immediate cause of death: Urinary tract Hemorrhage — Duration: 2 weeks

Due to carcinoma unknown — over

Due to .....

Other Conditions generalized arteriosclerosis — unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Nathan Rauman
Address 206 S. Eutaw St Date signed 1/25/40

VS 3

5409

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 65409
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5907 Arabia Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
Street No. 5907 Arabia Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna E. Conrad

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1 - 1873

8. AGE: Years 66 | Months 8 | Days 22 | If less than one day: hr. min.

9. Birthplace Frederick Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business at Home

FATHER
12. Name William J. Conrad
13. Birthplace Md

MOTHER
14. Maiden Name Mary Jane Measell
15. Birthplace Md

16 (a) Informant Fannie E. Pige
(b) Address 5907 Arabia Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-40 (month) (day) (year)
(c) Cemetery or crematory Lakewood Cem
Location Loveland & Kuck
(b) Address 5305 Harford Rd.

JAN 26 1940

19 (a) (Date rec'd by registrar) Huntingtown Williamsport Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-23. 1940. at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1939. to 1/23 1940
and that I last saw he alive on 1/23 1940.

Immediate cause of death — Duration
Arteri Sclerosis
Hypertension

Due to

Due to

Other Conditions Cerebral Hemorrhage

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Edward Zollers, M.D.
Address 5103 Harford Rd. Date signed Feb 1/40

5410 F 65410

LB 28044

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or Institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs. 2 mth. 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1106 E. Federal St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 51 yrs. years

3 (a) FULL NAME James Manning

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. or Nov. 1855? 1854?

8. AGE: Years 85? Months ? Days ? If less than one day ____ hr. ____ min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation gardener

11. Industry or business

FATHER
12. Name Martin (d)
13. Birthplace Ireland

MOTHER
14. Maiden Name Nora Gannon
15. Birthplace Ireland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-40 (month) (day) (year)
(c) Cemetery or crematory St Mary Cemetery
Location

18 (a) Funeral director Leonard J. Rump
(b) Address 2205 Harford Road

(b) _____ Date rec'd by registrar JAN 28 1940 Huntington Williams, Registrar

VS 2-40

MEDICAL CERTIFICATION

20. DATE OF DEATH January 24 1940, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 5 1937, to Jan. 24 1940, and that I last saw him alive on Jan. 24 1940.

Immediate cause of death: Hypertensive cardiovascular disease — Duration between

Due to: ____ — Duration between

Due to: ____ — Duration between

Other Conditions: Generalized arteriosclerosis — Duration between

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward Lebolein M. D.
Address Balto City Hosp. Date signed 1-25-40

65411

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 65411

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1913 Mc Kean Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1913 Mc Kean Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Atlanta Beaven

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Arthur R.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 1 1866

8. AGE: Years	Months	Days	If less than one day
73	1	24	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation
11. Industry or business Housework

FATHER
12. Name John Anderson
13. Birthplace Baltimore

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Miss Edith Virginia Beaven
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md.

18 (a) Funeral director William J. Luken & Sons
(b) Address North & Pennsylvania Aves

19 JAN 26 1940 (b) Where was disease contracted if not at place of death? Home

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 1940, at 12 35 M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 30 1939. to Jan 25 1940.
and that I last saw h alive on Jan 25 1940.

Immediate cause of death
Bronchopneumonia — Duration 26 days
Dilatation of heart — 24 hours

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Fred B Jewett M. D.
Address 2516 Pennsylvania Ave Date signed Jan 26/40

65412

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

41-D

Registered No. F 65412

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 18 N. Ellamont Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
3-D-6
(d) Street No. 18 N. Ellamont St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Frank John Rummel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Pauline Rummel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 7, 1869

8. AGE: Years	Months	Days	If less than one day
70	1	17	hr. min.

9. Birthplace Wurttemberg, Germany (Town, county, and state)
10. Usual Occupation Silversmith
11. Industry or business Samuel Kirk & Sons

FATHER
12. Name ? Rummel
13. Birthplace Germany

MOTHER
14. Maiden Name Martha ?
15. Birthplace Germany

16 (a) Informant Mr. Edw. F. Rummel
(b) Address 18 N. Ellamont Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Pennsylvania Avenues.

19 JAN 26 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 24, 1940, at 1 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1938 to Jan 24 1940 and that I last saw h~~im~~ alive on Jan 24 1940.

	Duration
Immediate cause of death Carcinoma (lung)?	?
Due to Prostate (carcinoma)?	
Due to	
Other Conditions Cardiac decompensation	2 wks

(Include pregnancy within 3 months of death)

Major findings:
Operations ✓
Dead X-Ray therapy
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Kipper
Address 3321 Forest Date signed 1/25/40

VS 3

F 65413

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A

Registered No. F 65413

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 410 S Eqeter St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 42

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 410 S. Eqeter St (If rural give location)

(e) If foreign born, how long in U. S. A.? 42 years

3 (a) FULL NAME Ferdinando Gallo

3 (b) If veteran, name war No | 3 (c) Social Security Account No. No

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Nicolina

6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) March 5 1866

8. AGE: Years 73 | Months 10 | Days 18 | If less than one day hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Labor

11. Industry or business

FATHER 12. Name Dominick Gallo

13. Birthplace Italy

MOTHER 14. Maiden Name Angelina M. Falandrea

15. Birthplace Italy

16 (a) Informant Nicolina Gallo

(b) Address 410 S Eqeter St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27 1940 (month) (day) (year)

(c) Cemetery or ~~cemetery~~ Holy Redeemer

Location Belair Rd

18 (a) Funeral director Martin McCo. Dippel

(b) Address 37 S. Eutaw St

19 (a) JAN 26 1940 (Date rec'd by Registrar) Signature of Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1940 at 10 20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-23- 1940 to 1-23 1940 and that I last saw h[illegible] alive on 1-23 1940

Immediate cause of death Uremia

Due to Arterio sclerotic heart disease

Due to Nephritis

Other Conditions Ulcers on feet due to bad circulation

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration 10-15 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature David Felmender M. D.

Address 1211 N. Milton Ave Date signed 1-24-40

VS 3

CGK

51014

65414

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 91

Registered No. 65414

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 1
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4208 Kenwood Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Poellinger or Pollinger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divoreed

6 (b) Name of husband or wife Inni

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 16, 1877

8. AGE: Years	Months	Days	If less than one day
62	1	9	hr. min.

9. Birthplace Austria
(Town, county, and state)

10. Usual Occupation Bar-Tender

11. Industry or business

FATHER
12. Name George
13. Birthplace Germany

MOTHER
14. Maiden Name Inni
15. Birthplace Austria

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 27 1940 (Month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem
Location Woodlawn, Md.

18 (a) Funeral director Martin F. E. Eppel
(b) Address 7110 Belair Rd.

19 (a) JAN 26 1940 (Date of delivery) (b) Undertaker's license No. 1941 (c) Address 8 Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25 1940, at 6:22 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 14 1939, to Jan. 25 1940, and that I last saw h.im alive on Jan. 25 1940.

Immediate cause of death	Duration between onset and death
Generalized arteriosclerosis	
Due to	
Due to	
Other Conditions Terminal bronchopneumonia	2 days.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pneumonia and arteriosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 1-25-40

VS 3

F 65415

65415

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2618 Berwick Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2618 Berwick Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

241

3 (a) FULL NAME Dora Kraty

3 (b) If veteran, name war ~

3 (c) Social Security Account No. ~

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Henry Kraty

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) April 29th 1890

8. AGE: Years 49 | Months 8 | Days 28 | If less than one day ... hr. ... min.

9. Birthplace Balto Co Md
(Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Joseph Habler
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Elizabeth Smith
15. Birthplace Balto City Md.

16 (a) Informant Henry Kraty
(b) Address 2618 Berwick ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 27th 40 (month) (day) (year)
(c) Cemetery or crematory Balto
Location Balto. City

18 (a) Funeral director F. Tassaker & Son
(b) Address 7401 Baltimore Pike

19 (a) JAN 26 1940 (Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 25, 1940 at 8:35 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 24 1940 to Jan 25 1940. and that I last saw h[illegible] alive on Jan 24 1940.

Immediate cause of death Cerebral Hemorrhage -
Duration 6 hours.

Due to Arterio Sclerosis - Cardio - Renal Disease - 10 a 12 yr.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury

23. Signature James E. Lytle M. D.
Address 5214 Harford Rd Date signed 1/25/40

65416

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-B Registered No. F 65416

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Corner Fayette & Calhoun Sts.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. City
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 3629 Belmore Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Ethel Mae Myers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married

6 (b) Name of husband or wife William J.

6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Apr. 7, 1896

8. AGE: Years	Months	Days	If less than one day
43	9	17	hr. min.

9. Birthplace Balti. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER
12. Name Geo. H. Forbach
13. Birthplace Md.

MOTHER
14. Maiden Name Anna Keller
15. Birthplace Md.

16 (a) Informant Dr. W. J. Myers
(b) Address 3629 Belmore Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Lorraine Park Cem.
Location Woodlawn, Md.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 100 W. NORTH AVENUE

19 (a) JAN 26 1940 (Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-24 1940, at 8 55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-16 1940, to 1-24 1940, and that I last saw her alive on 1-24 1940.

Immediate cause of death	Duration
Acute Gangrenous Peritonitis	
Paralytic Ileus	
Due to ? Post Operative	
Due to	
Due to	
Other Conditions Bronchopneumonia	
Atelectasis (Include pregnancy within 3 months of death)	

Major findings:
Of operations Cauterization of Varix
Uterine Suspension.
Of autopsy see above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. B. Daugherty M. D.
Address Franklin Sq. Hosp. Date signed 1-24-40

65417

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53

Registered 65417

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 528 Richwood Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 10

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)

(d) Street No. 528 Richwood Ave
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel H. Murphy Sr.

3 (b) If veteran, name war: Da Record

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Naomi I.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 11, 1855

8. AGE: Years	Months	Days	If less than one day
84	8	14	hr. min.

9. Birthplace Ireland
(Town, county, and state)

10. Usual Occupation Retired R.R. Engineer

11. Industry or business B & O. R.R.

FATHER
12. Name Murphy
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Anderson
15. Birthplace Scotland

16 (a) Informant D. Anderson Murphy

(b) Address 1116 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof January 27, 40 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Baltimore Co. Md.

18 (a) Funeral director Williams Heard

(b) Address 1217 St Paul St.

19 (a) Date received by registrar JAN 26 1940 (b) Registered number

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25 1940, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1937 to Jan 25 1940 and that I last saw him alive on Jan 24 1940.

Immediate cause of death Carcinoma of Stomach (Pylorus) 18 yrs. — Duration 10

Due to Barber shaving under left ear back

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Edward L. Jamieson M.D.

Address 9858 Harford Rd Date signed 1/25/40

F 65418

Dr. Shortsmer 2706 St Paul St

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered F 65418

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1613 Eutaw St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 St. Eutaw St (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years? years

3 (a) FULL NAME Dr. John D. Vassalli

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife: None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 30 1858

8. AGE: Years	Months	Days	If less than one day
81	4	26	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired Physician
11. Industry or business Self

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Dr. Shortsmer
(b) Address 2706 St Paul St

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof January 27 40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) [illegible] (Signature of registrar)

JAN 26 1940

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1930, to Jan 1940. and that I last saw him alive on Jan 24 1940.

Immediate cause of death	Duration
Cardiac collapse	
Due to Chronic Myocarditis	5 years
Due to Arterio-sclerosis.	10 years
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Egbert H. Shortsmer M. D.
Address 2706 St Paul St Date signed 1/25/40

F 65419

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1/31-B

Registered No. F 65419

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1647-Gorsuch Ave
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) 35-yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1647-Gorsuch Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

9-7

3 (a) FULL NAME Alexander K. Schall

3 (b) If veteran, name war -----
3 (c) Social Security Account No. none

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Olga (Windberg)
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) 11/3/1864

8. AGE: Years 75 | Months 2 | Days 22 | If less than one day hr. ------ min.

9. Birthplace Prussia (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Alexander P. Schall
(b) Address 1647-Gorsuch Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md.

18 (a) Funeral director George D. Ruth, Inc.
(b) Address 1735-Hanford Ave

19 (Date received) JAN 26 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 1940, at 6 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1939, to Jan 25 1940, and that I last saw him alive on Jan 24 1940.

Immediate cause of death — Duration

Due to Chr Nephritis — 1 yr

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frits J Klemper M. D.
Address 2700 Harford Rd Date signed 1-26-40

correct age is especially important

VS 3

F 65420

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D Registered No. F 65420

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1527 - Homestead St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1527 - Homestead St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura V. Lance

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Married

6 (b) Name of husband or wife James H. Lance
6 (c) If alive, give age 82 years
7. Birth date of deceased (mo., day, yr.) 6/3/1859

8. AGE: Years	Months	Days	If less than one day
80	7	21 20	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Wm Ellis
13. Birthplace Balto Md

MOTHER
14. Maiden Name Alice - Barranger
15. Birthplace Balto Md.

16 (a) Informant James H. Lance
(b) Address 1527 - Homestead St
17 (a) Burial (b) Date thereof 1/27/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md
18 (a) Funeral director Geo. E. Ruth & Son
(b) Address 835 - Washington Blvd
19 (a) JAN 26 1940 Hunting for Williams, M.D.
(Filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/24 1940 at 8:62 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/20 1940 to 1/24 1940 and that I last saw her alive on 1/24 1940.

Immediate cause of death Bronchitis Pneumonia — Duration 5 days
Due to
Due to
Other Conditions Hypertension Heart disease — 3 yrs

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature B Silverhandler
Address 1901 Eutaw Date signed 1/26/40 M. D.

VS 3

Correct age is especially important

52109 SD

F 65421

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 65421

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2819 O'Donnell Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Peter Markiewicz

3 (b) If veteran, name war

3 (c) Social Security Account No. 579-10-6779

4. Sex: M

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Separated

6 (b) Name of husband or wife Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1894

8. AGE: Years 44 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Butcher Hard by Harbor

11. Industry or business City Fire

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27 40 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus Kostka
Location Highlandtown

18 (a) Funeral director Stephen J. Fallon Sons Inc
(b) Address 1000 S. Kenwood Ave

JAN 26 1940 (b)
(Date rec'd by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 24 1940, at 7:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 20 1940, to Jan. 24 1940, and that I last saw h[illegible] alive on Jan. 24 1940.

	Duration
Immediate cause of death: [redacted] Cirrhosis of the liver	
Laennec	
Due to	none
Due to	
Other Conditions Terminal bronchopneumonia	1 day.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 1-25-40

Examined by Dr. Pollanelli, M.D.

52117-FD

65422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 65422

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1610 W. Fayette St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Willard Hall

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-22-1883

8. AGE: Years	Months	Days	If less than one day
57	0	3	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name Robert Hall
13. Birthplace Va.

MOTHER
14. Maiden Name Annie Pinckert
15. Birthplace Va.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-40 (month) (day) (year)
(c) Cemetery or crematory Lancaster Co Pa.
Location Pa.

18 (a) Funeral director Wendell E Humphreys
(b) Address 401 N. Broadway

19 (a) JAN 26 1940 (Filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-25 1940, at 6.05 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-20 1940, to 1-25 1940, and that I last saw him alive on 1-25 1940.

	Duration
Immediate cause of death Bronchopneumonia	four days
Due to Emphysema chest, neck, and abdomen	several days
Due to Pharyngitis and tracheitis	several days
Other Conditions Arteriosclerotic Heart disease (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. K. Woodruff M. D.
Address Balto City Hosp. Date signed 1-25-40

VS: Via Motor Hearse.

F 65423

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

144 aF 65423 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day.
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 918 W. 37th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine E. Reddick.
3 (b) If veteran, name war —
3 (c) Social Security Account No. 214-01-9233

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married.
6 (b) Name of husband ~~or wife~~ Charles Reddick.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 21 - 1915.
8. AGE: Years 24 | Months 4 | Days 2 | If less than one day hr. min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Nurse.
11. Industry or business Home.

FATHER
12. Name William E. Martin.
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Daisy B. Alban.
15. Birthplace Md.

16 (a) Informant Charles A. Reddick
(b) Address 918 W. 37th St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27-1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md.
18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road.
19 (a) [illegible] (b) [illegible] Registrar

JAN 26 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1940, at 11 4 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 19 to Jan 23 1940. and that I last saw ~~her~~ alive on Jan 23 1940.

Immediate cause of death Eclampsia — Duration 15 hrs.
Due to
Due to
Other Conditions Acute cardiac dilatation Pulmonary edema.
(Include pregnancy within 3 months of death)
Major findings:
Of operations Post-mortem Caesarean section - Child dead - Hysterotomy.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature J. M. Miranda M. D.
Address 918 W 37 St. Date signed 1-27-40

CORRECT AGE IS REQUIRING IMMEDIATE ATTENTION

5424

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No. F 5424

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 430 N East Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert Leonard Dusley

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Gladys Dusley
6 (c) If alive, give age: 38 years
7. Birth date of deceased (mo., day, yr.) 9/26/1901
8. AGE: Years 38 Months 3 Days 25 If less than one day hr. min.
9. Birthplace: Baltimore (Town, county, and state)
10. Usual Occupation: Insurance
11. Industry or business: Life

FATHER
12. Name: Albert Dusley.
13. Birthplace: Md

MOTHER
14. Maiden Name: Martha Johnson
15. Birthplace: Md

16 (a) Informant: Mrs Gladys Dusley
(b) Address: 430 N East ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 29 '40 (month) (day) (year)
(c) Cemetery or crematory: Moreland Memorial Park
Location: Baltimore Md

18 (a) Funeral director: John Ulrich
(b) Address: 2008 Orleans St

JAN 29 1940 (Date rec'd by registrar) (b) Huntington Hilgemeier (Registrar)

VS P 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/26 1940, at 4:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/24 1940, to 1/26 1940, and that I last saw h(im) alive on 1/26 1940.

Immediate cause of death	Duration
myocardial failure	16 hrs.
Due to Rheumatic Heart disease	30 y
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature: Wm Raffe M.D.
Address: Sinai Hospital Date signed 1/26/40

CORRECTED AS ESPECIALLY REQUESTED

65425 F 65425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument and Rutland
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 66 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1457 Eutaw Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth B. Collins

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Husband

6 (b) Name of husband or wife Wm F. Collins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/27/1873

8. AGE: Years	Months	Days	If less than one day
66	11/10	22 26	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Wm H Pundt
13. Birthplace Germany

MOTHER
14. Maiden Name Dorothy Lehn
15. Birthplace Germany

16 (a) Informant Mrs Bate Bentley
(b) Address 721 E 21 st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Baltimore

18 (a) Funeral director John Gellrich
(b) Address 2645 Gilmore

19 (a) Filed JAN 26 1940 (b) Hunter for Williams, (Registrar)

VS 3

corrected as is especially important. Typewriter or pen and ink should be used.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1940, at 11:30? M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-21 1940, to 1-23 1940, and that I last saw her alive on 1-23 1940.

Immediate cause of death: Hypertheroid crisis
Heart failure
Due to Hyperthyroidism

Due to

Other Conditions Arteriosclerotic heart disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Hyperthyroidism

Duration: 48 hours; 4 hours; 6 years; 10 years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sinai Hospital M. D.
Address Sinai Hospital Date signed 1/24/40

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

65426 F 65426

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen'l Hospital St. 11-4 ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Miss Carrie K. Willson
If U. S. Veteran specify WAR ...
(a) Residence: No. 924 Madison Ave St., ... Ward. S Same as above
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 25, 1865

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	74	2	-	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER
13. NAME Dickerson VaBen Willson
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Mary Short
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mary C. Wilks
(Address) 1838 Riverdale Ave Glenburnie Md

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 1/27, 1940

19. UNDERTAKER Mullaney Co
(Address) 1219 E Fayette St

20. FILED JAN 26 1940 Huntington Williams M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/25, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1/22, 1940 to 1/25, 1940
I last saw her alive on 1/25, 1940. Death is said to have occurred on the date stated above, at 4:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Myocardial insufficiency	
2. Bronchio-pneumonia	
Other contributory causes of importance:	
1. Obesity	
2. Senility	

Was an operation performed? No Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) E. J. Johnston M. D.
(Address) Md General Hospital

OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 65427

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No. F 65427

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Belloma Ave
(c) Hospital or institution:
Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 928 Edmondson Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rosby W. Parr

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) ~~Single, married,~~ widowed, ~~or divorced~~
Male	White	Widower

6 (b) Name of ~~husband or~~ wife Anna M. Parr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 1853

8. AGE: Years	Months	Days	If less than one day
86 83	2		hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Engineman - Retired
11. Industry or business Railway Express

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant
(b) Address

17 (a) Burial (b) Date thereof 1/29/40
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Greenmount
Location Balto Md

18 (a) Funeral director William Tod
(b) Address 1217 St. Paul St

19 (a) JAN 26 1940 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25th 1940, at 9.47 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jany. 22, 1940, to Jan. 25, 1940, and that I last saw him alive on Jan. 25, 1940.

Immediate cause of death	Duration
Hypostatic pneumonia	4 days
Due to Arteria-sclerosis with hypertension and heart failure	indefinite
Due to	
Other Conditions Senility and Senile dementia	several years

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Maurice E. Shannon M. D.
Address 3300 W. North Ave Date signed 1/26/1940

VS 8

65428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a F 65428

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3606 Mohawk Ave. St. 28-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rev. James Riley Bergey

If U. S. Veteran specify WAR

(a) Residence: No. 3606 Mohawk Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Ellen Naomi Bergey (nee Huber)

6. DATE OF BIRTH (month, day, year): Nov. 26, 1867.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pa.

FATHER

13. NAME: Jacob Bergey

14. BIRTHPLACE (city or town) (State or country): Pa.

MOTHER

15. MAIDEN NAME: Sussanna Bertolet

16. BIRTHPLACE (city or town) (State or country): Pa.

17. INFORMANT: Mrs. Ellen M. Bergey
(Address) 3606 Mohawk Ave.

18. BURIAL, CREMATION, OR REMOVAL: Trinity Reformed
Place: Skippack, Pa. Date: Jan. 27/40.

19. UNDERTAKER: Harry H. Wittle
(Address) 4101 Edmondson Ave

20. FILED: JAN 26 1940 Hunter, for Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/24/40, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1939 to 1/24/40, 19
I last saw him alive on 1/22/40, 19. Death is said to have occurred on the date stated above, at 2:50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	1/24/40
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? E.K.G. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) William J. Holbrook M. D.
(Address) 5001 Roland Ave

OCCUPATION is very important. See instructions on back of certificate.

VS 3

65429

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 65429

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 704 - 2 20th St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Alice Spurrier

3 (b) If veteran, name war No | 3 (c) Social Security Account No. No

4. Sex Female | 5. Color or race White | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~ Widowed

6 (b) Name of husband ~~or wife~~ Alphaeus S. Spurrier

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 26 1872

8. AGE: Years	Months	Days	If less than one day
67	4	18	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Dry

FATHER
12. Name William T. Martin
13. Birthplace Harford Co. Md.

MOTHER
14. Maiden Name Alice S. Spicer
15. Birthplace Balto. Md.

16 (a) Informant Mrs Frank Hamick
(b) Address 310 Parkwood Place

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/29/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ St. Johns Church
Location New Freedom Pa.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 JAN 27 1940 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1940 at 6 30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-21 1940. to 1-26 1940. and that I last saw her alive on 1-26 1940.

Immediate cause of death Coronary Heart Disease — Duration

Due to

Due to

Other Conditions Coronary Thrombosis Several hours

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. J. Mendelis
Address Mercy Hospital Date signed 1-26-40 M. D.

VS 3

correct ~~as is apparently implied~~

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65430 **CERTIFICATE OF DEATH** √ 93-D F 65430

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 N. Charles St. 11-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Ford Bright

If U. S. Veteran specify WAR

(a) Residence: No. 521 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Bright

6. DATE OF BIRTH (month, day, year) Jan. 24, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dressmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Samuel S. Ford

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Annie E. Beauchamp

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Miss Mamie Ford
(Address) 521 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Jan. 27, 1940

19. UNDERTAKER E. Leroy Stiffler, Inc.
(Address) 125 E. North Ave.

20. FILED JAN 27 1940 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19 30 to Jan 25 19 40

I last saw her alive on Jan 25, 1940 Death is said to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular hypertension	?
Other contributory causes of importance: Cerebral Hemorrhage	Jan 15 1940

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George M. Gutte M. D.

(Address) 2435 Maryland Ave

VS B

F 65431

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65431

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 N. Carey St 18-2 St. 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME George W. Johnson

If U.S. Veteran specify WAR

(a) Residence: No. 419 N. Carey St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M. Johnson

6. DATE OF BIRTH (month, day, year) Nov 24 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
76 yrs	75	2	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pratt Library

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Annie M. Johnson

(Address) 419 N Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Jan 29 1940

19. UNDERTAKER Archibald Gaddis

(Address) 2101 Mc Culloh St

20. FILED JAN 27 1940 Hunting for Hollander, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1939 to Jan 24, 1940

I last saw him alive on Jan 24, 1940 Death is said to have occurred on the date stated above, at 12 0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Intestine	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jno S Julian Jr M. D.

(Address) 434 E 25th St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 65432

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-D

Registered No. F 65432

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 215 Wore alley
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 215 Wore alley
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** FREDERICK BRIGGS

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-03-4828

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 18 1911

8. AGE: Years	Months	Days	If less than one day
28 1911	11	7	hr. min.

9. Birthplace Virginia (Town, county and state)

10. Usual Occupation Cleaned Rugs

11. Industry or business

FATHER
12. Name John Briggs
13. Birthplace Va.

MOTHER
14. Maiden Name Carrie moore
15. Birthplace Va.

16 (a) Informant Carrie Briggs
(b) Address 932 P. St. Nw. W Wash

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 1-27-40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cemetery
Location Laurel Md.

18 (a) Funeral director Archibald A Gaddes
(b) Address 2101 Nye Bell Ave.

19 (a) JAN 27 1940 (Signature of registrar) Hunting for Williams, M.F. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 25, 1940, at 7 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 15, 1939, to Jan. 25, 1940, and that I last saw h alive on Jan. 21, 1940.

Immediate cause of death	Duration
Pulmonary Tb.	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Maurice Adams M. D.
Address 312 E. 23rd St. Date signed 1-25-40

correct age is especially important

VS 3

Fugazy (Focacci) ✓

F 65433

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

110-D

Registered No. 87837 F 65433

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Ave.
(c) Hospital or institution: St. Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 wk.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 620 S. Hanover St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME John Fugazy (Giovanni Focacci)

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1891

8. AGE: Years	Months	Days	If less than one day
49	-	24	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Grocery business

FATHER
12. Name Louis Fugazy Focacci
13. Birthplace Italy

MOTHER
14. Maiden Name Louise Raggi
15. Birthplace Italy

16 (a) Informant Mrs. Emma Pagani
(b) Address 620 S. Hanover St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27/40 (month) (day) (year)
(c) Cemetery or crematory
Location New York City

18 (a) Funeral director Fred A. Krauss & Son
(b) Address 2426 N. Charles St.

19 JAN 27 1940 (Date rec'd by registrar) Huntingtown Williams Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-26-1940 1940, at 12:40 P.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-18 1940 to 1-24 1940.
and that I last saw h,m. alive on Jan. 24 1940.

Immediate cause of death Pneumonia — Duration none

Due to

Due to

Other Conditions Pleural Effusion
Congestive heart failure
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles V. Lucidy M. D.
Address St Agnes Hosp. Date signed 1-25-40

VS 3

correct age is especially important. Physicians: please write the cause

65434 HEALTH DEPARTMENT—CITY OF BALTIMORE 65434

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Homewood Apartments St. 12-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. 5 mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary W. Martin

If U. S. Veteran specify WAR .....

(a) Residence: No. Homewood Apartments St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 14, 1855

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	84	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME ------- Martin

14. BIRTHPLACE (city or town) -------
(State or country) Delaware

MOTHER

15. MAIDEN NAME Emma Wheedan

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mrs. Alice C. Brown
(Address) 3028 St. Paul St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Greenmount Cem. Date 1/27 1940

19. UNDERTAKER H. W. Mears & Son
(Address) 805 N. Calvert St.

JAN 27 1940 19.....

Hunting for Williams, Patrick

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25 1940

22. I HEREBY CERTIFY, That I attended deceased from March 30 1936 to Jan 25 1940

I last saw h~~e~~r alive on Jan 23 1940 Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (senile)	
Acute cardiac decompensation	Jan 25 1940

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Clinical Observation

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Stonyn Leake M. D.

(Address) 2435 Maryland Ave

Also CAUSE OF DEATH and OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

65435 — CERTIFICATE OF DEATH — 122-a — F 65435

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1324 E. Biddle St. St. 8-7 Ward)

Registered No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME AUGUST WILLIAM SCHLESINGER

If U. S. Veteran specify WAR _____

(a) Residence: No. 1324 E. Biddle St. St., Ward, (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 21. 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Schlessinger Bros

10. Date deceased last worked at this occupation (month and year) Jan. 1940

11. Total time (years) spent in this occupation 55yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME J. George Schlesinger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna VonBrockman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. John P. Schlesinger (Brother)

(Address) 108 S. Catherine St.

18. BURIAL, CREMATION, OR REMOVAL Baltimore Cem. Place Jan. 27 1940 Date 19

19. UNDERTAKER HENRY SANDER & SONS. INC

(Address) Eutaw & Broadway.

JAN 31 1940

20. FILED _____

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24. 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 19 40 to Jan 24 19 40

I last saw him alive on Jan 24 19 40. Death is said to have occurred on the date stated above, at 10.00 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	4
Other contributory causes of importance: Myocarditis, Strangulated Diverticulum of Ileum	4 17-

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward B Lemmon M. D.

(Address) 718 N. Pattison Street

V2 3

F 65436

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

Registered No. F 65436

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. ~~2202~~ W 25th St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert David O. McCubbin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Laura R. McCubbin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 28, 1875

8. AGE: Years	Months	Days	If less than one day
64	4	28	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Trainman,
11. Industry or business P. R. R.

FATHER
12. Name Bartholemew McCubbin
13. Birthplace Bentley Springs, Md.

MOTHER
14. Maiden Name Rachel Standiford
15. Birthplace Maryland

16 (a) Informant Mrs. Albert R. McCubbin
(b) Address 3310 Ravenwood Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 29, 1940 (month) (day) (year)
(c) Cemetery or ~~crematory~~ New Market
Location New Market, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pennsylvania Avenues

19 (a) JAN 27 1940 (Date rec'd by registrar) Signature for F. Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/26 1940, at 2:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/22 1940 to 1/26 1940 and that I last saw h[illegible] alive on 1/26 1940

Immediate cause of death Carcinoma of Stomach — Duration 2 wks

Due to

Due to

Other Conditions Bronchopneumonia — 4 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of stomach & occlusion of pylorus
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. R. Riemann Jr. M. D.
Address Mercy Hospital Date signed 1/26/40

correct age is especially important. [illegible]

65437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 C Registered No. F 65437

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert.
(c) Hospital or institution: Union Memorial Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. Maryland County
(b) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 504 W Lexington St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Mrs. William J. H. B Wells (Louise)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Separated.

6 (b) Name of husband or wife Mr. Wm. Wells.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 24, 1900

8. AGE: Years	Months	Days	If less than one day
39.	5.	2	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None.
11. Industry or business —

FATHER 12. Name Mr. James Simmons
13. Birthplace ? Unknown

MOTHER 14. Maiden Name ~~Dora Dobson~~ Louisa Lietz
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Chas. Jones
(b) Address 2011 Wheeler Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pennsylvania Avenues

19 (a) Filed JAN 27 1940 (b) Registrar Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-26- 1940 at 7.35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 25, 1940, to Jan 26 1940., and that I last saw her alive on Jan 24, 1940.

Immediate cause of death Cardio-respiratory failure — Duration

Due to Rheumatic heart disease, Chronic valvular.

Due to Cardiac failure Grade IV

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Murray S. Johnson M. D.
Address Union Memorial Hosp. Date signed 1-26-40

Correct age is especially important. If unknown, give approximate.

VS 3

65438

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

937

F 65438

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 36-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ernest Benning Wiessner

If U. S. Veteran specify WAR.

(a) Residence: No. 3741 Kenyon Ave St., Ward. Soc Sec-212-01-6092

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence A. Wiessner

6. DATE OF BIRTH (month, day, year) Dec 13, 1901

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seafood Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Steelton Pa.

FATHER

13. NAME Benj. Wiessner

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Estella Stengle

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs. Florence Wiessner

(Address) 3741 Kenyon

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Jan 27, 1940

19. UNDERTAKER Wm. A. Tiernan & Sons

(Address) 1400 Pa Ave

20. FILED JAN 27 1940 Hunter W. Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1940 to Jan. 25, 1940

I last saw him alive on Jan. 25, 1940 Death is said to have occurred on the date stated above, at 5:27 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular disease	
Cardiac - hypertrophy	
Ascites	Jan. 17
Pleural effusion, rt.	Jan. 24

Other contributory causes of importance:

Obesity

Emphysema

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B. L. Thomas Jr. M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

V9 0

65439

HEALTH DEPARTMENT—CITY OF BALTIMORE

65439

CERTIFICATE OF DEATH

135B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Md. Gen. Hosp (Street) 20-7 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Edward F. Bell
If U. S. Veteran specify WAR

(a) Residence: No. 412 N. Loudon Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Mary Jane Bell

6. DATE OF BIRTH (month, day, year) March 25, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	10	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Chas. F. Bell
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Mary J. Byers
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Mary Jane Bell
(Address) 412 Loudon Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date Jan. 29, 1940

19. UNDERTAKER G. Howard Strong
(Address) 715 Light St.

20. FILED JAN 27 1940 19 Hunting, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from 12-18, 1939 to 1-25, 1940
I last saw him alive on 1-25, 1940 Death is said to have occurred on the date stated above, at 6:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Adenocarcinoma of Bladder	(?)
Other contributory causes of importance: Hypocardial failure secondary	

Was an operation performed? Yes Date of 12-29-39
For what disease or injury? Adenocarcinoma of Bladder
Name of operation Excision of dome of bladder
What test confirmed diagnosis? ? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) William A. Scampbin M. D.
(Address) Md. General Hospital

OCCUPATION is very important. See instructions on back of certificate.

5440 ✓ F 65440

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5325 Fernpark Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5325 Fernpark Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Tena Tall

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Henry L. Tall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 2, 1864

8. AGE: Years	Months	Days	If less than one day
75	3	23	hr. min.

9. Birthplace Baltimore Co., Md. (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Lorenzo Roehmer
13. Birthplace Germany

MOTHER
14. Maiden Name Amelia Stengler
15. Birthplace Germany

16 (a) Informant Henry Leslie Tall
(b) Address 5325 Fernpark Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 27, 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director G. Howard Strong
(b) Address 715 Light St.,

19 JAN 27 1940 (b) Hunting ... Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 25, 1940 at 7.50 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1940 to Jan 25 1940 and that I last saw ... alive on Jan 24 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to	
Due to	
Other Conditions Contributory Hypertension and Ch. Nephritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William S Scott M. D.
Address 48 S. Potomac St, Hagerstown, Md. Date signed 2-6-40

VS 2

correct age is especially important

F 65441

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 Registered No. F 65441

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 820 E. 33rd St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 820 E 33rd St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Pfeifer

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-05-0310

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife Gertrude Pfeifer
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Jan 26 1876

8. AGE: Years	Months	Days	If less than one day
64	0	0	hr. min.

9. Birthplace Balto.
(Town, county, and state)
10. Usual Occupation Clerk.
11. Industry or business Druggist.

FATHER
12. Name Michael Pfeifer
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Catherine Akers
15. Birthplace Germany.

16 (a) Informant Gertrude Pfeifer
(b) Address 820 E. 33rd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Bernard C. Harle
(b) Address 1340 E West St

19 JAN 27 1940 (Date rec'd by registrar) (b) Hunting for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26th 1940, at 8.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 22, 1940. to Jan 26 1940, and that I last saw him alive on Jan. 24, 1940

	Duration
Immediate cause of death: Myocardial Decompensation	6 mo.
Due to: Hypertension, Cardio-vascular-renal Disease	?
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lloyd E. Taylor M. D.
Address 3902 Greenmount Ave Date signed Jan. 26, 40

correct age is especially important. Physicians: please write the cause in each line

VS 3

F 65442

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122B Registered No. F 65442

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County City
(c) City or town 2816 Belmont Ave
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Raymond Kellam Riley

3 (b) If veteran, name war: None
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Divorced
6 (b) Name of husband or wife: Margt Riley
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 24 1890
8. AGE: Years 49 | Months 10 | Days 7 | If less than one day hr. min.
9. Birthplace Onancock Va. (Town, county, and state)
10. Usual Occupation Bookkeeping
11. Industry or business

FATHER
12. Name Chas T. Riley
13. Birthplace Va.

MOTHER
14. Maiden Name Marietta Broughton
15. Birthplace Md.

16 (a) Informant Edgar Riley
(b) Address 2816 Belmont Ave
17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/27/40 (month) (day) (year)
(c) Cemetery or crematory TASLEY Va.
Location
18 (a) Funeral director Mrs Chas A. J. Rohde
(b) Address 2327 Edmondson Ave
19 (a) JAN 27 1940 (b) Hunting & Williams, M (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/26/ 19 40 at 3.45 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 1/17/ 19 40 to 1/26/ 19 40 and that I last saw him alive on 1/25 19 40

Immediate cause of death: Paralytic Ileus — Duration: 4 days
Due to: Ileostomy — 4 Day
Due to: Ulcerative Colitis — 7 yrs
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Wm. F. Pearce M. D.
Address Union Memorial Date signed 1/26

VS 3

correct age is especially important. Physicians, please write plainly

F 65443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No. F 65443

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2510 Greenmount Ave
(c) Hospital or institution: Southern Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2510 Greenmount ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Isaac Lloyd

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: ------

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov-11-1855

8. AGE: Years 84 | Months 2 | Days 15 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business Shoe Mfgr.

FATHER
12. Name William Lloyd
13. Birthplace Md.

MOTHER
14. Maiden Name Anne Jury.
15. Birthplace Md.

16 (a) Informant Mrs Katherine E. Whittle
(b) Address 811 N. Lakewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-29-40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location East North Ave

18 (a) Funeral director John O. Mitchell & Sons Inc.
(b) Address 1900 Eutaw Place

19 JAN 27 1940 (Date rec'd by registrar) (b) Hunter S. Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan-26-40 19..., at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1940 to Jan 26 1940, and that I last saw him alive on Jan 26 1940.

	Duration
Immediate cause of death	
Due to Chronic Myocarditis	1 yr.
Due to arterio sclerosis.	several years.
Other Conditions old age.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert S. Blake M. D.
Address Med Arts Bldg Date signed

VS 3

correct age is especially important. Physicians: please write the causes of death clearly.

F 65444

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97 Registered No. F 65444

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2520 Greenmount Ave
(c) Hospital or institution: Southern Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2520 Greenmount Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William W. Shearman

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Lydia Hofman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar-3-1864

8. AGE: Years 75 | Months 10 | Days 22 | If less than one day: hr. min.

9. Birthplace Glen Arm Md.
(Town, county and state)

10. Usual Occupation Parking lot Attendant ~~Farmer.~~

11. Industry or business

FATHER
12. Name Washington Shearman
13. Birthplace Md.

MOTHER
14. Maiden Name Elmira Van Horn
15. Birthplace Md.

16 (a) Informant Mrs D.A. Williams
(b) Address 4507 Maine Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-27-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave

18 (a) Funeral director John O. Mitchell & Sons Inc
(b) Address 1900 Eutaw Place

19 (a) JAN 27 1940 (b) Hunter for Williams M.D.
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan- 25-40 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1940 to Jan 25 1940 and that I last saw him alive on Jan 24 1940.

Immediate cause of death

Cardiac Dilatation — Duration several days

Due to Arteriosclerosis — years.

Due to Age.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hubert C. Blake M. D.
Address Medical Arts Bldg. Date signed

Please write plainly. Physicians: please write the causes of death clearly and give correct age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a Registered No. F 65445

F 65445

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 607 N Central Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 607 N Central Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Paul Woodall 21-15-9777

3 (b) If veteran, name war —

3 (c) Social Security Account No. 56-9444

4. Sex F | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years 42 | Months — | Days — | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business —

FATHER 12. Name Louis Edwards
13. Birthplace Va

MOTHER 14. Maiden Name Ella Edwards
15. Birthplace Va

16 (a) Informant Indemnity Insurance
(b) Address 607 N Central Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25th 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brookland

18 (a) Funeral director Elroy O Wilson
(b) Address 1000 Pennsylvania Ave

19 (a) JAN 27 1940 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-24 1940 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-18 1940 to 1-24 1940 and that I last saw h[illegible] alive on 1-24 1940.

Immediate cause of death Uraemia Complicating Appendicitis — Duration 1 | 18 | 24 0

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George S. Callum M.D.
Address 550 Penna Ave Date signed 1-26-40

correct age is especially important. Physicians: please write the cause of death plainly.

VS 8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

65446 — 13B — Registered No. F 65446

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 106 South Bond st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life.
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 106 South Bond st (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME JENNETT HALL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) (Single) married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1917

8. AGE: Years 23 | Months | Days | If less than one day: hr. min.

9. Birthplace [illegible], Baltimore, Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business Domestic

FATHER
12. Name Mr. Jait Hallt
13. Birthplace Barbette Carolinia

MOTHER
14. Maiden Name Helen Stewart
15. Birthplace Baltimore Md

16 (a) Informant Miss Helen Stewart mother
(b) Address 106 S Bond st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27 /40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Brookland

18 (a) Funeral director Edwy © Wilson
(b) Address 000 Brantley av

19 (Date received by registrar) JAN 27 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26 1940, at 2 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquest) thereon and from the evidence obtained by said inquest (Autopsy or Inquest) find that said deceased came to her death on the day stated above.

Immediate cause of death: Tuberculosis Pulmonary — Acute bronchopneumonia — Duration: unknown
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H L Wallenmeyer M.D. Medical Examiner.
Date signed Jan 26, 1940

V8 6

correct age is especially important. Physicians: please write the cause of death clearly.

5447

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 65447

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 917 N Appleton St
(c) Hospital or institution:

16-4

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 917 N Appleton St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME CARRIE SEEBO

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife August Seebo

6 (c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.) July 27, 1861

8. AGE: Years	Months	Days	If less than one day
78	5	29	hr ..... min

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Florence Seebo
(b) Address 917 N. Appleton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/40 (month) (day) (year)

(c) Cemetery or crematory Western Cemetery
Location

18 (a) Funeral director Lenhart, Inc.
(b) Address 1217 W. Baltimore St.

19 (a) JAN 27 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26 1940, at 9 a.m. P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ inquiry thereon and from the evidence obtained by said ~~autopsy~~ inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic heart disease	
Due to senility	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner
Date signed Jan 28, 1940

VS 6

A correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

65448

CERTIFICATE OF DEATH

131 B F 65448

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp St. 27-10 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Isabelle Kelly

(a) Residence: No. 4410 Wickenwood Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Emil F. Kelly

6. DATE OF BIRTH (month, day, year) Nov. 1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Joseph Patrick

14. BIRTHPLACE (city or town) (State or country) City

MOTHER

15. MAIDEN NAME Isabelle

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT Emil F. Kelly
(Address) 4410 Wickenwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 1/29/ 19 40

19. UNDERTAKER J. Bolan
(Address) 1300 Baltimore

20. FILED JAN 27 1940 [illegible]

VS 3

State CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24-40, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-21-40, 19 ... to 1-24-40, 19 ...

I last saw h[illegible] alive on 1-24-40, 19 ... Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerular Nephritis & Oedema	
Other contributory causes of importance: Rheumatic Heart Disease	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. R. Cunniff, M. D.

(Address) St. Joseph's Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

65449 CERTIFICATE OF DEATH 108 F 65449

1. PLACE OF DEATH 1103 Mosher St
CITY OF BALTIMORE: (No.) Baltimore Md St., 16 (Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME 1103 Mosher St Ella Floyd
If U. S. Veteran specify WAR
(a) Residence: No. 1103 Mosher St Baltimore Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John I Floyd

6. DATE OF BIRTH (month, day, year) May 15 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	10	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER
15. MAIDEN NAME Emma Bird
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT John I Floyd
(Address) 1103 Mosher St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 1/29 1940

19. UNDERTAKER Isaiah R Brown Son
(Address) 108 W Monroe Emory St

20. FILED JAN 27 1940 Hunting for Williamsport Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/24/40

22. I HEREBY CERTIFY, That I attended deceased from 12/6/39 to 1/23/40
I last saw alive on 1/23/40. Death is said to have occurred on the date stated above, at P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/18/40
Hypertension	
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, how?

(Signed) H. H. Barnhardt M. D.
(Address) 526 N Carey St

state CAUSE OF DEATH in plain words. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

65450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92- Registered No. F 65450

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Hospital
(c) Hospital or institution: Baltimore Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 1119 So Sharp St
(If rural give location)
(f) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Alexander Raison
3 (b) If veteran, name war
3 (c) Social Security Account No. 219-03-1999

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Bl.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 4 1919

8. AGE: Years	Months	Days	If less than one day
20	9	22	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Helper
11. Industry or business Industries

FATHER
12. Name Arthur Raison
13. Birthplace Md

MOTHER
14. Maiden Name Alice Fenner
15. Birthplace Va

16 (a) Informant Alice Raison
(b) Address 1119 S Sharp St

17 (a) (Burial, cremation, or removal) (b) Date thereof 1/30/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore Md

18 (a) Funeral director Donald D Brumbaugh
(b) Address 1070 Monty Ave Huntingtown Rd Baltimore, Md.

19 JAN 27 1940 (b) Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-26-40 19 at 11:45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-8-40 19 to 1-26 19 40, and that I last saw him alive on 1-26 19 40.

Immediate cause of death	Duration
Cong. Heart Failure	
Due to Sub Acute Bact. Endocarditis	years
Due to	
Other Conditions Pleuro Heart disease	1 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy by Bact Endocarditis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Ed Nemedelis M. D.
Address Mercy Hosp. Date signed 1-27-40

correct age is especially important. Physicians: please write the cause of death clearly.

VS 8

F 65451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-2

Registered No. F 65451

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo20da.
(e) Length of stay in Baltimore (yrs., mos., or days) Since war

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1501 Battery Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James A. Kibble

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.: Unknown

4. Sex: Male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife: Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 1873

8. AGE: Years 67 | Months | Days | If less than one day hr. min.

9. Birthplace Illinois
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/40 (month) (day) (year)

(c) Cemetery or crematory Balto. Nat. Cem.
Location Frederick Rd.

18 (a) Funeral director J. J. McCauley
(b) Address E. Fort Ave. Fairfield, Md.

19 (a) JAN 27 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25, 1940, at 6:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 4, 1936, to Jan. 25, 1940, and that I last saw h im alive on Jan. 25, 1940.

Immediate cause of death: Uremia — Duration: 6 Wks.

Due to: Nephrosclerosis — Duration: Unknown

Due to:

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. B. H. Anderson, M. D.
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 1-26-40

correct age is especially important. Payments pick-up will be made

VS 3

F 65452

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 5a ✓

Registered No. F 65452

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md. 12-26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 21 days

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County
(c) City or town Brooklyn
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7418 10th Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? Unknown years

3 (a) FULL NAME JOHN KOSTER

3 (b) If veteran, name war

3 (c) Social Security Account No. 084-14-4918

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 15, 1883

8. AGE: Years	Months	Days	If less than one day
56	3	11	hr. min.

9. Birthplace Hamburg, Germany
(Town, county, and state)
10. Usual Occupation STEWARD-SS W L STEED
11. Industry or business Standard Oil Co.

FATHER
12. Name Johanne Koster
13. Birthplace Germany

MOTHER
14. Maiden Name Alvina
15. Birthplace Germany

16 (a) Informant Records - U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial [illegible] (b) Date thereof 1/29/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory [illegible] Queens N.Y.
Location

18 (a) Funeral director G. F. Ks & Co. Inc.
(b) Address 6 [illegible] Ave.

JAN 27 1940

19 (a) (Date rec'd by registrar) (b) Hunter Jr. Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26, 1940, at 6:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5, 1940, to Jan. 26, 1940, and that I last saw him alive on Jan. 26, 1940.

Immediate cause of death	Duration
Carcinoma of esophagus	2 months
post operative	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Resection of tumor of esophagus
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. W. N. a clerk. M. D.
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 1-26-40

VS 3

Please write the name of each county very plainly. Physicians: please write the cause of death in such a way that correct age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

111-C

Registered No. F 65453

F 65453

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Please see that the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1004 Chapple Street & Chapel St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-4
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1004 Chapple St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eliza Hughes

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife Eawaw
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15, 1869

8. AGE: Years	Months	Days	If less than one day
70	9	9	hr. min.

9. Birthplace Richmond Virginia (Town, county and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Va.

MOTHER
14. Maiden Name Polly Banford
15. Birthplace Va!

16 (a) Informant Mamie Miller
(b) Address 1004 Chapple St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 27. 1940 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Park
Location Arbutus Md

18 (a) Funeral director Mrs L A Elliott & Daughter
(b) Address 1 N. Caroline St.

JAN 27 1940

19 (a) (Date rec'd by registrar) (b) Permit issued to Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 24 1940, at 7:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939, to Jan. 1940. and that I last saw her alive on Jan 24 1940.

Immediate cause of death Hypostatic Pneumonia — Duration 1 day 40
Due to Senility
Due to Generalized Debility
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert L. Williams M. D.
Address 622 N. Bond St Date signed 1/26/40

VS 3

65454

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-N

Registered No. F 65454

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Linden Ave. & Lake Drive. Riviera Apts.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 13 Riviera Apts. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JACOB M. LAUCHHEIMER.

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband or~~ wife Birdie F. Lauchheimer

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Dec. 31, 1857

8. AGE: Years 82 | Months | Days 24 25 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired.

11. Industry or business

FATHER 12. Name Meyer Lauchheimer,

13. Birthplace Germany.

MOTHER 14. Maiden Name Babette Eichberg.

15. Birthplace Germany.

16 (a) Informant Dr. L. Rosenthal,

(b) Address 920 St. Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/40. (month) (day) (year)

(c) Cemetery ~~or crematory~~ Baltimore Hebrew

Location Baltimore, Md.

18 (a) Funeral director Harris Sonneborn & Son

(b) Address 1902 Eutaw Place.

19 (a) JAN 27 1940 (Received by registrar) Huntington Williams, M.D. (b) Address 920 St. Paul St. Date signed

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jany. 25th. 1940 at 5 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1935 to Jan. 25 1940.

and that I last saw him alive on Jan. 25 1940.

	Duration
Immediate cause of death: Cerebral Hemorrhage	36 hrs.
Due to: Arteriosclerosis	20 yrs.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L. E. Vice M. D.

Address 920 St. Paul St. Date signed

Please write the cause in each category. Physicians: please correct age is especially important.

F 65455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. F 65455

PLEASE WRITE PLAINLY. Physicians: please write the cause of death clearly and legibly. Give full name of deceased, and correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 34a S Bouldin St

(c) Hospital or institution: 0

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0

(e) Length of stay in Baltimore (yrs., mos., or days) 44

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore City

(If outside city or town limits, write RURAL and give town)

(d) Street No. 34a S Bouldin St

(If rural give location)

(e) If foreign born, how long in U. S. A.? 0 years

3 (a) FULL NAME Bertha Zeah

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widowed

6 (b) Name of husband or wife Gottlieb Zeah

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 20 1877

8. AGE: Years	Months	Days	If less than one day
62	7	4	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business at Home

FATHER 12. Name Wilhelm

13. Birthplace Germany

MOTHER 14. Maiden Name Amelia

15. Birthplace Germany

16 (a) Informant William C. Zeah

(b) Address 34a S. Bouldin Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-40 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location Eastern Ave City

18 (a) Funeral director F. R. Ashpaw & Son

(b) Address 3200 Eastern Ave

19. (a) JAN 27 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 24 1940, at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/19 1940, to 1/24 1940 and that I last saw her alive on 1/23 1940.

	Duration
Immediate cause of death Cerebral Hemorrhage	4 days
Due to High Blood Pressure	4 yr
Due to Hardening of Arteries	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations X

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide No

(b) Date of occurrence 0

(c) Where did injury occur? 0 (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? No While at work? (Specify type of place)

(e) Means of injury 0

23. Signature W. C. A. Eikenberry M.D.

Address 4701 Harford Ave Date signed 1/27/40

VS 3

65456

HEALTH DEPARTMENT—CITY OF BALTIMORE

65456

CERTIFICATE OF DEATH

13-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Walter R. (Piasecki) Sanders

If U. S. Veteran specify WAR .....

(a) Residence: No. 728 S. Lakewood Ave. St., ... Ward. SOCIAL SECURITY NO. 205-10-9180

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tina Hart

6. DATE OF BIRTH (month, day, year) June 14 - 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R. R.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 23 yrs.

12. BIRTHPLACE (city or town) (State or country) Wilkes Barre Penna

FATHER

13. NAME James Piasecki

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Swalzeki

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Mrs. Tina Sanders

(Address) 728 S. Lakewood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 1-29 19 40

19. UNDERTAKER John B. Connelly

(Address) Essex Md.

Filed JAN 28 1940 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1940 to Jan. 25, 1940

I last saw him alive on Jan. 25, 1940 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus meningitis	Jan 24, '40
2. Diabetes Mellitus	?
Pulmonary Tuberculosis	?
Other contributory causes of importance: Anthracosis	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B. C. Thomas Jr. M. D.

(Address) University Hosp.

state CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

F 65457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 65457 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1509 N. Bentalou st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 11

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1509 N. Bentalon st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** William Hankin

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-01-2135

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Minnie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years	Months	Days	If less than one day
54 53			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Clothing
11. Industry or business Salesman

FATHER 12. Name Samuel J. Hankin
13. Birthplace Russia

MOTHER 14. Maiden Name Rose Leon
15. Birthplace Russia

16 (a) Informant Sheldon J. Hankin
(b) Address 1509 N Bentalou st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 28/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Harrison Assn
Location Philadelphia Road.

18 (a) Funeral director Sol Levinson & Bro
(b) Address 1124-26 W. Northam

JAN 28 1940 (Date rec'd) (Registrar) (b) Registered

MEDICAL CERTIFICATION

20. **DATE OF DEATH** Jan 27 1940 at 9 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 17 1939 to Jan. 27 1940 and that I last saw him alive on Jan 27 1940,

Immediate cause of death Uremia.

Due to Malignant hypertension

Due to Nephritis.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan E. Mayer M. D.
Address 1314-26 W. North Ave Date signed Jan. 27 1940

VS 3

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and report correct age is especially important.

F 65458

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 65458

83-N Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6105 Birchwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6105 Birchwood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth C. Neuman

3 (b) If veteran, name war: No
3 (c) Social Security Account No. NONE

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single, married~~, widowed, ~~or divorced~~: Widowed

6 (b) Name of husband ~~or wife~~: Charles Neuman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 18th 1870

8. AGE: Years: 69 | Months: 2 | Days: 9 | If less than one day: hr. min.

9. Birthplace: Balto Md
(Town, county, and state)

10. Usual Occupation: At Home
11. Industry or business: Self

FATHER
12. Name: August Zumwalt
13. Birthplace: Germany

MOTHER
14. Maiden Name: Fannie Metz
15. Birthplace: Balto Md

16 (a) Informant: Catharina Leasner.
(b) Address: 3502 Norman Ave.

17 (a) Burial (Burial, ~~Cremation, or removal~~) (b) Date thereof 1/30/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~: Maryland Park
Location: Balto Co Md

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St

19 (a) (Signature and title) (b) Registrar

JAN 28 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27th 1940, at 1/2 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20th 1940, to Jan 26th 1940, and that I last saw her alive on Jan 26th 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration: 7 Days
Due to: Arteriosclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. Donald Fade M. D.
Address 1901 Maryland Ave – Date signed

PLEASE WRITE PLAINLY. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 65459

F 65459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-9 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1039 N. Calvert St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1039 N. Calvert St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucy W. Kendall

3 (b) If veteran, name war: —
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Luther L. Kendall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14th 1862

8. AGE: Years	Months	Days	If less than one day
77	10	12	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at Home

FATHER
12. Name Charles F. Rotke
13. Birthplace Germany

MOTHER
14. Maiden Name Lucinda Brandt
15. Birthplace Germany

16 (a) Informant Mrs P. W. Wilkinson
(b) Address 2 E. 23rd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 127 St Paul St

19 (a) Jan 28 1940 (Date filed by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26th 1940, at 2:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1, 1939 to Jan. 26, 1940, and that I last saw her alive on Jan. 26, 1940.

Immediate cause of death	Duration
Acute Cardiac Dilatation	Immediate
Due to, Hypertensive cardio-vascular disease	5 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature Frank M. Ogden M. D.
Address 2701 N. Calvert St Date signed Jan 26, 1940

VS 3

Please write plainly. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

F 65460

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-13-B

F 65460 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Be correct. age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 738 W. Fayette St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 738 W. Fayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Teodrikas Zilinskas

3 (b) If veteran, name war No | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Rose Zilinskas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 21st 1873

8. AGE: Years	Months	Days	If less than one day hr.	min.
66	7	5		

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business Self

FATHER
12. Name (Unknown) Zilinskas
13. Birthplace Russia

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Frank J. Zell
(b) Address 21 S. Fremont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 127 St Paul St

JAN 28 1940 (Date rec'd by registrar) [illegible] Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26th 1940, at 6-20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 29 1937 to Jan 28 1940, and that I last saw him alive on Jan 25 1940.

Immediate cause of death: Pulmonary Tuberculosis — Duration: 3 yrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward F. Mulan M. D.
Address 68 W Mash Blvd Date signed 1-27-40

65461

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65461
Registered No. 178

PLEASE WRITE PLAINLY with pen or indelible pencil. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 506 S. Bethel
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 506 S. Bethel St (If rural give location)
(e) If foreign born, how long in U. S. A.? 39 years

3 (a) FULL NAME Sylvester Cholewczynski

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-10-3170

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband Walerja Cholewczynski

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day hr.	min.
60				

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business James J. Lacy Co.

FATHER
12. Name Anthony Cholewczynski
13. Birthplace Poland

MOTHER
14. Maiden Name Praxeda Szymlowska
15. Birthplace Poland

16 (a) Informant Walerja Cholewczynski
(b) Address 611 S. East Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-40 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore

18 (a) Funeral director George A. Weber
(b) Address 905 S. Eutaw street

JAN 28 1940

(a) (Date rec'd by registrar) Huntington, Long Island, N.Y.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 24 1940, at 2 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
(a) Illuminating gas poisoning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 1/24/40
(c) Where did injury occur? 506 S. Bethel St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home - in bed While at work? No (Specify type of place)
(e) Means of injury Unlit oven gas cock

23. Signature [illegible] M.D. Medical Examiner

Date signed 1/27/40

65462

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65462

CERTIFICATE OF DEATH

137-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Gen. Hosp. (Street) (Ward) 18

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mr. Anthony D. Leaches

If U. S. Veteran specify WAR

(a) Residence: No. 4000 Belvedere Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Rose Leaches

6. DATE OF BIRTH (month, day, year): 1/17/1876

7. AGE: Years 63 | Months — | Days 10 | If DEAD under 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper: Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Operator

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Greece

FATHER

13. NAME: T. Leaches

14. BIRTHPLACE (city or town) (State or country): Greece

MOTHER

15. MAIDEN NAME: Mary Dourigas

16. BIRTHPLACE (city or town) (State or country): Greece

17. INFORMANT: Mrs. Rose D. Leaches

(Address) 4000 Belvedere Ave.

18. BURIAL, CREMATION, OR REMOVAL: Place Woodlawn Cem. Date 1/29/40 19

19. UNDERTAKER: George J. Kirk & Sons Inc.

(Address) 1325 Eutaw Pl. Balto. Md.

20. FILED 19 Registrar.

JAN 28 1940

Thomas J. McMullen, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-27, 1940

22. I HEREBY CERTIFY That I attended deceased from 1-4, 1940 to 1-27, 1940

I last saw him alive on 1-27, 1940 Death is said to have occurred on the date stated above, at 8:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic hypertrophy	
acute cardiac failure	
Uremia	one w
Obstruction	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Le. F. Johnston Jr. M. D.

(Address) Md. General Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 65463

F 65463

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1203 Registered No. 87653

1. PLACE OF DEATH: St. Agnes Hospital
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 23 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto 2nd
(c) City or town Relay
(If outside city or town limits, write RURAL and give town)
(d) Street No. 25 Arlington Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME James Edward Bruns, Sr.

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Gertrude C. Carson
6 (c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) 5/15/1885

8. AGE: Years	Months	Days	If less than one day
54	5	10 11	——— hr. ——— min.

9. Birthplace Chambersburg Pa
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Garment Mfg.

FATHER
12. Name Lawrence A. Bruns
13. Birthplace Md

MOTHER
14. Maiden Name Anna Keamy
15. Birthplace Switzerland

16 (a) Informant Lawrence A. Bruns
(b) Address Relay Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore Md

18 (a) Funeral director George J. Roth Inc.
(b) Address 1834 Hanover Ave

19 (a) [illegible] (Date rec'd by registrar) [illegible] Registrar

JAN 28 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26th 1940, at 9:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 3 1940 to January 26 1940 and that I last saw h[illegible] alive on January 26 1940.

Immediate cause of death Ulcerative Colitis — Duration
Due to ??
Due to
Other Conditions Subacute Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Ulcerated Colon: Diseased kidneys.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Sheppard
Address St. Agnes Date signed 1/26/40

PLEASE WRITE PLAINLY, with ink. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

M. D. B. 1268-9

65464

HEALTH DEPARTMENT—CITY OF BALTIMORE

65464

CERTIFICATE OF DEATH

83-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1248 Eastview Ave Ward 9-E)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth 50 yrs. mos. da.

2. FULL NAME Maria Schneider

(a) Residence: No. 1248 Eastview Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Schneider

6. DATE OF BIRTH (month, day, year) Sept 13. 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Peter Herget

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna M. Kehm

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth Stohl

(Address) 1248 Eastview Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Jan 30. 1940

19. UNDERTAKER Mr. & Mrs. John W. Teufel & Son

(Address) 801 W. Fayette St

20. FILED JAN 28 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26. 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1934 to Jan 26 1940

I last saw her alive on Jan 24. 1940 Death is said to have occurred on the date stated above, at 5.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Duration of interval
Cerebral Hemorrhage	11/2/39
Pulmonary Oedema,	
Other contributory causes of importance: Arterio Sclerosis	1930

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ernst Zimmermann M. D.

(Address) 9458 Hazzard Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R Kessel

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65465 — CERTIFICATE OF DEATH — F 65465

V 95-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1442 Riverside Ave St. 24 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Edward C. Kessel — If U. S. Veteran specify WAR no.

(a) Residence: No. 1442 Riverside Ave St., ___ Ward. ___
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie M. Kessel

6. DATE OF BIRTH (month, day, year) July 25. 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	87	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pensioned

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lieut. Balto Fire Dept

10. Date deceased last worked at this occupation (month and year) 1915

11. Total time (years) spent in this occupation 38 yrs.

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John Kessel

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Annie M. Kessel
(Address) 1442 Riverside Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Jan 29, 1940

19. UNDERTAKER Chas. Wm. John H. Feufel's Son
(Address) 201 W. Fayette St.

20. FILED ___, 19___ ___ Registrar.

JAN 28 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1939 to Jan 26, 1940

I last saw him alive on Jan 25, 1940 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Old Age	
Asthenia & Pneumonia	2 days
Contributory Decompensation	1 day
Other contributory causes of importance:	
Adenoma of Lung	1½ yrs
Acute Nephritis	5 days

Was an operation performed? no Date of ___

For what disease or injury? —

Name of operation ___

What test confirmed diagnosis? — Was there an autopsy? ___

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19___

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) H. E. Klaus M. D.

(Address) 176 Calhoun St.

Information should be carefully supplied. Age must be stated in every case. Cause of death must be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 65466

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

92-B Registered No. F 65466

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4605 Keswick Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4605 Keswick Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Mary E. Spencer

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife James P. Spencer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5-1857

8. AGE: Years 82 | Months 10 | Days 21 | If less than one day hr. min.

9. Birthplace Carroll Co. Md. (Town, county, and state)
10. Usual Occupation Ch. Home
11. Industry or business —

FATHER 12. Name Evans
13. Birthplace Maryland

MOTHER 14. Maiden Name Unknown
15. Birthplace Maryland

16 (a) Informant Mrs. Herbert A. Buchman
(b) Address 4605 Keswick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29-1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Moriah Memorial
Location Baltimore Md.

18 (a) Funeral director Horace E. Burger
(b) Address 3631 Falls Road

JAN 28 1940 (Date rec'd by Registrar) Hunter Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 26- 1940, at 9.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 27 1939, to Jan 26 1940, and that I last saw h. alive on Jan. 25 1940.

Immediate cause of death	Duration
Chronic myocarditis	2 yr
Due to	
Due to Mitral insufficiency	1 yr
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify home, farm, or place) While at work?
(e) Means of injury

23. Signature John A. Evans M. D.
Address 612 N 40 Date signed

F 65467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 65467 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct. Physicians: please write the causes of death clearly and legibly. Give age in especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Bon Secours Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 43 days

(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 821 E 34th St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Amanda G. Molz

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Edward F. Molz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-10-95

8. AGE: Years 44 | Months 5 | Days 16 | If less than one day hr. min.

9. Birthplace Cincinnati, Ohio (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Charles Kasser

13. Birthplace Ohio

MOTHER 14. Maiden Name Mary Hoffman

15. Birthplace Indiana

16 (a) Informant Edward F. Molz

(b) Address 821 E. 34th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 29-1940 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Baltimore Md

18 (a) Funeral director Horace F. Burger

(b) Address 3631 Falls Road

19 (a) JAN 28 1940 (Local registrar) (b) [illegible] (Deputy)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1940, at 7:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-14 1939, to 1-26 1940, and that I last saw h alive on 1-26 1940.

Immediate cause of death Carcinoma right breast — Duration 2½ yrs

Due to Metastasis to brain — ?

Due to Lungs, abdomen, left breast, spine — ?

Due to Left femur with pathological fracture — 3 weeks

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Operation 2 yrs ago Ca. breast

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J M Collins M.D. M. D.

Address Bon Secours Hosp. Date signed 1-[illegible]-40

65468

HEALTH DEPARTMENT—CITY OF BALTIMORE

65468

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp St. 9-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Wm. H. Kressmann

If U. S. Veteran specify WAR

(a) Residence: No. 5 Lilac Point Rd St., Dundalk Ward. Balto Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Kressmann

6. DATE OF BIRTH (month, day, year) Jan. 9 - 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME August Kressmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Augusta Daust

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ferdinand Kressmann

(Address) 7 Lilac Pt. Rd. Dundalk

18. BURIAL, CREMATION, OR REMOVAL

Place Sollers Pt. Luth. Cem. Date Jan. 27/40

19. UNDERTAKER John F. Miller

(Address) 3324 Jefferson St.

20. FILED 19 [illegible] Registrar.

JAN 28 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-26-40 19

22. I HEREBY CERTIFY, That I attended deceased from 1-17-40 19 to 1-26-40 19

I last saw him alive on 1-25-40 19 Death is said to have occurred on the date stated above, at 12 m. 15 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - both lungs	1-17-40
Auriculo systolic	P.F.
Heart disease	
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Enright M. D.

(Address) St. Josephs Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. State whether any OCCUPATION is very important. See instructions on back of certificate.

65469 52161-FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53

F 65469 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made on this certificate before burial or removal. Be sure to fill in items 1 to 23 and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 3604 Harleum Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME: Elizabeth Haulman

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Allison

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1-27-1861

8. AGE: Years 73 | Months 11 | Days 29 | If less than one day ..... hr. ..... min.

9. Birthplace Penna. (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name Elias Brindle
13. Birthplace Pa.

MOTHER
14. Maiden Name Sarah Keen
15. Birthplace Pa.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 29/40 (month) (day) (year)
(c) Cemetery or crematory Mechanicsburg Cem
Location Pa

18 (a) Funeral director Robt L. Little
(b) Address 2700 Edmondson Ave

19 (a) ..... (Date rec'd by registrar) (b) ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-26 1940, at 2.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-22 1940, to 1-26 1940 and that I last saw M.K. alive on 1-26 1940.

Immediate cause of death	Duration
Bronchopneumonia	four days
Due to Septicaemia cell carcinoma	?
Due to	one
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 1-26-40

VS 3

F 65470

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

F 65470 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 630 S. Monroe St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Geo. A. Turner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 7 - 1939

8. AGE: Years	Months	Days	If less than one day
	3	20	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George F. Turner
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Edith Bowns
15. Birthplace Balto. Md.

16 (a) Informant Geo. F. Turner
(b) Address 630 S. Monroe Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 30-1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Co. Maryland

18 (a) Funeral director George L. Schmit.
(b) Address 2101 Frederick Ave.

19 (a) (Date received by registrar) (b) Baltimore, Md.

JAN 29 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/27 1940, at 9:10 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/26 1940, to 1/27 1940, and that I last saw h[illegible] alive on 1/27 1940.

Immediate cause of death Lobar pneumonia — Duration 3 days

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles J. Levitt M. D.
Address St Agnes Hosp Date signed 1-27-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

65471 HEALTH DEPARTMENT—CITY OF BALTIMORE F 65471

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md. Gen. Hospital — Registered No. ____

CITY OF BALTIMORE: (No. ____ St. 11-3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. Birthplace in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME Mrs. Mamye C. McKenney — If U. S. Veteran specify WAR ____

(a) Residence: No. Glenelg Md St., ____ Ward: Howard Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): ____
6a. If married, widowed, or divorced (or) WIFE of W. Gibbs McKenney
6. DATE OF BIRTH (month, day, year): July 4, 1874
7. AGE: Years 65 | Months 6 | Days 23 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (month and year) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER
13. NAME Wm Starkey
14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER
15. MAIDEN NAME Eliz Vain
16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Rev. W. Gibbs McKenney (Address) Glenelg Md.

18. BURIAL, CREMATION, OR REMOVAL Camp Chapel Cemetery Jan. 29th 1940

19. UNDERTAKER Frederick Vaughn Sons (Address) 7401 Belair Road

20. FILED JAN 28 1940 ____ M. ____ Registrar. Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-27, 1940

22. I HEREBY CERTIFY, That I attended deceased from 12-18, 1939 to 1-27, 1940 that saw h[illegible] alive on 1-27, 1940 Death is said to have occurred on the date stated above, at 4:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	
Ascites	

Other contributory causes of importance

Was an operation performed? yes Date of 1-19-40

For what disease or injury? ____

Name of operation Abdominal tapping

What test confirmed diagnosis? ____ Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) John M. Scott M. D.

(Address) Maryland Gen. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. EARLY SYMPTOMS or OCCUPATION is very important. See instructions on back of certificate.

65472

HEALTH DEPARTMENT—CITY OF BALTIMORE

65472

CERTIFICATE OF DEATH

133-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen Hosp St., 4-4 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. 3 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mr. Edward J. Farrell
If U. S. Veteran specify WAR
(a) Residence: No. 718 E 21st St., Ward. SS 212-07-6163
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Farrell
6. DATE OF BIRTH (month, day, year): Nov 25, 1890
7. AGE: Years 49 | Months 2 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Elec Wireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pennsylvania

FATHER
13. NAME: John Hart Farrell
14. BIRTHPLACE (city or town) (State or country): California

MOTHER
15. MAIDEN NAME: Rhea Harper
16. BIRTHPLACE (city or town) (State or country): Tennessee

17. INFORMANT: Mrs White
(Address) 1741 N Bond st

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date Jan 29 40 19

19. UNDERTAKER: Bernard A Finke
(Address) 1600 N Broadway

20. FILED JAN 29 1940 19
Registrar.
Number by Dr. Morrissett, H.O.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-26-, 1940
22. I HEREBY CERTIFY, That I attended deceased from 1-8, 1940 to 1-26, 1940
I last saw him alive on 1-26 1940 Death is said to have occurred on the date stated above, at 4.10 P m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Poly Cystic Kidneys	(?)
Other contributory causes of importance: Uremia	

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John M. Scott, M. D.
(Address) Maryland Gen. Hosp.

F 65473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

F 65473 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Please see that your answer is full, correct and legible. Use additional sheet if necessary. Items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23 are especially important. Physicians—please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2703 Hillsdale Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Goldie Getz (GERTZ)

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Simon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Reuben
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia.

16 (a) Informant Hoph Records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Mem Park Co
Location Woodlawn, Md.

18 (a) Funeral director Jack Levine Co
(b) Address 1439 E. Baltimore St.

JAN 28 1940 (b) Registrar
Date rec'd by registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/26/ 1940 at 10:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/22 1940 to 1/26 1940.
and that I last saw her alive on 1/26 1940.

Immediate cause of death Cerebral hemorrhage — Duration 10 days
Due to Hypert. H.D.
Due to Generalized arterio sclerosis.
Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. Ackerman M. D.
Address Drive Apts Date signed 1-26-40

VS 3

F 65474

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

58-D

F 65474

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct as to age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Monument st
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 2 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3335 Arendale ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 2 Months

3 (a) FULL NAME Sophie Hoffman
3 (b) If veteran, name war ✓ (c) Social Security Account No.
4. Sex Female | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1895
8. AGE: Years 45 | Months | Days | If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

MOTHER / FATHER
12. Name Aaron Cohen
13. Birthplace Russia
14. Maiden Name Rebecca
15. Birthplace Russia

16 (a) Informant David Frid
(b) Address 3335 Arendale ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Free Burial Society
Location Mt Carmel
18 (a) Funeral director Jack Levin Inc
(b) Address 1739 E. Balto st
19 (a) JAN 29 1940 (Registered by Registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/27 1940, at 3 A M
21. I certify that death occurred on the date above stated; that I attended deceased from 1/10 1940, to 1/27 1940 and that I last saw her alive on 1/27 1940.

Immediate cause of death Pulmonary Edema — Duration 4 mos.
Due to Rheumatic endocarditis — Duration 8 yrs. +
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Julius Levin M.D.
Address Sinai Hospital Date signed 1/27/40

F 65475

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 65475 Registered No.

1. PLACE OF DEATH: (Chadford apts)
(a) Baltimore City, Maryland
(b) Street address 909 University Pkwy
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 50yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 909 University Pkwy. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME John L Byerly

3 (b) If veteran, name war: Spanish American
3 (c) Social Security Account No.:
4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife: —
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) May 22 1878
8. AGE: Years 61 | Months 8 | Days 5 | If less than one day: hr. min.
9. Birthplace Richmond Va. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name John L Byerly
13. Birthplace Va.

MOTHER
14. Maiden Name Samuella Hall
15. Birthplace Richmond Va.

16 (a) Informant Mrs James M Walkey
(b) Address 909 University Pkwy

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 29/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location Balto Md

18 (a) Funeral director Henry W Jenkins Sons Co
(b) Address McCulloh & Richard Sts

19 (a) JAN 28 1940 (b) (Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27th 1940, at 8:45 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1935 to Jan 27 1940, and that I last saw h alive on Jan 27th 1940

Immediate cause of death: Hypertensive Cardio Vascular Renal Disease
Due to: Coronary Thrombosis
Due to: Arteriosclerosis Generalized
Other Conditions: malignancy

(Include pregnancy within 3 months of death)

Major findings:
Of operation: none
Of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Hugh Byerly M. D.
Address 27 St Paul St Date signed 1/27/40

PLEASE WRITE PLAINLY with pen and ink. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

65476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 65476
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway
(c) Hospital or institution:
Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Talbot
(c) City or town Talbot Co.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Easton Md
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Caroline Hull Dashiell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23, 1864

8. AGE: Years	Months	Days	If less than one day
75 76	9	1	hr. min.

9. Birthplace Talbot Co, Md.
(Town, county, and state)
10. Usual Occupation Trader (retired)
11. Industry or business

FATHER
12. Name Rev. Easton F. Dashiell
13. Birthplace Somerset Co, Md

MOTHER
14. Maiden Name Caroline Elizabeth Hull
15. Birthplace New Jersey

16 (a) Informant Records at Church Home & Infirmary
(b) Address Broadway

17 (a) Burial (b) Date thereof Jan. 29/40.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Spring Hill Cemetery
Location Easton, Md.

18 (a) Funeral director Harry H. Nitzke
(b) Address 410 E Edmondson Ave

19 (a) (b)
(Date received by registrar) Registrar

JAN 28 1940
VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-24-40 19 . at 5:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1935 to 1-24 1940
and that I last saw her alive on 1-24 1940.

Immediate cause of death: Acute Coronary Occlusion — Duration: ?
Due to Arteriosclerosis — ?
Due to
Other Conditions Hypertensive Cardio-vascular disease — ?
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard W. Jones M. D.
Address Church Home & Infirmary Date signed 1-24-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 65477 ✓ F 65477

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

100-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Hospital
(c) Hospital or institution: Sinai
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo 16 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1428 W Lexington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Verdie Eubanks

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Marcus A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 27 1915

8. AGE: Years 24 | Months 5 | Days - | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Wm. Hartman
13. Birthplace Va

MOTHER 14. Maiden Name Frances Dove
15. Birthplace Va

16 (a) Informant Marcus A. Eubanks
(b) Address 1428 W Lexington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Quest Ml

18 (a) Funeral director Geary & Taylor
(b) Address Fulton Ave & Fayette

JAN 28 1940 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-27- 1940, at 12:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-11 1939, to 1-27 1940, and that I last saw h[illegible] alive on 1-27 1940.

Immediate cause of death Septicemia

Due to Thrombophlebitis (Femoral & Pelvic).

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Thrombophlebitis femoral & pelvic

Duration
yrs.
16 days
over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. L. Levene M. D.
Address Sinai Hospital Date signed 1/27/40

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65478 F 65478

Also Born at Bon Secours Hospital 119-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. 2025 W. Fayette St.) (6-5 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR _____

2. FULL NAME Baby Boy Rosensteel.

(a) Residence: No. 2362 Harlem Ave. St., _____ Ward. Birth F 4450.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/5/40

7. AGE Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
		22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bon Secours Hospital

FATHER

13. NAME Michael H. Rosensteel

14. BIRTHPLACE (city or town) (State or country) Balt. Md

MOTHER

15. MAIDEN NAME Dorothy L. Winslow

16. BIRTHPLACE (city or town) (State or country) Mass.

17. INFORMANT M H Rosensteel

(Address) 2302 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date 1/29, 19 40

19. UNDERTAKER Geo A Hyland

(Address) 1400 W Lafayette

FILED JAN 28 1940, 19___ _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/27, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-5-40, 19___, to 1/27, 1940

I last saw ~~him~~ alive on 1-27, 1940 Death is said to have occurred on the date stated above, at 6-00 p m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Acute intestinal indigestion	3 days

Other contributory causes of importance:

(Cut foot, Heb fingers)

Was an operation performed? Yes Date of 1-11-40

For what disease or injury? Heb fingers

Name of operation Plastic on hands

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) J M Collins M. D.

(Address) Bon Secours Hospital

Information should be carefully supervised, so that it may be properly classified. State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

F 65479

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

24-W

Registered No. F 65479

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 950 Hollins St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md, (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 950 Hollins St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank J. Shaffrey

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Nellie P. Shaffrey
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) July 4, 1896

8. AGE: Years	Months	Days	If less than one day
43	6	21	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Cafe Proprietor
11. Industry or business —

FATHER
12. Name William J. Shaffrey
13. Birthplace Md

MOTHER
14. Maiden Name Margaret J. O'Rourke
15. Birthplace Md

16 (a) Informant Mrs Nellie P. Shaffrey
(b) Address 950 Hollins St.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 1/29/"40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director John J Conway & Son
(b) Address 901 Hollins Street.

19 (a) JAN 29 1940 (Date received by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25th 1940, at 12 noon

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1939, to 1-25 1940, and that I last saw him alive on 1-25 1940.

Immediate cause of death	Duration
Cirrhosis of Liver	6 mo.
Due to —	NW
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel L. Hewetson M. D.
Address 1945 N. Calvert St Date signed 1-27-40

VS 3

F 65480

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

Registered No. F 65480

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 602 Reservoir St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

13

3 (a) FULL NAME George Burgeson

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-1859

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife Mary Burgeson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1, 1884

8. AGE: Years	Months	Days	If less than one day
55	8 9	23 - 24	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation Upholsterer

11. Industry or business Haschild Kahn Dept Store

FATHER
12. Name Joseph Burgeson
13. Birthplace Philadelphia, Pa.

MOTHER
14. Maiden Name Marietta Merritt
15. Birthplace Maryland

16 (a) Informant Mrs. Mary Burgeson
(b) Address 602 Reservoir St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/40 (month) (day) (year)

(c) Cemetery or crematory Western Cem.
Location Edmondson Ave & Longwood St.

18 (a) Funeral director Lewis Cowdry Son
(b) Address 901 Hollins St.

19 (a) (Signature of Registrar) (b) Registrar

JAN 28 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25 1940, at 6:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11 AM 1-22 1940, to 6 P M 1-25 1940, and that I last saw him alive on 1-22 1940.

Immediate cause of death
Coronary occlusion ?
Pulmonary edema
Due to Cardiac failure
Due to Arterio sclerosis Rheumatic ?
Other Conditions
(Include pregnancy within 3 months of death)

Duration
4 mos.

Major findings:
Of operations
Of autopsy Rheumatic aortic insufficiency Pulmonary edema

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isabella Harrison M. D.
Address Church Home & Infirmary Date signed 1-25-40

F 65481 HEALTH DEPARTMENT—CITY OF BALTIMORE 131-F 65481

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 Waseela St. H-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Alice Jackson

If U. S. Veteran specify WAR

(a) Residence: No. 721 Waseela St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	col	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Jackson

6. DATE OF BIRTH (month, day, year) 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75 74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denton Md.

FATHER

13. NAME William Thomas

14. BIRTHPLACE (city or town) (State or country) Denton Md

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Denton Md

17. INFORMANT Robert Jackson
(Address) 721 Waseela St.

18. BURIAL, CREMATION, OR REMOVAL
Place Denton, Md Date 1-29-40

19. UNDERTAKER Mgr. Geo. A. Helland
(Address) 1671 Druid Hill Ave.

JAN 26 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-26-, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1/10, 1940 to 1-26, 1940

I last saw her alive on 1/26, 1940 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchopneumonia - Pneumonia	1/24/40
Hypertension Cardio-vascular renal disease, hemiplegia	1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. L. Jackson M. D.
(Address) 2009 N Arlington Ave

information should be carefully supplied. Avoid abbreviations. Write plainly with pen and ink. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 65482

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106

F 65482 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1707 W. Lombard st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1707 W. Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dora Spencer

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) ~~Single, married,~~ widowed, ~~or divorced~~: Widowed
6 (b) Name of husband ~~or wife~~: Wm D. Spencer
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 5th 1859
8. AGE: Years 80 | Months 11 | Days 23 | If less than one day hr. min.
9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

FATHER
12. Name William H. Wagner
13. Birthplace Germany

MOTHER
14. Maiden Name Anna L. Eckhardt
15. Birthplace Germany

16 (a) Informant Annie Nader
(b) Address 1707 W. Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Western
Location Balto Md

18 (a) Funeral director William Bork
(b) Address 1917 E. Baltimore St

19 (a) Filed JAN 29 1940 (Registrar) (b) Burial permit issued at Baltimore, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28th 1940, at 4:35 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jany 19 1940 to Jany 28 1940, and that I last saw h[er] alive on Jany 27 1940.

Immediate cause of death: Acute Bronchitis — Duration: 9 days
Due to: Cold
Due to:
Other Conditions: Arteriosclerosis — 2 days.
(Include pregnancy within 3 months of death)
Major findings:
Of operations: no
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. G. Smith M. D.
Address 1645 N. Patterson Pk Ave Date signed 1/29/40

F 65483

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-1 Registered No. F 65483

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. If unknown, say so. Do not leave blanks. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2913 Overland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2913 Overland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Grace R. Weber

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Female	White	Married

6 (b) Name of husband ~~or wife~~ Wade H. Weber
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 9th 1885

8. AGE: Years	Months	Days	If less than one day
54	2	19	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Timothy R. Riordan
13. Birthplace Md

MOTHER
14. Maiden Name Emma Sprecher
15. Birthplace Balto Md.

16 (a) Informant Wade H. Weber
(b) Address 2913 Overland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Parkdale
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 240 E Pratt St

19 (a) JAN 29 1940 (Date received by registrar) (b) Signature of Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28th 1940, at 12 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-30-1937, to 1-28-1940, and that I last saw her alive on 1-27-1940.

Immediate cause of death Chronic Endocarditis
Due to Chronic Myocarditis
Due to Unknown
Other Conditions
(Include pregnancy within 3 months of death)

Duration: Unknown

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Raymond B. Sybert M. D.
Address 2802 Harford Ave Date signed 1-28-40

VS 8

F 65484

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

51670 F 65484
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1606 N. Calvert St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Jane Mercer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 11, 1861

8. AGE: Years	Months	Days	If less than one day
78	3	17	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business Old Age Pension

FATHER
12. Name Charles Sea
13. Birthplace Vermont

MOTHER
14. Maiden Name Anna Mehanahan
15. Birthplace Ireland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/40 (month) (day) (year)
(c) Cemetery or crematory Balto
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date rec'd by registrar) JAN 29 1940 (b) Huntington Avenue Funeral Parlor

MEDICAL CERTIFICATION

20. DATE OF DEATH January 28 1940, at 2.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 7 1940, to Jan. 28 1940, and that I last saw h[illegible] alive on Jan 28 1940.

	Duration
Immediate cause of death Bronchopneumonia	1 week
Due to	
Due to	
Other Conditions Acute chronic arteriosclerosis	indefinite

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pneumonia, arteriosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosp. Date signed 1-28-40 M. D.

M. D. B. 1200-0

F 65485

65485 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1316 Mount St. 15-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Smith

(a) Residence: No. 1316 Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Joseph Smith

6. DATE OF BIRTH (month, day, year) Dec 25, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Marys Co Md.

FATHER

13. NAME George Baker

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Alberta Taylor
(Address) 1316 Mount St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 1-29-1940

19. UNDERTAKER Thomas E. Nelson
(Address) 1303 Pennsylvania Ave

FILED JAN 29 1940 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1940 to Jan 26, 1940

I last saw her alive on Jan 25, 1940 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	1939
Other contributory causes of importance: Chronic Valvular Heart Disease	1939

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify ...

(Signed) E. Wilson Frey M. D.

(Address) 1928 Penna Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 65486-FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 36-D

F 65486 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3mo.1de.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 N. Carey St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Cooper

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	married

6 (b) Name of husband or wife Annie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-6-1872

8. AGE: Years	Months	Days	If less than one day
67	9	20	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation O.A.P.
11. Industry or business

FATHER
12. Name Anderson Cooper
13. Birthplace Md.

MOTHER
14. Maiden Name Mandy
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location —

18 (a) Funeral director Thomas E. Kelagan
(b) Address 1303 Pressman St.

JAN 29 1940 (Date rec'd by registrar) (b) [signature] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26 1940, at 4:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 25 1939, to Jan 26 1940, and that I last saw h[illegible] alive on Jan 26 1940.

Immediate cause of death: Arterio-sclerotic Heart disease — Duration between onset and death:
Due to —
Due to —
Other Conditions Syphilitic Aortitis — Duration between onset and death: unknown
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address Balto City Hosp. Date signed 1-26-40

65487

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-0 65487

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2402 Lakeview ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2402 Lake View ave
(If rural give location)
(e) If foreign born, how long in U. S. A.) 40 years

3 (a) FULL NAME Rebecca Goldstone

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Abraham J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [illegible] 1867

8. AGE: Years	Months	Days	If less than one day
73	—	—	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation
11. Industry or business House Wife

FATHER
12. Name Samuel Goldman
13. Birthplace England

MOTHER
14. Maiden Name Harriett P
15. Birthplace England

16 (a) Informant M Henry Goldstone
(b) Address 2402 Lake View ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 29/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Bowley's Lane

18 (a) Funeral director Sol Levinson Bur.
(b) Address 1124-26 W North ave

19 JAN 29 1940 (Date rec'd by registrar) (b) Huntington Wilson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1940, at 2:12 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 1938 to Jan 28 1940, and that I last saw h[illegible] alive on Jan 27 1940

Immediate cause of death
Cerebral Hemorrhage — Duration 2 wks
Due to
Due to Chronic Myocarditis
Other Conditions Arteriosclerosis — 3 yrs

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. D.
Address 2040 Eutaw Date signed 1/29

VS 1

F 65488

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65488 Registered No. 83

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1205 W. Ostend St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1205 W. Ostend St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward L. Naylor

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W.	Widower

6 (b) Name of husband or wife Elizabeth S. Naylor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 17, 1852

8. AGE: Years	Months	Days	If less than one day hr.	min.
87	2	9		

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Naylor
13. Birthplace

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant Mrs. Clara Hartlove
(b) Address 1205 W. Ostend St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29/40 (month) (day) (year)
(c) Cemetery or crematory Loudon P.C.
Location 3801 Frederick Rd

18 (a) Funeral director Harry W. Witzke
(b) Address 401 Edmondson Ave

19 (a) [illegible] (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 26 1940 at 8:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 24 1940 to Jan 26 1940 and that I last saw him alive on Jan 26 1940

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 days
Due to: Arteriosclerosis — 2 years
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hazel Hale M. D.
Address 523 Scott St. Date signed Jan. 27/40

JAN 29 1940
VS 2

65489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

77-C

F 65489

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 25 So Eagle St
(c) Hospital or institution:
D. of A. Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Yr
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 25 S. Eagle St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Howard Mitchell

3 (b) If veteran, name war: World War

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Wh	Divorced

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 30 - 1885

8. AGE: Years	Months	Days	If less than one day
44	6	20	..... hr. ..... min.

9. Birthplace Newark
(Town, county, and state)

10. Usual Occupation Barber

11. Industry or business

FATHER
12. Name John S Mitchell
13. Birthplace Newark Ohio

MOTHER
14. Maiden Name Ida Cutler
15. Birthplace Lancaster Ohio

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 31-1940 (month) (day) (year)
(c) Cemetery or crematory
Location Newark Ohio

18 (a) Funeral director A Reiley Slade
(b) Address 4907 York Rd.

JAN 29 1940 (Date received by Registrar)

(b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

10:30 p

20. DATE OF DEATH Jan 20 1940, at ..... M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Acute alcoholism — Duration .....

Due to .....

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature W H Vandegrift M.D.
Medical Examiner.
Date signed 1/21/40

65490 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 65490

CERTIFICATE OF DEATH 93-D

1. PLACE OF DEATH Home for Incurables Registered No.

CITY OF BALTIMORE: (No. St. 13-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 9 mos. D da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Miss Fannie S Adams If U. S. Veteran specify WAR

(a) Residence: No. Home for Incurables St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John D Adams

6. DATE OF BIRTH (month, day, year) APRIL 26 1868

7. AGE 71 Years	Months 9	Days 0	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md City

FATHER

13. NAME Thomas Bailey

14. BIRTHPLACE (city or town) (State or country) Plymouth England

MOTHER

15. MAIDEN NAME Fannie Sheffer

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Home for Incurables
(Address) 700 - W - 40th St

18. BURIAL, CREMATION, OR REMOVAL.
Place Parkwood Cem. Date 1-30-40 19

19. UNDERTAKER Wm J. Rickey & Sons
(Address) North & Ida ave.

20. FILED , 19
JAN 29 1940 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-26- , 19 40

22. I HEREBY CERTIFY, That I attended deceased from Feby 1st, 1938 to Jany 26, 1940

I last saw h[illegible] alive on Jany 26 1940 Death is said to have occurred on the date stated above, at 4 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	Jan 12 '40
Bronchial Pneumonia	Jan 11 '40

Other contributory causes of importance:

Senile Arteriosclerosis Cardiovascular Disease	Many yrs. Hereto.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas Conrad Wright M. D.

(Address) 11 E. Chase St. Balto

196.

Information should be carefully supplied. AGE should be given accurately. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

65491

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 65491
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2629 Francis St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Emma E. Stimmel (Emma Edith Stimmel)

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband ~~or wife~~ Charles F. Stimmel
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) October 12, 1877

8. AGE: Years	Months	Days	If less than one day
62	3	15	..... hr. ..... min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Frank Reinsch
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Booth
15. Birthplace Germany

16 (a) Informant Mrs. Anna E. Moreland
(b) Address 2629 Francis Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Penna. Avenues

JAN 29 1940 (b) ..... Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/27 1940, at 3:55 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/23 1940 to 1/27 1940.
and that I last saw h~~e~~r alive on 1/27 1940.

Immediate cause of death	Duration
Bronchopneumonia	2 days.
Cardiac failure	5 days.
Due to	
Due to	
Other Conditions Hyper. C.V.D. Duodenal ulcer with hemorrhage	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Sinai Hospital Date signed 1/27/40

F 65492 **HEALTH DEPARTMENT—CITY OF BALTIMORE** RE65492

CERTIFICATE OF DEATH

61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 Linden Ave St. 14th Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Elmyra Troutman

If U. S. Veteran specify WAR _____

(a) Residence: No. 1619 Linden Ave St., _____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James L Troutman

6. DATE OF BIRTH (month, day, year) May 12-1863

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	76	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Amos R Apple

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Malvina Howard

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Miss Lorna Troutman

(Address) 1619 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL.

Place Forest Park Date Jan 29, 1940

19. UNDERTAKER Wm J Fichtner & Son

(Address) West Baltimore

20. FILED _____ 19___ _____ Registrar.

JAN 29 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 26, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 24 to 1939 Jan 26, 1940

I last saw her alive on Jan. 26, 1940 Death is said to have occurred on the date stated above, at 4:40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Interstitial Nephritis	1930
(b) Myocarditis	1930
Other contributory causes of importance:	
Diabetes Mellitus	1932

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation _____

What test confirmed diagnosis? Clinical & Laboratory Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) James J Young M. D.

(Address) 1663 W North Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 65493

F65493

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D

F 65493 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1705 Longwood
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1705 Longwood (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Frederick Miller

3 (b) If veteran, name war: None
3 (c) Social Security Account No.:

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Marie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12 1865

8. AGE: Years 74 | Months 8 | Days 14 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired — Millworker
11. Industry or business

FATHER
12. Name John D. Miller
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Miller
15. Birthplace Germany

16 (a) Informant Mrs Marguerite Miller
(b) Address 1708 Longwood St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-40 (month) (day) (year)
(c) Cemetery or crematory Sworty's Cem.
Location Baltimore

18 (a) Funeral director Wm. D. Dickus & Sons
(b) Address North & Fay. Aves.

JAN 29 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1940, at 7:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 15 1939 to Jan 26 1940, and that I last saw him alive on Jan 26 1940.

Immediate cause of death: Cerebral embolism
Due to: heart disease
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Duration: 9 mos.

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ernest W. Eaton M. D.
Address 1735 Poplar Gr. Pl. Date signed

VS 3

F 65494

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 65494 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert.
(c) Hospital or institution: Union Memorial.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days.
(e) Length of stay in Baltimore (yrs., mos., or days) years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 3310 Harford Road.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Frederick A. Reinicker

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 216-12-6982
4. Sex: M.
5. Color or race: W
6 (a) ~~Single, married, widowed, or divorced~~ Widowed
6 (b) Name of husband or wife: Mary L. Reinicker
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 27-1863
8. AGE: Years 76 | Months 6 | Days 1 | If less than one day: hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Contractor

FATHER
12. Name Mr. John Reinicker
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Louisa Graves.
15. Birthplace Baltimore, Md.

16 (a) Informant Miss Margaret L. Reinicker
(b) Address 3310 Harford Road
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 30th 40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.
18 (a) Funeral director Fortney & Son
(b) Address 1224 N. Charles St.
JAN 29 1940 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28, 1940, at 9:10 AM
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 9 1940, to Jan 28 1940, and that I last saw him alive on Jan 28, 1940.
Immediate cause of death Cardiac failure.
Due to Arteriosclerotic heart disease, Auricular fibrillation.
Due to
Other Conditions Nephritis & pneumonia. Duration: Unknown; Of pneumonia 1½ wks.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Bilateral pneumonia, interstitial nephritis, auricular fibrillation

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Murray K. Johnson.
Address Union Memorial Hospital, Baltimore, Md. Date signed 1-29-40

F 65495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 65495

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 500 Annabel Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 52 Yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 500 Annabel Ave (If rural give location)

2544

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Jane Marks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Wm F. Marks

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1855

8. AGE: Years	Months	Days	If less than one day
84	11	24	hr. min.

9. Birthplace Armstrong County, Pa (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Alexander Cunningham

13. Birthplace England

MOTHER

14. Maiden Name Jane Davisson

15. Birthplace Ireland

16 (a) Informant Mrs Jennie Tingstrom

(b) Address 500 Annabel Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29, 1940 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill Cem.

Location A. A. County Md

18 (a) Funeral director Pratt C. B. M. Walters

(b) Address Pratt & Stricker Sts

19 (a) Date received JAN 29 1940 (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26 1940, at 11 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/19/40 to 1/26/40 and that I last saw h[illegible] alive on 1/26/40.

Immediate cause of death Cerebral Hemmorhage — Duration

Due to

Due to Hypertension

Other Conditions arteriolasclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Samuel Rubin M. D.

Address 203 Calhoun Date signed 1/29/40

65496

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65496

93-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3211 Lyndale Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 3211 Lyndale Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Matthew J. Flynn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 20 1880

8. AGE: Years	Months	Days	If less than one day
59	1	9	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name James Flynn
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary A. Hawkins
15. Birthplace Balto. Md.

16 (a) Informant Marie Flynn
(b) Address 3211 Lyndale Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29 40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Fredrick Rd.

18 (a) Funeral director Lilly & Zeuler Inc.
(b) Address 403 S. Wolfe St.

19 (a) (Date and by registrar) (b) Hunter Tolley Williams, M.D. (Name)

JAN 29 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 27 1940, at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 1/27 1940.

Immediate cause of death Acute congestive heart failure — Duration one

Due to

Due to

Other Conditions Pulmonary edema
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John N Bamaby M. D.
Address 153 E North Ave Date signed 1/29/40

Howard D. Mettler M.D. Chief Medical Examiner
per. E. R. Brantigan

F 65497

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65497

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Bon Secours Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 221 N. Monroe St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Lemuel W. Geyer

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-2598

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Grace B. Geyer

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) April 9, 1879

8. AGE: Years	Months	Days	If less than one day
60	9	18	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Clothing Designer

11. Industry or business Manufacturing of Clothing

FATHER

12. Name Lemuel F. Geyer

13. Birthplace Baltimore Md.

MOTHER

14. Maiden Name Mary A. Cross

15. Birthplace Baltimore Md.

16 (a) Informant Grace B. Geyer

(b) Address 221 N. Monroe st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Frederick Ave

18 (a) Funeral director J. Kenson Kuehner

(b) Address 2301 Edmondson Ave

Date received JAN 29 1940 Signature of local registrar Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 27 1940, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 24 1940, to Jan 27 1940, and that I last saw him alive on Jan 27 1940.

Immediate cause of death	Duration
Coronary Thrombosis	7 days
Due to	
Due to	
Other Conditions Lobar Pneumonia bilateral type III	3 days

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature William J. McClafferty M. D.

Address Bon Secours Hosp. Date signed 1-27-40

F 65498

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-3

F 65498 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 100 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1635 Division St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Little (49325)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Willie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 10, 1905

8. AGE: Years	Months	Days	If less than one day
34	5	16	hr. min.

9. Birthplace N. Car. (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name James
13. Birthplace N. Car.

MOTHER
14. Maiden Name Eliz. Lilly
15. Birthplace N. Car.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location

18 (a) Funeral director Jos. Geo. H. Holland
(b) Address 16 E. Lexington St.

19 (a) JAN 29 1940 (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26, 1940, at 2:05PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 18, 1939 to Jan. 26, 1940, and that I last saw h. alive on Jan. 26, 1940.

Immediate cause of death: Tuberculosis of lungs with hemoptysis — Duration: Oct., 1938

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul W. Roman M. D.
Address Balto. City Hospital Date signed 1-26-40

65499

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 65499

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5009 Beauregard Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5009 Beauregard Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Annie Maria Morris.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Col.
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: John H. Morris
(c) If alive, give age 70 years
7. Birth date of deceased (mo., day, yr.) Sept. 12, 1878
8. AGE: Years 61 | Months 4 | Days 14 | If less than one day hr. min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name John Bostow.
13. Birthplace Annapolis Md.

MOTHER
14. Maiden Name Mary Jane Lewis
15. Birthplace Annapolis Md

16 (a) Informant John H. Morris
(b) Address 5009 Beauregard Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29 1940 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Park
Location
18 (a) Funeral director Robert L. Cowen
(b) Address 804 W. Caroline St.
19 JAN 29 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1940 at 9:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 22 1940 to Jan 26 1940. and that I last saw her alive on Jan 26 1940.

Immediate cause of death: Cerebral hemorrhage — Duration: 4 Days
Due to
Due to
Other Conditions Diabetes Mellitus — 2 yr.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Maurice Adams M. D.
Address 312 E 23rd St. Date signed 1-26-40

VS 3

F 65500

5590

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-W Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3600 Hooper Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3600 Hooper Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1958

3 (a) FULL NAME William Henry Haynie

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary A. Haynie
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Oct 23 1875

8. AGE: Years	Months	Days	If less than one day
64	3	4	hr. min.

9. Birthplace Lancaster Co Va. (Town, county, and state)
10. Usual Occupation Lumber foreman
11. Industry or business B & O R R

FATHER
12. Name Steptoe Haynie
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary Ann Dudley
15. Birthplace Virginia

16 (a) Informant M. Louise Haynie
(b) Address 3600 Hooper Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 30 1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Baltimore Md

18 (a) Funeral director Henry H. Armacost
(b) Address 4204 Ridgewood Ave

(c) Filed by registrar (b) Huntington Williams M.D. Registrar

JAN 29 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1940 at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 26 1940 to Jan 27 1940, and that I last saw him alive on Jan 26 1940.

Immediate cause of death — Duration
Sept Hemorrhagia
Cerebral Hemorrhage
Due to
Due to
Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas Swanson M. D.
Address 4706 Garrison Blvd Date signed 1-29-40

65501

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 65501

Registered No.

The correct age is especially important. Physicians, please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 269 N. Exeter St
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) L
(e) Length of stay in Baltimore (yrs., mos., or days) L

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 269 N. Exeter St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katie Finegross

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife V. N. Krauss
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Home Wife
11. Industry or business

FATHER
12. Name V. N. Krauss
13. Birthplace Russia

MOTHER
14. Maiden Name V. N. Krauss
15. Birthplace Russia

16 (a) Informant Hospital Record
(b) Address

17 Burial (Burial, cremation, or removal) (b) Date thereof 1-29-40 (month) (day) (year)
(c) Cemetery or crematory Vaucluse
Location Rosedale

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Pratt St

19 (a) (Date received by registrar) (b) Registrar

JAN 29 1940

Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-28- 1940, at 9:40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquisition thereon and from the evidence obtained by said Inquisition find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Heart Disease	
Due to Bronchopneumonia	
Due to Myocardial Failure	
Other Conditions Cerebral Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence -
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - (Specify type of place) While at work? -
(e) Means of injury -

23. Signature Howard J. Walden M.D. Medical Examiner.
Date signed 1-29-40

F 65502

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 65502 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 746 W Franklin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ~~2 days~~
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 746 W Franklin (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Savage

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-5488

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband ~~or wife~~ Willie Savage
6 (c) If alive, give age? years

7. Birth date of deceased (mo., day, yr.) Sept 12, 1844

8. AGE: Years	Months	Days	If less than one day
95	4	13	hr. min.

9. Birthplace Northampton Co Va. (Town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business

FATHER
12. Name Geo L. Savage
13. Birthplace North Hampton Co Va

MOTHER
14. Maiden Name Bessie Kelly
15. Birthplace Va

16 (a) Informant Willie Savage
(b) Address 746 W Franklin St

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan 29 1940 (month) (day) (year)
(c) Cemetery or crematory National Cemetery
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 3221 Schroeder St

19 (a) JAN 29 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 1940, at 4:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1939 to Jan 25 1940, and that I last saw h~~im~~ alive on Jan 25 1940.

Immediate cause of death Tuberculosis Laryngitis — Duration 2 mos.

Due to (Insoluble tuberculosis (pulmonary) (laryngeal) (gut or glands)) —

Due to —

Other Conditions Pulmonary Tuberculosis — Aug 1939

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R J Manning
Address 1429 E Monument Date signed 1/26/40

VS 3

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

65593

CERTIFICATE OF DEATH 25 F 65503

1. PLACE OF DEATH University Hospital — Registered No. ____

CITY OF BALTIMORE: (No. ____ St. 18-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Rosie Hayes. If U. S. Veteran specify WAR ____

(a) Residence: No. 207 N. Schroeder St St., ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem. — 4. Color or Race: Col. — 5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Calvin Hayes

6. DATE OF BIRTH (month, day, year): 6/7/1911.

7. AGE: Years 27 yrs — Months 7 — Days 20 — If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ____
10. Date deceased last worked at this occupation (month and year): ____ — 11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Winnsboro S.C.

FATHER
13. NAME: Burr Davis
14. BIRTHPLACE (city or town) (State or country): Winnsboro S.C.

MOTHER
15. MAIDEN NAME: Alberta Grant.
16. BIRTHPLACE (city or town) (State or country): " S.C.

17. INFORMANT: Calvin Hayes
(Address): 207 N. Schroeder St.

18. BURIAL, CREMATION, OR REMOVAL. Place: Winnsboro, S.C. Date: Jan 30, 1940

19. UNDERTAKER: Mrs Katie R. Williams
(Address): 3328 Schroeder

Filed: JAN 29 1940, 19__ — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-27-, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23 1940 to Jan. 27 1940

I last saw her alive on Jan 24, 1940 Death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis due to a pelvic abscess	4 days
	prior

Other contributory causes of importance:

Was an operation performed? Yes Date of 1-23-40

For what disease or injury? Pelvic Abscess.

Name of operation Posterior Culpotomy

What test confirmed diagnosis? P.M.S. Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) H. Gabriel M. D.

(Address) University Hospital

JAN 29 1940 Huntington Williams M.D.

Howard J. Madden M.D. Chief Medical Examiner

F 65504

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 65504 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 508 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 414 Gilmor St. (If rural give location)
(e) If foreign born, how long in U. S. A.? yrs.

3 (a) FULL NAME Robert Allbrooks (36764)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Lillian
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1905

8. AGE: Years	Months	Days	If less than one day
34	10	12	hr. min.

9. Birthplace N. Car. (Town, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER
12. Name Manuel MacNeal
13. Birthplace S. Car.

MOTHER
14. Maiden Name Sissy Allbrooks
15. Birthplace N. Car.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 30, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

JAN 29 1940 (Date rec'd by registrar) Mrs. Katie R. Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 27, 1940, at 5:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 6, 1938, to Jan. 27, 1940, and that I last saw him alive on Jan. 27, 1940

Immediate cause of death: Tuberculosis of lungs — Duration: Dec, 1933

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Tuberculosis of lungs, pulmonary hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul W. Roman M. D.
Address Balto. City Hospital Date signed 1-27-40

VS 8

F 65505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 65505 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: Wyman Park Drive and 31st St.

(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 days

(e) Length of stay in Baltimore (yrs., mos., or days) 10 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County

(c) City or town Covington (If outside city or town limits, write RURAL and give town)

(d) Street No. 431 Packard Street (S. Paca St) (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert William ARNOLD

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 229 07 1224

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29, 1892

8. AGE: Years 47 | Months 9 | Days 27 | If less than one day hr. min.

9. Birthplace: Prestonsville, Ky. (Town, county, and state)

10. Usual Occupation: Apple Picker

11. Industry or business

FATHER

12. Name: John W. Arnold

13. Birthplace: Carrolton, Ky.

MOTHER

14. Maiden Name: Georgie Williams

15. Birthplace: Carrollton, Ky.

16 (a) Informant: Records-U. S. Marine Hospital,

(b) Address: Baltimore, Maryland.

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof 1-29-40 (month) (day) (year)

(c) Cemetery or crematory Lexington

Location Ky Kentucky

18 (a) Funeral director: Robert Brooks & Son.

(b) Address: Calhoun & Hollins Sts.

JAN 29 1940 (Date received by Registrar) (b) Registrar

VS 8

Huntington, Williams, Mt.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 26, 1940, at 7:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 21, 1939, to Jan. 26, 1940, and that I last saw him alive on Jan. 26, 1940.

	Duration
Immediate cause of death: Myocarditis acute, pneumococcic,	2 days.
Due to Pneumococcic Meningitis (Type ?.)	9 days
Due to Pneumonia Lobar (Type ?.)	35 days.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none.

Of autopsy No.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Dr. W. N. Anderson / Pat Smith, M. D.

Address U. S. Marine Hosp. Date signed 1-27-40

F 65506

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No. F 65506

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 300 N Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1003 Druid Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herbert Clark

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03945 3?6

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Vernell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-1-1886

8. AGE: Years	Months	Days	If less than one day
53	11	24	hr. min.

9. Birthplace Va. (Town, county and state)

10. Usual Occupation Syrup Mixer

11. Industry or business Bottling Co.

FATHER
12. Name Douglass Clark
13. Birthplace Va.

MOTHER
14. Maiden Name Eliza. Taylor
15. Birthplace Va.

16 (a) Informant Vernell Clark (W).
(b) Address 1003 Druid Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 29, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location Baltimore Md.

18 (a) Funeral director Charles O. Corbin
(b) Address 514 N. Calhoun St

19 (a) JAN 29 1940 (Date received by Registrar) (b) Huntingtown Williamsport Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 1940, at 9 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 22 1940, to Jan 25 1940 and that I last saw him alive on Jan 25 1940.

Immediate cause of death	Duration
Rheumatic Heart Disease	1 yr
Due to	
Due to	
Other Conditions Pulmonary Embolism (Include pregnancy within 3 months of death)	2 days

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. J. Mendelis M. D.
Address Mercy Hospital Date signed 1-25-40

65507

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65507

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital 123
CITY OF BALTIMORE: (No. Linden & Madison St., 1 Ward) Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR
2. FULL NAME Mrs. Dora Linton
(a) Residence: No. Sykesville Md St., Ward. Howard Co
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred

6. DATE OF BIRTH (month, day, year) Mar. 12 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79 78	10	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME George Grow
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Katherine Smith
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Alfred E. Linton
(Address) Sykesville, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Sykesville Cem. Date 1-31-40

19. UNDERTAKER Harry Wiers
(Address) Sykesville Md

20. FILED 1940 Thos Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-28, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-21-40 19 to 1-28 19 40
I last saw her alive on 1-28 19 40 Death is said to have occurred on the date stated above, at 9:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro-Intestinal Hemorrhage	1940

Other contributory causes of importance:
Bronchopneumonia (Terminal) Secondary Anemia

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. E. Pogue M. D.
(Address) Maryland General Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS a JAN 29 1940

65508

HEALTH DEPARTMENT—CITY OF BALTIMORE

65508

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH St. Joseph's Hosp.

CITY OF BALTIMORE: (No. Carolina & Oliver St. 10-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James C Kessler

If U. S. Veteran specify WAR

(a) Residence: No. 1225 E. Eager St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 14-1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78 yrs	7 Mo.	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Priest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. - Md.

FATHER

13. NAME Wendelin d. Kessler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Tiesling

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT St. James Church records
(Address) 1225 E Eager St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Holy Redeemer Date Jan. 30, 1940

19. UNDERTAKER Henry Stocks & Sons Inc.
(Address) 1201 E Eager St.

20. FILED ... 19... by Wilmer ... Asst.

JAN 29 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27th, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1940 to Jan 27th, 1940

I last saw him alive on Jan 26, 1940 Death is said to have occurred on the date stated above, at 12.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular Disease	
Hypertension	
Right side failure	Nov 26.
Cerebral Accident - ovm	Jan 16.
Other contributory causes of importance:	
Cystitis	Jan 22

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) M. R. Tangot M. D.

(Address) St. Josephs Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

65509 52249-FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 102 York St. W.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Major Larson Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-26-39

8. AGE: Years | Months: 7 | Days: 29 | If less than one day: hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Major Larson
13. Birthplace N.C.

MOTHER
14. Maiden Name Margaret Lee
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, removal) (b) Date thereof 1-29-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Ct
Location Balto City

18 (a) Funeral director Isaiah L. Brown
(b) Address 101 W Montgomery St

19 JAN 29 1940 Huntington Williams M.D.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/25/40 19 at 7 05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/24/40 19 to 1/25/40 19.
and that I last saw h.i.m. alive on 1/25/40 19.

Immediate cause of death: Lobar Pneumonia — Duration: 2 days
Due to
Due to
Other Conditions Rickets & Scurvy
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Goldberg M. D.
Address Baltimore City Hospitals Date signed 1/26/40

F 65510

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a Registered No. F 65510

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 644 Dover St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 644 Dover St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James H. Walker

3 (b) If veteran, name war

3 (c) Social Security Account No. Not Covered

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Columbia S. C (Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business Hotel

FATHER
12. Name James H Walker
13. Birthplace S C.

MOTHER
14. Maiden Name Glenn
15. Birthplace S C.

16 (a) Informant Mamie E Powell
(b) Address 644 Dover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-40 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cr
Location Balto

18 (a) Funeral director Isaiah L. Brown Sr
(b) Address 108 W Pratt Street

JAN 29 1940
(Director or Registrar)

(b) Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1940 at 10 am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death Cardiac Insufficiency

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W H Gardenhire M.D.
Medical Examiner.

Date signed 1/27/40

VS 6

F 65511

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 F 65511 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Annapolis
(If outside city or town limits, write RURAL and give town)
Street No. Route 3, Box 504
(If rural give location)
(d) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME James F. ORR

3 (b) If veteran, name war	3 (c) Social Security Account No.
SAW	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife ____
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan. 1856

8. AGE: Years	Months	Days	If less than one day
84	0		____ hr. ____ min.

9. Birthplace Unknown
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof 1-30-1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory National
Location Annapolis Md

18 (a) Funeral director Bl x Hopkins
(b) Address Annapolis Md.

19 (a) Filed JAN 29 1940 (b) Registrar Wm. Fletcher Whitridge, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 27, 1940, at 10:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 26, 1940, to Jan. 27, 1940, and that I last saw him alive on Jan. 27, 1940.

Immediate cause of death Lobar pneumonia, left — Duration 12 days

Due to ____

Due to ____

Other Conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____
(Specify type of place)
(e) Means of injury ____

23. Signature T. B. H. Anderson, M.D.
Address U. S. Marine Hospital Date signed 1-29-40
Baltimore, Maryland.

65512

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-3 Registered No. F 65512

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3509 Caton Ave.
(c) Hospital or institution: ----------
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2120 Ashton Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

20

3 (a) FULL NAME GOTTLIEB DIETRICH

3 (b) If veteran, name war	3 (c) Social Security Account No.
No.	No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Nannette Dieterich
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 27, 1861

8. AGE: Years	Months	Days	If less than one day hr.	min.
78	4	29		

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name George Dieterich
13. Birthplace Germany

MOTHER
14. Maiden Name Rosina Schmidt
15. Birthplace Germany

16 (a) Informant Mr. William Dietrich
(b) Address 2509 Ashton Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/40 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore, Maryland

18 (a) Funeral director H. B. Hyppert & Son
(b) Address 1300 Eutaw Pl. Huntington Hotel Baltimore, Md.

19 (a) (Date received by Registrar) JAN 29 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25, 1940, at 3:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1940 to Jan 25 1940, and that I last saw him alive on Jan 24 1940.

Immediate cause of death Nephritis Glomerular Myocarditis — Duration 4 wks 10 years

Due to

Due to

Other Conditions Uraemic Coma — 1 day

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? No (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? No (Specify type of place) While at work?
(e) Means of injury

23. Signature Nicholas De Bonelli M. D.
Address 4413 Frederick Ave Date signed

Dr. Bonnelli

F 65513

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B Registered No. F 65513

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct, age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: 2430
(a) Baltimore City, Maryland
(b) Street address 2430 Frederick Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 2430 Frederick Ave. 2430 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JERMIAH W. WRIGHTSON.

3 (b) If veteran, name war No.

3 (c) Social Security Account No. No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Cora E. Wrightson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 25, 1870

8. AGE: Years 70 | Months 0 | Days 0 | If less than one day 0 hr. – min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Chief Engineer

11. Industry or business Stationary Engineer

FATHER
12. Name Columbus Wrightson
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Ward
15. Birthplace Maryland

16 (a) Informant Mrs. Cora E. Wrightson
(b) Address 2430 Frederick Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Maryland
Name of director [illegible] Hippertson
Address 1300 Eutaw Place

19 (a) (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25, 1940, at 12:02 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/22 1940, to 1/25 1940, and that I last saw him alive on 1/25 1940.

Immediate cause of death: Coronary Occlusion
Due to: Prostatic Hypertrophy
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. T. Battaglia M. D.
Address 3921 Edmondson Ave. Date signed

VS 3

Dr.

65514 ; BALTIMORE CITY HEALTH DEPARTMENT F 65514 ,

CERTIFICATE OF DEATH 93-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3614 Plateau Ave
(c) Hospital or institution: ~
(d) Length of stay in hospital or inst. (yrs., mos., or days) ~
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 3614 Plateau Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ~ years

3 (a) FULL NAME Cornelia Leonhardt

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John Leonhardt
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 25. 1850

8. AGE: Years	Months	Days	If less than one day
89	6	1	— hr. — min.

9. Birthplace Baltimore - Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at Home

FATHER 12. Name J. Glaudel
13. Birthplace FRANCE

MOTHER 14. Maiden Name Emily E. Chase
15. Birthplace Philadelphia - Pa

16 (a) Informant Mrs. Bertha Lang
(b) Address Greenway Apts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rue

18 (a) Funeral director F. B. Wippert & Son
(b) Address 1300 Eutaw Place

19 (a) JAN 29 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26 - 1940, at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1938. to Jan. 26 1940. and that I last saw HER alive on Jan 24 1940.

Immediate cause of death
Uremia Myocarditis — Duration 1936

Due to

Due to

Other Conditions Acute Cardiac Dilatation — 1940

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. W. Bishop M. D.
Address 501 S Linden Ave Date signed Jan 31 1940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55-E

F 65515 — Registered No. F 65515

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) ~~18 years~~ 19 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 18 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2015 E. Eager Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 1919 years

3 (a) FULL NAME Alexander Cardoza Javagat

3 (b) If veteran, name war

3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Filipino	Married

6 (b) Name of husband or wife Annie Phillips
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 13, 1894

8. AGE: Years	Months	Days	If less than one day
45	9	12	hr. min.

9. Birthplace Manilla, P. I. (Town, county, and state)
10. Usual Occupation Oiler
11. Industry or business SS Wm. N. Page

FATHER
12. Name Balbano Javagat
13. Birthplace Malabyoc, P. I.

MOTHER
14. Maiden Name Dionicia Cardoza
15. Birthplace Malabyoc, P. I.

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-29-40 (month) (day) (year)
(c) Cemetery or crematory MT. CALVERT
Location BALTO., MD.

18 (a) Funeral director A. R. SLADE
(b) Address 4907 YORK RD.

19 (Date received by Registrar) JAN 29 1940 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25, 1940, at 5:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 6, 1940, to Jan. 25, 1940 and that I last saw him alive on Jan. 25, 1940

Immediate cause of death	Duration
Hepatic insufficiency and metastasis of brain	1 week
Due to Primary melanoma of congentiva	9 months
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Same as above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. B. V. Anderson, M. D.
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 1-26-40

65516

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 65516

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1109 Druid Hill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1109 Druid Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME MARY E. JOHNSON

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

9. Birthplace Caroline County, Virginia (Town, county, and state)

10. Usual Occupation Invalid - old age pensioner

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " "

MOTHER
14. Maiden Name Unknown
15. Birthplace " "

16 (a) Informant Mrs. Williams
(b) Address 1109 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 1-29-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Balto. Co. Md.

18 (a) Funeral director Chas. H. Alexander
(b) Address 1200 Gorsuch Ave

19 JAN 29 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25 1940, at 12:20 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquest) thereon and from the evidence obtained by said inquest (Autopsy or Inquest) find that said deceased came to her death on the day stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to Senility

Due to

Other Conditions No history

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Waldemeier — M.D. Medical Examiner

Date signed Jan 29 1940

VS 6

F 65517

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 65517 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3812 Leo. St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3812 Leo St (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Catharine Gorski

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Anthony Gorski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July [illegible] 1881

8. AGE: Years 58 | Months 6 | Days 24 | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Anthony Gorski
(b) Address 3812 Leo St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 1 - 1940 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location

18 (a) Funeral director Wm. J. Fialkowski
(b) Address 2002 Eastern Ave.

19 (a) JAN 29 1940 (Date received by registrar) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION P.

20. DATE OF DEATH Jan. 27, 1940 at 4.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/29/ 1939 to Jan. 27 1940 and that I last saw h er alive on Jan. 27 1940.

Immediate cause of death: Hypertensive cardio vascular renal disease — Duration: ?

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Weiler M. D.
Address 1226 Hanover St. Date signed 1/29/40

F 65518

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B Registered No.

F 65518

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 min
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 821 N. Arlington Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Amanda Hymes.

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race colored | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Thomas

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct. 22, 1886

8. AGE: Years 53 | Months 3 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace Penn. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Isaac Coleman

13. Birthplace Penn.

MOTHER 14. Maiden Name Unknown

15. Birthplace ____

16 (a) Informant Sadie Hymes

(b) Address 821 N. Arlington Ave

17. (a) Burial, cremation, or removal Arlington (b) Date thereof 1/30/40 (month) (day) (year)

(c) Cemetery or crematory Arlington

Location ____

18 (a) Funeral director Thos. E. Kelson

(b) Address 1303 Pressman St

19. (a) Filed 1-29-1940 (b) Hunting for Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-27-1940 at 3.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-27-1940 to 1-27-1940 and that I last saw her alive on 1-27-1940

Immediate cause of death: Chr. Myocardial Insufficiency — Duration ?

Due to ____

Due to ____

Other Conditions Obesity — 1 yr.

(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy Chr myocarditis + Nephritis.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury ____

23. Signature E. H. Mahoney M. D.

Address Provident Hospital Date signed 1/29/40

Edward J. Mahoney, M.D. Chief Medical Examiner

F 65519

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-A Registered No. F 65519

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1219 N. Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1219 N. Broadway
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alric E Garlton

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-09-6041

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Gertrude Garlton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 7th 1888

8. AGE: Years	Months	Days	If less than one day
52 51	5	20	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Clerk Md Jockey Club
11. Industry or business

FATHER
12. Name Coombs Garlton
13. Birthplace Md

MOTHER
14. Maiden Name Mollie Goodwin
15. Birthplace Md

16 (a) Informant Mrs Gertrude Garlton
(b) Address 1219 N Broadway

17 (a) (Burial, cremation, or removal) (b) Date thereof 1/30/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Leo G. Cook
(b) Address 1901-03 N Patt Park Ave

(c) Date received by registrar JAN 29 1940 (d) Registrar Huntington H. Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 27 1940 at 11 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1939 to Jan 27 1940, and that I last saw h alive on Jan 27 1940.

Immediate cause of death Uremia — Duration 1 day

Due to Cardiac Failure — Duration over

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Cohen M. D.
Address 126 E Mount St Date signed 1/29/40

65520 HEALTH DEPARTMENT—CITY OF BALTIMORE 65520

F 5058

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hosp. St., 55 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. ... in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Brady.

(a) Residence: No. 3919 Orleans Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-23-40

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME David Rudolph Brady

14. BIRTHPLACE (city or town) Wilmington N.C. (State or country)

MOTHER

15. MAIDEN NAME Kathryn Phillips

16. BIRTHPLACE (city or town) Delmar, Del. (State or country)

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Carnegie Institute Date 1-25-40 19

19. UNDERTAKER .....

(Address)

20. FILED JAN 29 1940 Huntington Williams, M.D. Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-25-40, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-23-40, 19... to 1-25-40, 19...

I last saw him alive on 1-25-40, 19... Death is said to have occurred on the date stated above, at 10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Respiratory failure	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Richard Wurtheringer Jr. M. D.

(Address) Women's Hospital

F 65521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-6

F 65521 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1878 N. Spring St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore 42 yrs. mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1878 N. Spring St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Morgan Hunter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Widowed

6 (b) Name of husband or wife Rose Hunter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 14, 1880

8. AGE: Years	Months	Days	If less than one day
59	11	12	hr. min

9. Birthplace Middleland, Virginia (Town, county, and state)
10. Usual Occupation Job Work
11. Industry or business

FATHER
12. Name Henry Hunter
13. Birthplace Middleland Va

MOTHER
14. Maiden Name Hanett
15. Birthplace Middleland, Va

16 (a) Informant Mrs Mary Jackson
(b) Address 1440 E Chase st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 30 1940 (month) (day) (year)
(c) Cemetery or crematory Mount Calvary
Location Anne Arundel County

18 (a) Funeral director Joseph A. Lindsay
(b) Address 402 N Mount Street

19 (a) JAN 29 1940 (Date rec'd by registrar) (b) filing [illegible] Baltimore, Md. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1940, at am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Cardio vascular renal disease — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner
Date signed 1/27/40

F 65522

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65522

CERTIFICATE OF DEATH 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St. 16-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Sophie Burnell

If U. S. Veteran specify WAR .....

(a) Residence: No. 917 N Calhoun St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Married

5a. If married, widowed, or divorced: RUSBAND of (or) WIFE of Sidney Burnell

6. DATE OF BIRTH (month, day, year) Jan 3 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Reuben Wells

14. BIRTHPLACE (city or town) (State or country) West River Maryland

MOTHER

15. MAIDEN NAME Johns

16. BIRTHPLACE (city or town) (State or country) West River Maryland

17. INFORMANT Sidney Burnell

(Address) 917 N Calhoun St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date Jan. 31, 1940

19. UNDERTAKER Joseph A Sivley

(Address) 4099 W Mosat Street

20. FILED ..... 19.... .....

JAN 29 1940 Registrar. Hastings-on-Hudson, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-27-40, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-18-40, 19.., to 1-27, 1940

I last saw her alive on 1-26, 1940 Death is said to have occurred on the date stated above, at 1255 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	
Metastasis	
Other contributory causes of importance:	
Chr. nephritis (uremia)	

Was an operation performed? Biopsy Date of 1-21-40

For what disease or injury? Malignancy

Name of operation Biopsy

What test confirmed diagnosis? " Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) M. R. Turnbull, M. D.

(Address) St. Josephs Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 65523

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-E Registered No. F 65523

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1104 E Preston St.
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1104 E. Preston St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Elizabeth Kelly

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife John J. Kelly
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 25, 1863

8. AGE: Years	Months	Days	If less than one day
77	0	3	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Home wife
11. Industry or business at home

FATHER
12. Name James Wm Chase
13. Birthplace Boston Mass.

MOTHER
14. Maiden Name Mary E. Roche
15. Birthplace Ireland

16 (a) Informant Miss Virg Kelly
(b) Address 1104 E. Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 31 1940 (month) (day) (year)
(c) Cemetery or ~~crematory~~ New Cathedral
Location 4300 Old Frederick Rd.

18 (a) Funeral director Edmund W. Conklin & Son
(b) Address 9242 E. Eager St.

JAN 29 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25th 1940, at 12:46 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1932, to Jan 25th 1940, and that I last saw h[illegible] alive on Jan 27 1940.

Immediate cause of death Acute Cardiac Failure — Duration 10 days.
Due to myocardial insufficiency
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Jack J. Singer
Address 506 E. North Ave Date signed 1-29-40 M. D.

F 65524

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108

F 65524
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr 25 min
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1319 Edmonson Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Jenkins.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife: Rachel Jenkins
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 19, 1889
8. AGE: Years 50 Months 10 Days 22 If less than one day hr. min.
9. Birthplace Charles Co Md.
(Town, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER
12. Name William H. Jenkins
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Scott
15. Birthplace Md.

16 (a) Informant Mrs. Rachel F. Jenkins
(b) Address 1319 Edmondson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-1-40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Baltimore Md.

18 (a) Funeral director Mrs. Theresa A. Reynolds
(b) Address 578 N. Biddle St.
(c) Date received JAN 29 1940 Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-28-1940, at 11.55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-28-1940 to 1-28-1940 and that I last saw h alive on 1-28-1940.

Immediate cause of death	Duration
Pneumococcic Meningitis	?
Due to	
Due to	
Other Conditions Lobar Pneumonia Left base	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lt. Mahoney M. D.
Address Provident Hospital Date signed 1-28-40

65525 HEALTH DEPARTMENT—CITY OF BALTIMORE 65525

CERTIFICATE OF DEATH

131-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Maryland Gen Hosp 11-3 St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Henry Merrick
If U. S. Veteran specify WAR

(a) Residence: No. 315 Linden Ave St., Ward. S S 220-05-7362
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 13, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	4	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER
13. NAME Louis Merrick
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Emily Williams
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 1-30-40

19. UNDERTAKER Mr. Francis A. Hemsley
(Address) 378 N. Bradford St.

20. FILED Huntington Williams Registrar.
JAN 29 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1940 to Jan 24, 1940
I last saw him alive on Jan 24, 1940. Death is said to have occurred on the date stated above, at 4:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Broncho-pneumonia	
2. Hypertensive cardio-vascular renal disease	
3. Acute dilatation of heart	
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. L. Passano, M. D.
(Address) Md. Gen. Hosp

A.—WRITE PLAINLY, with unfading ink. Fill in all blanks. If any cannot be answered, write "unknown." Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

65526

CCK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

/31-a Registered No. F-87 65526

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1531 Edmondson Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

19-1

3 (a) FULL NAME Robert White

3 (b) If veteran, name war	3 (c) Social Security Account No. 218-10-4706

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Lillian
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 20, 1896

8. AGE: Years	Months	Days	If less than one day
44	0	7	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business W P A

FATHER
12. Name Charles
13. Birthplace Va.

MOTHER
14. Maiden Name Martha Banks
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-40 (month) (day) (year)
(c) Cemetery or crematory National Cem. Location Baltimore Md

18 (a) Funeral director Wm. Frances Sr. Brantley
(b) Address 578 W. Baltimore St.

19 (a) Thomas for Williams M.D. (Date rec'd by registrar) Registrar

JAN 29 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH January 27 1940, at 6:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 13 1940, to Jan. 27 1940, and that I last saw him alive on Jan. 27 1940.

Immediate cause of death: Arteriolar nephrosclerosis — Duration: unknown.
Due to:
Due to:
Other Conditions Hypertension — unknown.

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy Scarred kidneys.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas Cabot Hays M. D.
Address Balto City Hosp. Date signed 1-28-40

65527

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-P

F 65527

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~xxxx~~ 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hosipitel
(d) Length of stay in hospital or inst. (yrs., mos., or days) 138 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1141 N. Gilmor St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dorothy Comegys (48165)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Separated

6 (b) Name of husband or wife Herold

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25, 1920

8. AGE: Years	Months	Days	If less than one day
19	7	30 29	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER
12. Name James Dorsey
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Collins
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Westport Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pebbles

19 (a) JAN 29 1940 (Date Registered) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 24, 1940, at 2:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 8, 1939, to Jan. 24, 1940, and that I last saw her alive on Jan. 24, 1940.

Immediate cause of death Tuberculosis of the lung — Duration May 1939

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Tuberculosis of lung, both lungs Hypostatic pneumonia, both lungs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. D.
Address Baltimore City Hospitals Date signed 1-29-40

65528

HEALTH DEPARTMENT—CITY OF BALTIMORE

65528

CERTIFICATE OF DEATH

27-14 92-7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4204 Roland Avenue St. 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? 60 yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Osborne

(a) Residence: No. 4204 Roland Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Stephen M. Osborne

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ------- (State or country) Ireland

FATHER

13. NAME ----- McCann

14. BIRTHPLACE (city or town) ------- (State or country) Ireland

MOTHER

15. MAIDEN NAME ----- -----

16. BIRTHPLACE (city or town) ------- (State or country) Ireland

17. INFORMANT Stephen M. Osborne
(Address) 4204 Roland Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rood Cem., Long Island, N. Y. Date 1/31 1940

19. UNDERTAKER H. W. Negus & Son
(Address) 505 N. Calvert St.

20. FILED JAN 29 1940 Huntington Williams, M.D. Registrar.

Via Railway Express Company

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from 12/21/ 1940 to Jan. 28 1940

I last saw h-- alive on Jan. 28 1940 Death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Left Hemiplegia Cerebral	12/26/40
Probor Shock	
Coma	4 days
Arteriosclerotic Hypertension	3/23/1938
Other contributory causes of importance:	
Chronic Endocarditis mitral valvular	
and aortic insufficiency	Mar. 23, 1938

Was an operation performed? No Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Physical signs Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If specify

(Signed) M. Gibson Porter M. D.

(Address) 4022 Roland Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 65529

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65529

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hosp St. 7-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Frank J. Pazdera

If U. S. Veteran specify WAR .....

(a) Residence: No. 2326 Eager St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Pazdera

6. DATE OF BIRTH (month, day, year) July 22-1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Hermanuv Mestic Bohemia

FATHER

13. NAME John Pazdera

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME aloisie Svoboda

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT James Pazdera

(Address) 2326 E. Eager Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 31 1940

19. UNDERTAKER John C. Fridley Inc.

(Address) 2332-34 E. Oliver St.

20. FILED JAN 29 1940 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-28-40 19

22. I HEREBY CERTIFY, That I attended deceased from 1-26-40, 19... to 1-28-40, 19...

I last saw him alive on 1-28-40, 19... Death is said to have occurred on the date stated above, at 9 15 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis left middle Cerebral Artery & Contra lateral Hemiplegia	1-25-40
Arteriosclerotic Cardio -	
Other contributory causes of importance:	
Vascular Disease & Auricular fibrillation	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) M. R. Cunniff M. D.

(Address) St. Joseph's Hosp.

V8 3

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

65530

CERTIFICATE OF DEATH

45-L F 65530

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene St. 16-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John C. Stambaugh

(a) Residence: No. 2431 Calverton Heights Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle E. Stambaugh

6. DATE OF BIRTH (month, day, year) Dec 11 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pa R. R.

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (city or town) (State or country) Emma

FATHER

13. NAME J. Stambaugh

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME MacKaboy

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Myrtle E. Stambaugh

(Address) 2431 Calverton Heights Ave

18. BURIAL, ~~CREMATION, OR REMOVAL~~.

Place London Park Date 1/30, 1940

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. JAN 29 1940 19 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-27, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-26, 1940, to 1-27, 1940

I last saw him alive on 1-27, 1940. Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory Failure	
Carcinoma of mouth c	
Metastasis to Neck + Jaw.	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1-27-40

For what disease or injury? Carcinoma of mouth

Name of operation Ligation of Ext. Carotid A.

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ramsay B Thomas M. D.

(Address) Univ. Hosp. City

Howard J. Malone M.D. Chief Med Exam
per. E.R. Brantigan

VS 3

WHEN FILLING OUT AND SIGNING THIS BLANK IT IS A RESPONSIBLE RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

65531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

Registered No. F 65531

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3810 Green Mount Ave

(c) Hospital or institution: Residence

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County —

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 3810 Green Mount Ave. City (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mattie Staylor Crews

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Frank Crews

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 13, 1872

8. AGE: Years	Months	Days	If less than one day
67	9	14	..... hr. ..... min.

9. Birthplace Norfolk, Virginia (Town, county and state)

10. Usual Occupation Home

11. Industry or business Home

FATHER — 12. Name George Staylor

13. Birthplace Baltimore, Md.

MOTHER — 14. Maiden Name Martha E. Burgess

15. Birthplace Norfolk Va.

16 (a) Informant Mrs. Martha C. Mason (daughter)

(b) Address 3810 Green Mount Ave, City.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-40 (month) (day) (year)

(c) Cemetery or crematory Location Norfolk - Richmond, Va

18 (a) Funeral director STEWART & MOWEN COMPANY

(b) Address (W. F. MOWEN SUC.) 108 W. NORTH AVENUE

19 (a) JAN 29 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-27 1940, at 6:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1938, to 1-27 1940, and that I last saw h&R alive on 1-22 1940.

Immediate cause of death	Duration
CHR. ARTERIOSCLEROTIC HEART DISEASE	2+ Years
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature John I. Dorsey M. D.

Address 1129 St. Paul St Date signed 1-29-40

VS 3

B5532 390

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

126

Registered No. F 65532

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State N.J. (b) County
(c) City or town New Brunswick (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 Hillcrest (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert P. Hayden

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	MARRIED

6 (b) Name of husband or wife Sue
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-31-73

8. AGE: Years	Months	Days	If less than one day hr.	min.
66	4	27		

9. Birthplace Delaware (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER 12. Name Daniel Hayden
13. Birthplace MD

MOTHER 14. Maiden Name Miriam Pippin
15. Birthplace MD

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 31, 1940 (month) (day) (year)
(c) Cemetery or crematory
Location New Brunswick, N. J.

18 (a) Funeral director Wm. J. Fichner & Sons
(b) Address North & Pa. Ave.

19 JAN 29 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN-28 1940 at 7:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec-27 1939 to JAN 28 1940 and that I last saw HIM alive on JAN-28 1940.

Immediate cause of death	Duration
Septicemia	
Due to Perivesical Abscess	
Due to Pylonephritis, acute	
Other Conditions Cholelithiasis, Atelectasis (Include pregnancy within 3 months of death)	

Major findings:
Of operations Diverticulum, Urinary Bladder
Of autopsy Perivesical Abscess

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James R. Gay M. D.
Address Johns Hopkins Hosp Date signed 1-29-40

VS 8

65533

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. 65533

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3407 Pinkney Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8 Years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3407 Pinkney Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME DORA R. ROSENSTOCK

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband ~~or wife~~ Isaac Rosenstock
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) About Dec. 11, 1871

8. AGE: Years	Months	Days	If less than one day
About 68	1	17	hr. min.

9. Birthplace Richmond, Va. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Morris Rose,
13. Birthplace Germany

MOTHER
14. Maiden Name Alice Moss,
15. Birthplace London, England.

16 (a) Informant Mrs. Alice Hess,
(b) Address Esplanade Apts.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/30/40. (month) (day) (year)
(c) Cemetery or crematory
Location Danville, Virginia.

18 (a) Funeral director Weid Construction Co.
(b) Address 1902 Eutaw Place.

19 (a) JAN 29 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jany. 28, 1940, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 26 1939 to Jan 28 1940 and that I last saw her alive on Jan. 28 1940.

Immediate cause of death

Due to Lobar Pneumonia

Due to Myocardial Insufficiency

Duration 2 days 6 Months

Other Conditions Cardiac Agitans

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Von Pinkerton M. D.

Address Temple Garden Apts. Date signed

VS 8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

65534 . 94-a Registered No. F 65534

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 431 North Kenwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME LEONARD J. SMELTER

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Martha M. Smelter
6 (c) If alive, give age: 56 years

7. Birth date of deceased (mo., day, yr.): May 1 - 1877

8. AGE: Years: 62 | Months: 2 | Days: 27 | If less than one day: hr. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual Occupation: Fireman (Balto. City)

11. Industry or business

FATHER
12. Name: Michael Smelter
13. Birthplace: Germany

MOTHER
14. Maiden Name: Mary Hopa
15. Birthplace: Germany

16 (a) Informant: Martha M. Smelter
(b) Address: 431 N. Kenwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 1-1940 (month) (day) (year)
(c) Cemetery or crematory: St. Stanislaus
Location

18 (a) Funeral director: Chas. F. Evans & Son
(b) Address: 2[illegible] W. Fayette St.

19 (a) JAN 29 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 28 1940, at 3:35 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	sudden
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: H. L. Wallenmeyer M.D. Medical Examiner.
Date signed: Jan 28, 1940

VS 6

F 65535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-D

Registered No. F 65535

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) Lifetime
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mo24days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 348 South Drew Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John L. Waldo

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna Schllpp Waldo
6 (c) If alive, give age 44 years
7. Birth date of deceased (mo., day, yr.) June 1, 1891

8. AGE: Years	Months	Days	If less than one day
48	7	27	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Fire Lieutenant
11. Industry or business Baltimore Fire Department

FATHER
12. Name John L. Waldo
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Ella H. Becham
15. Birthplace Baltimore, Maryland

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/1/40 (month) (day) (year)
(c) Cemetery or crematory [illegible]
Location Oakleon Cem.

18 (a) Funeral director Chas. H. Sand Funeral Dir.
(b) Address 118 N. Eutaw Royal Ave

19 (a) JAN 29 1940 (Date rec'd by registrar) Hunting for Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH January 28, 1940, at 4:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 5, 1939 to Jan. 28, 1940 and that I last saw him alive on Jan. 28, 1940.

	Duration
Immediate cause of death Aortic regurgitation	Unknown
Due to Luetic aortitis	Unknown
Due to	
Other Conditions Chronic, suppurative pleuritis, right (Include pregnancy within 3 months of death)	1 year

Major findings:
Of operations Rib Resection
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. M. E. Ar dura. M. D.
Address U. S. Marine Hospital Baltimore, Maryland. Date signed 1-29-40

65536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 65536

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calhoun & Fayette Sts.
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 29

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5708 E Thelbert Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John William Gaffney

3 (b) If veteran, name war	3 (c) Social Security Account No.
NONE	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	Widowed

6 (b) Name of husband or wife MARY CUMBERLAND
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 5, 1877

8. AGE: Years	Months	Days	If less than one day
62	8	23	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation HOTEL OWNER
11. Industry or business HOTEL

FATHER
12. Name JAMES W. Gaffney
13. Birthplace Lowell, Mass

MOTHER
14. Maiden Name ~~Ann~~ Laura Kidd
15. Birthplace FREDERICK MD.

16 (a) Informant MRS. MARGARET POLK
(b) Address 5107 CORDELIA AVE.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Balto. County

18 (a) Funeral director S. Vernon Lampman.
(b) Address 4611 Park Heights

19 (a) JAN 29 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-28 1940, at 12:35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-24 1940 to 1-27 1940, and that I last saw him alive on 1-28 1940.

Immediate cause of death	Duration
Cardiac Failure	
Due to Arteriosclerotic Heart Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A Bradley Daugherty M.D.
Address Franklin Sq. Hosp. Date signed 1-28-40

F 65537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

153

Registered No. F 65537

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 79 days
(e) Length of stay in Baltimore (yrs., mos., or days) -

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1318 Division St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Elizabeth Jenkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Thomas Jenkins

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) July 23 1905

8. AGE: Years 34 35 | Months 6 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace Huntingtown Maryland
(Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name Grayson Chew
13. Birthplace Huntingtown Maryland

MOTHER
14. Maiden Name Ella Slade
15. Birthplace Huntingtown Maryland

16 (a) Informant Mrs Mamie Hatton
(b) Address 1318 Division st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 30 1940 (month) (day) (year)

(c) Cemetery or crematory Huntingtown md
Location Calvert County

18 (a) Funeral director Joseph A Early
(b) Address 607 N Mount St

19 (a) Date received JAN 29 1940 (b) Huntingtown Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-27- 1940, at 11.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-10-1939 to 1-27-1940 and that I last saw him alive on 1-27-1940.

Immediate cause of death

Duration

Pemphigus Vulgaris — 118 days.
Due to
Due to
Other Conditions Malnutrition

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C F Maloney M. D.
Address Provident Hospital Date signed 1/29/40

65538

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 65538
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Little Sisters of the Poor
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2113 Greenmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nellie Boylan Hardesty

3 (b) If veteran, name war -----

3 (c) Social Security Account No. -----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife John Hardesty
6 (c) If alive, give age ---years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
72	--	--	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Boylan
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Murphy
15. Birthplace Ireland

16 (a) Informant Mrs. Catherine Carr
(b) Address 639 Anneslie Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 30, 1940 (month) (day) (year)
(c) Cemetery or crematory St. Vincents
Location Clifton Park

18 (a) Funeral director Mary M. Medefield
(b) Address 201 E. 22nd St.

19 (a) Jan 30 1940 (Date received by registrar) (b) [illegible] (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 28, 1940 at 8:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1- 1940, to Jan 28 1940, and that I last saw her alive on Jan 27-1940.

Immediate cause of death	Duration
Chronic Myocarditis	2 yrs
Due to	
Due to	
Other Conditions Edema Lungs	1 day

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E North Ave Date signed Jan 29 40

HEALTH DEPARTMENT—CITY OF BALTIMORE

65539 F 65539

CERTIFICATE OF DEATH

48-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 4-b Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mrs Bertha Voith

If U. S. Veteran specify WAR _____

(a) Residence: No. 1621 E. 29th St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Conrad A. Voith

6. DATE OF BIRTH (month, day, year) Oct 13th 1895

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
44	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 12/6/34

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Henry L. Kramm

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Bertha Schmidt

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Albert G. Kramm

(Address) 2208 White Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Jan 31st 1940

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

JAN 30 1940 19___ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 28 1940

22. I HEREBY CERTIFY, That I attended deceased from January 5 1940 to Jan. 28 1940

I last saw her alive on Jan. 28 1940 Death is said to have occurred on the date stated above, at ___ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia, following Sp. Ca. cervix	

Other contributory causes of importance:

Carcinoma of the cervix

Was an operation performed? Yes Date of 1-6-40

For what disease or injury? Carcinoma of cervix

Name of operation Bilateral Ureterotomy & Nephrectomy

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19___

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Wm R. Arnold M. D.

(Address) St. Joseph's Hosp

A. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 65540

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-W Registered No. F 65540

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3401 Fairview (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Ruth Blackstone

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Alfred Blackstone
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30, 1894

8. AGE: Years 45 | Months 5 | Days 29 | If less than one day: hr. min.

9. Birthplace Aledo (?) Ill. (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER
12. Name Clinton Bean
13. Birthplace Ill.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Husband
(b) Address 3401 Fairview Ave

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1/31/40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md

18 (a) Funeral director Williams Cook
(b) Address 1217 St. Paul

19 (a) JAN 30 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 29 1940 at 10 19 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 29 1940 to Jan 29 1940 and that I last saw her alive on Jan 27 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration:
Due to Prob. Hypertension
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Left Cerebral Hem.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. R. Steal M.D.
Address [illegible] Date signed 1/29/40

VS 3

F 65541
374675

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
107

F 65541
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1115 N. Wolfe St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Amelia Laabs

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Geo Laabs -
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Mar 11th 1882

8. AGE: Years 57 | Months 10 | Days 18 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Andrew Smith
13. Birthplace Maryland

MOTHER
14. Maiden Name Florence O'Donnell
15. Birthplace Maryland -

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 1st 1940 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) JAN 30 1940 (Date rec'd by registrar) (b) Wm. Ellis Baker M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 1940 at 10 20 CWM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 25 1940 to Jan 29 1940 and that I last saw her alive on Jan 29 1940.

Immediate cause of death Bronchial Pneumonia — Duration 2½ wks.
Due to Type III pneumococcus
Due to
Other Conditions Cardiac Failure
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Left lower bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John S. Hunt
Address Johns Hopkins Hosp signed 2-2-40 M. D.

F 65542

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1/31-W Registered No.

F 65542

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital DOA
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 E Centre St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME CHARLES P. MAHAFFEY

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	S.

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb

8. AGE: Years	Months	Days	If less than one day: hr.	min.
70	11			

9. Birthplace Phila Pa (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business W. P. A.

FATHER
12. Name James B. Mahaffey
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret A. Dinsmore
15. Birthplace Phila Pa.

16 (a) Informant Laura C. Cooney
(b) Address 1410 Union Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary (Hartford Rd)
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 E. Baltimore St.

JAN 30 1940 (Date rec'd by registrar)
(b) [illegible] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 28 1940, at 5 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Acute cardiac dilatation	unknown
Due to Cardiorenal vascular disease.	
Due to	
Other Conditions no history	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenweber M.D. Asst. Medical Examiner.
Date signed Jan 29 1940

65543

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

33-B F 65543

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp. 24-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME EDWARD M. SAUNDERS

If U. S. Veteran specify WAR

(a) Residence: No. 4207 ARIZONA AVE Str., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: MARY SAUNDERS

6. DATE OF BIRTH (month, day, year): 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ELECTRICIAN

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): ... 11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): MD.

FATHER

13. NAME: Edward D. Saunders

14. BIRTHPLACE (city or town) (State or country): md

MOTHER

15. MAIDEN NAME: Jamima Walker

16. BIRTHPLACE (city or town) (State or country): York Co. Penna.

17. INFORMANT: Mary Saunders
(Address) 4207 Arizona Ave Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL: Loudon Hill Howard Trace Date 2/1 1940

19. UNDERTAKER: Ralph M Reed
(Address) Elkridge Howard Co. Md.

20. JAN 30 1940 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-30-40

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 19 40 to Jan 30 19 40

I last saw him alive on 1-30-40 19... Death is said to have occurred on the date stated above, at 2:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis	1-20-40
Other contributory causes of importance: INFLUENZA	1-15-40

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Spinal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) M. R. Turnipt M. D.

(Address) St. Joseph's Hosp.

INSTRUCTIONS.—WRITE PLAINLY, WITH UNFADING INK. ALL QUESTIONS MUST BE ANSWERED IN FULL. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

65544

F 65544

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49-N

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 49

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2227 Eutaw Place (If rural give location)
(e) If foreign born, how long in U. S. A.? 49 years

3 (a) FULL NAME Rebecca Shuman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | **5. Color or race** W | **6 (a) Single, married, widowed, or divorced.** M.

6 (b) Name of husband or wife Isaac Shuman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-21-87

8. AGE: Years 52 | Months 8 | Days 8 | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Benjamin Lowenthal
13. Birthplace Russia

MOTHER
14. Maiden Name Lena —
15. Birthplace Russia

16 (a) Informant Isaac Shuman
(b) Address 2227 Eutaw Pl

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Jan 30/40 (month) (day) (year)
(c) Cemetery or crematory Betty Israel Cemetery Windsor Mill Road
Location

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W. North Ave

19 (Registered by registrar) **(b)** Huntington Williams, M.D. Registrar

VS 3 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 1940, at 9 1/2 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1940, to Jan 29 1940, and that I last saw her alive on Jan 29 1940.

	Duration
Immediate cause of death Granulosa cell carcinoma both ovaries	1 1/2 years
Due to Generalized abdominal	?
Due to metastasis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations 9-1-38: Carcinoma
1-22-40 - Metastasis to allergan in abdomen
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J M Collins M. D.
Address Bon Secours Hosp **Date signed** 1-29-40

F 65545

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 65545

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimor 1200 Valley St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura Rogers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
74 yrs.			hr. min.

9. Birthplace Mississippi
(Town, county, and state)

10. Usual Occupation Nurse

11. Industry or business

FATHER
12. Name Benjamin
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 31. 1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Windefeld
(b) Address 914 Greenmount Ave

19 (a) (Deputy) (Registrar) Huntington Wilkinson M.D.

DEC 22 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29, 1940 19 , at 4.10 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1- 1939 to Jan 29 1940 and that I last saw her alive on Jan - 28 1940.

Immediate cause of death	Duration
Acute Dilatation Heart	1 day
Due to Chronic Myocarditis	3 yrs
Due to	
Other Conditions Arteriosclerosis	4 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E North Av Date signed Jan 30-40

F 65546

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108

F 65546

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 556 Bloom St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 40
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 556 Bloom St
(If rural give location)
(e) If foreign born, how long in U. S. A.? —— years

3 (a) FULL NAME JAMES WASHINGTON

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-1711

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
54	—	—	hr. min.

9. Birthplace S. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Un none
13. Birthplace — —

MOTHER
14. Maiden Name Un none
15. Birthplace — —

16 (a) Informant Julia Washington Wife
(b) Address 556 Bloom st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 30 1940 (month) (day) (year)
(c) Cemetery or crematory mt auburn
Location Mt Wilson

18 (a) Funeral director E O Wilson
(b) Address 1000 Pennsylvania

19 (a) (Date received by registrar) (b) Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25 1940, at 12 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Acute cardiac dilatation	
Due to Pneumonia, lobar	two weeks
Due to	
Other Conditions no history	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. L. Williamson M.D.
Medical Examiner.

Date signed Jan 30, 1940

Jan 30 1940 Hunting Tax

F 65547 1764 -- RB

F 65547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1133 Carrollton Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bessie Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Widowed

6 (b) Name of husband or wife Harry (dead)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 18, 1867

8. AGE: Years	Months	Days	If less than one day
72	10	22 9	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation None - Old Age Pensioner

11. Industry or business

FATHER
12. Name Thomas Chandler
13. Birthplace Va.

MOTHER
14. Maiden Name Ventron Bundy
15. Birthplace Va.

16 (a) Informant Records
(b) Address Balto. City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 30 40 (Month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt Wilmans

18 (a) Funeral director Howlon
(b) Address 1000 Mantego

19 (a) [illegible] (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-27 1940, at 10 40 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-10 1940, to 1-27 1940, and that I last saw her alive on 1-27 1940

Immediate cause of death	Duration
Myocardial Failure	Sudden
Due to Arterio Sclerosis	7
Heart disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. K. Woodward M. D.
Address Balto city Hosp. Date signed 1-27-40

VS 8

65548

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65548

131-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo4da.
(e) Length of stay in Baltimore (yrs., mos., or days) 1mo4da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Somerset
(c) City or town Crisfield
(If outside city or town limits, write RURAL and give town)
(d) Street No. Treatment (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Frank M. Gould

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Angie E. Dize
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) June 4, 1865

8. AGE: Years	Months	Days	If less than one day
74	7	25	..... hr. ..... min.

9. Birthplace Long Island, New York
(Town, county, and state)
10. Usual Occupation Deckhand-SLOOP STAR
11. Industry or business Seafaring

FATHER
12. Name Donaldson T. Gould
13. Birthplace Long Island, New York

MOTHER
14. Maiden Name Rhoda Louis Raynor
15. Birthplace Hampton Bays, Long Island

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 1-40 (month) (day) (year)
(c) Cemetery or crematory .....
Location Crisfield

18 (a) Funeral director J. A. Lawson
(b) Address Crisfield Md
(Huntington Williams M.D.)

19 (a) JAN 30 1940 (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 29, 1940 at 7:02 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 26, 1939 to Jan. 29, 1940 and that I last saw him alive on Jan. 29, 1940.

	Duration
Immediate cause of death Cardiac disease, degeneration of myocardium	10 yrs.
Due to Arteriosclerosis, general	10 yrs.
Due to	
Other Conditions Pneumonia, hypostatic,	Terminal

(Include pregnancy within 3 months of death)

Major findings:
Of operations Prostatectomy one
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature H. B. M. Anderson M.D.
Address U. S. Marine Hospital, Baltimore, Maryland Date signed 1-30-40

VS 3

KF 65549

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1930 D Registered No. F 65549

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 107 S. Highland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 107 S. Highland Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

26

3 (a) FULL NAME John J. McDonough

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret McHugh
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 11, 1868

8. AGE: Years	Months	Days	If less than one day
71	1	16	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Retired City Employ
11. Industry or business

FATHER
12. Name Michael McDonough
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret McDonough
15. Birthplace Ireland

16 (a) Informant Jennie Laraghy
(b) Address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Jan 31 40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road
18 (a) Funeral director Frank V. Petrone
(b) Address 2812 E. Belvedere
19 (a) (b) Huntington Williams M.D. Registrar
(Date filed by registrar)
JAN 31 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1940, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1939, to Jan 27 1940, and that I last saw him alive on Jan 26 1940.

Immediate cause of death	Duration
Coronary Thrombosis	1½ hours
Due to	
Due to	
Other Conditions Chr. Myocarditis	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. J. Davidson M. D.
Address 3228 Eastern ave Date signed

John T Nelson

F 65550

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65550 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution Marine H capital
Wyman Park
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 131 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County
(c) City or town Norfolk (If outside city limits, write RURAL and give town)
(d) Street No. 354 Princess Anne Road
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nelson, John Thomas

3 (b) If veteran, give war or service number. Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married separated

6 (b) Name of husband or wife Florence Belling

7. Birth date of deceased (mo., day, yr.) April 12, 1877

8. AGE: Years	Months	Days	hr.	min.
62	9	17		

9. Birthplace Huberville, Co. (city, county, and state)
10. Usual Occupation
11. Industry or business Seaman

FATHER
12. Name merchant marine
13. Birthplace John T. Nelson

MOTHER
14. Maiden Name Merrimon, N.C.
15. Birthplace Sallie Ferguson

16 (a) Informant Merrimon, N. C. Norfolk
(b) Address the patient

17 (a) Burial (Burial, cremation, or removal) 354 W. Princess Anne Road (b) Date thereof (month) (day) (year) Feb 2 - 1940
(c) Cemetery or crematory
Location Norfolk Virginia

18 (a) Funeral director John C. Miller Inc.
(b) Address 2433-35 E. Oliver St.

JAN 30 1940 Huntington Williams M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 29 19 40 at 8:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 30 19 39 to Jan. 29 19 40
and that I last saw him alive on Jan. 29 19 40.

Immediate cause of death

	Duration
Carcinoma, squamous, root of tongue, left	40 mos
Due to	
Due to	
Other Conditions Malnutrition	

(Include pregnancy within three months of death)

Major findings:
Of operations Biopsy showed squamous carcinoma
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Fred J. Stacy M. D.
Address U.S. Marine Hosp. Baltimore Md. Date signed 1-29-40

65551 F 65551

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 Freedman St. 15-6 Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME John T. Miles

If U. S. Veteran specify WAR _____

(a) Residence: No. 620 Freedman St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col.	widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ellen

6. DATE OF BIRTH (month, day, year) Sept. 15/76

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
63	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Hattie —

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary McGowan (Address) 620 Freedman St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 1/30 19 40

19. UNDERTAKER Geo. G. Gelson (Address) 1308 Pulaski St

20. FILED JAN 30 1940 19____ Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1/26 19 40 to 1/27 19 40

I last saw him alive on 1/27 19 40 Death is said to have occurred on the date stated above, at 2:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Pneumonia	
Other contributory causes of importance:	

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Chas R Lutts M. D.

(Address) 2124 Druid Park

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 65552

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

146-B Registered No. F 65552

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33rd & Calvert

(c) Hospital or institution: Union Memorial Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7½ days.

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 114 Hawthorn Rd. (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mrs. Clarence D. Rose MARIAN HANDY ROSE

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Clarence D. Rose.

6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) Jan - 16 - 1909

8. AGE: Years	Months	Days	If less than one day
31 30	0	13	— hr. — min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business home.

FATHER

12. Name Kingman A. Handy.

13. Birthplace Virginia.

MOTHER

14. Maiden Name Sadie Davis

15. Birthplace Maryland.

16 (a) Informant Clarence D. Rose

(b) Address 114 Hawthorn Rd. City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-40 (month) (day) (year)

(c) Cemetery or crematory Lorraine Cemetery

Location Balto. Md.

18 (a) Funeral director John Mitchell Jones

(b) Address 1900 Eutaw Place

19 (a) JAN 30 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan - 29 1940, at 11:06 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939 to July 29 1940, and that I last saw her alive on Jan 29 1940.

Immediate cause of death	Duration
Paralytic Ileus	
Cardiac Collapse	
Due to Abruptio Placenta	
Profuse Hemorrhage, post-partum	
Due to Pregnancy.	
Other Conditions Hysterectomy & Arterial repair.	

(Include pregnancy within 3 months of death)

Major findings: Ruptured Uterus, Incomplete

Of operations Hysterectomy & Cervical Laceration

Of autopsy (none)

PHYSICIAN: Underline the cause to which charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W W Gray M. D.

Address 10 E. St. Paul St. Date signed

F 65553

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 65553 Registered No. 164C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3318 Glenmore Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME EDWARD. T WOODALL

3 (b) If veteran, name war: World.
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife: Mable Nelson
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Dec 28-1898

8. AGE: Years	Months	Days	If less than one day: hr.	min.
44	1	0		

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Detective
11. Industry or business Baltimore Police

FATHER
12. Name Thurston Woodall
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Rose Ruby
15. Birthplace Baltimore Md

16 (a) Informant Mother Raymond Woodall
(b) Address 1524 Rosedale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Rd - Balto, Md.

18 (a) Funeral director Thos. Wilson & Son
(b) Address 2503 Edmondson Ave

19 (a) Registered by registrar Huntington Williams, Registrar

JAN 30 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH January 28 1940, at 3 15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said inquiry find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death: Bullet wound of head — Duration: Instantly
Due to: Suicide
Due to: Mental depression.
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence January 28, 1940
(c) Where did injury occur? Hospital (City or town) Johns Hopkins (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public Place (Specify type of place) While at work? Yes
(e) Means of injury: .38 Colt Bullet

23. Signature H. H. Williams M.D. (Medical Examiner)
Date signed Jan 28, 1940

F 65554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No. F 65554

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3723 Falls Road.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3723 Falls Road. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Ford.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. widower.

6 (b) Name of husband or wife Clara B. Ford.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14, 1860

8. AGE: Years 79 | Months 6 | Days 14 | If less than one day hr. min.

9. Birthplace Maryland. (Town, county, and state)
10. Usual Occupation Retired.
11. Industry or business Iron Molder.

FATHER
12. Name John Ford.
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Lillie M. Ford.
(b) Address 3723 Falls Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 30, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Mayo Hampden
Location Roland Ave.

18 (a) Funeral director Edmonds & Donovan
(b) Address 2615 17 Chestnut Ave.

JAN 30 1940 (c) Date received by registrar Huntington Titus Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 28, 1940, at 12 45 M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1939 to Jan 28 1940, and that I last saw alive on Jan 27 1940.

Immediate cause of death Cerebral Hemorrhage. Duration 4 days.

Due to Uremic sclerosis & Chronic Nephritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] Thos Donovan
Address 2406 W 36 St. Date signed 1/30/40

F 65555

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-J

F 65555 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3807 Edgardale Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3807 Edgardale Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary W Larkin

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F		widow

6 (b) Name of husband or wife late James J Larkin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feby 7, 1869

8. AGE: Years	Months	Days	If less than one day
70	11	23	21 hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Home work
11. Industry or business —

FATHER
12. Name Martin O'Toole
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary O'Leary
15. Birthplace Ireland

16 (a) Informant Mrs Mary V. Larkin
(b) Address 3807 Edgardale Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 old frederick Rd.

18 (a) Funeral director John J Conway & Son
(b) Address 901 W Fayette St

19 (a) (Date received by registrar) JAN 30 1940 (b) Registrar for Wm. Grandy V.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28, 1940 at 9:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 2 1939 to Jan 28 1940 and that I last saw h[illegible] alive on Jan 28 1940.

Immediate cause of death — Duration
Chronic Myocarditis — 3 years.
Due to
Due to Arterio-Sclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jos. L Valentine M.D.
Address 6 W Mosher Date signed Jan 31st 1940

F 65556

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 65556

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore - Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. 3727 Foster Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harvey Carroll Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1939

8. AGE: Years	Months	Days	If less than one day
0	2	13	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Franklin Harris
13. Birthplace Kentucky

MOTHER
14. Maiden Name Margaret Fillek
15. Birthplace Cambria Co., Pa.

16 (a) Informant Mrs. Margaret Harris
(b) Address 3727 Foster Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) [illegible] SCHOOL JAN 30 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

JAN 30 1940 (Date rec'd by registrar) (b) [illegible] Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1940, at 4:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 27 1940, to Jan 28 1940, and that I last saw him alive on Jan 28 1940.

Immediate cause of death: Cerebral Congenital Prematurity (8 mos. - 5lb) — Duration: 9 hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Marked Cerebral Edema

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. J. Hellmer M. D.
Address Mercy Hospital Date signed 1-28-40

65557
374376

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

122-a F 65557
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1022 N. Wolfe St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Pearl Parker.
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: James Parker
(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years: 47 | Months | Days | If less than one day: hr. min.
9. Birthplace: Maryland (Town, county, and state)
10. Usual Occupation: Housework
11. Industry or business

FATHER
12. Name: Squire Coleman.
13. Birthplace: Maryland.

MOTHER
14. Maiden Name: Rachel —
15. Birthplace: Maryland.

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (burial, cremation, or removal) (b) Date thereof 1/30/40 (month) (day) (year)
(c) Cemetery or crematory: Mt. Calvary Cem.
Location: Balto. Co.

18 (a) Funeral director: Clayton Sanders
(b) Address: 1412 E. Preston St
(Signature) Huntington Williams, M.D.

19. Filed by registrar JAN 30 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26, 1940, at 11:20 A M
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to Jan 26 1940 and that I last saw him alive on Jan 26 1940

Immediate cause of death: Hypertension Arteriosclerotic Cardio-vascular Disease — Duration: 10 yrs.
Due to
Due to
Other Conditions: Ventral Hernia, Obesity
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: D. M. Welty M. D.
Address: Johns Hopkins Hospital Date signed 1-25-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65558

CERTIFICATE OF DEATH

15-9 / 93-D F 65558

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3820 Fairview Ave St., 15-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 6 mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alphonsa Mary Roth

(a) Residence: No. 3820 Fairview Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 30, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME John Peter Roth

14. BIRTHPLACE (city or town) -------
(State or country) Germany

MOTHER

15. MAIDEN NAME Katheryn Schultz

16. BIRTHPLACE (city or town) -------
(State or country) Germany

17. INFORMANT Miss Emma J. Roth
(Address) 3820 Fairview Ave

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Cathedral Cem Date 2/1 1940

19. UNDERTAKER H. W. Mears & Son
(Address) 505 N Calvert St

20. FILED JAN 30 1940 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1940, to Jan. 28, 1940

I last saw h Cr alive on Jan 28 1940. Death is said to have occurred on the date stated above, at 12²³ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Disease	
Coronary Thrombosis	1-28-40

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis J. Krell M. D.

(Address) 100 E. 23rd Street

N. B.—WRITE PLAINLY, WITH UNFADING INK. ... information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 65559

F 65559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. 87844

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: St. Agnes Hospital
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1020 N. Wolfe St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Master Anthony Sanquedolce

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex male | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1926

8. AGE: Years 13 | Months 11 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation School

11. Industry or business

FATHER 12. Name Stefano Sanquedolce

13. Birthplace Italy

MOTHER 14. Maiden Name Josephine Amato

15. Birthplace Italy

16 (a) Informant Mrs. Josephine Sanquedolce

(b) Address 1020 N Wolfe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-40 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart Cem.

Location Gunpowder Rd-Balto. Co

18 (a) Funeral director John J. Fahey & Son

(b) Address 1031 Light St

JAN 30 1940 (b) Huntington Williams, M.D.

(Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 27 1940, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 1940 to Jan 27 1940, and that I last saw him alive on Jan 27 1940.

Immediate cause of death: Lobar pneumonia — Duration: 10 days

Due to

Due to

Other Conditions Muscular dystrophy (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles V. Lewis M. D.

Address St Agnes Hosp Date signed 1-27-40

E 65560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 109

Registered No. E 65560

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 Fark Ave
(c) Hospital or institution: Miss Alice Wheeler's Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 years.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto City
(c) City or town Balto City (If outside city or town limits, write RURAL and give town)
(d) Street No. 704 E Monument (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Caroline Lederer

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: Single
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept-12-1850

8. AGE: Years 89 | Months 4 | Days 17 | If less than one day — hr. — min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name John Lederer
13. Birthplace Germany

MOTHER
14. Maiden Name Kunegunde Steinmetz
15. Birthplace Germany

16 (a) Informant Mr Henry A Lederer (Son)
(b) Address 108 W University Pky

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 31 40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (H. F. WOOGEN SUC.) 108 W. NORTH AVENUE

19 (a) [illegible] Baltimore, Md.

JAN 30 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 1940 at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 25 1940 to Jan 29 1940 and that I last saw him alive on Jan 28 1940.

Immediate cause of death: Cardiac failure

Due to: Senile Pneumonia

Due to: Advanced age

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John C Legge M. D.

Address 704 Cathedral St Date signed 1-29-40

F 65561

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 65561
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Reynor Av
(c) Hospital or institution: W. Balt. Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2123 Md. Av (If rural give location)
(e) If foreign born, how long in U. S. A.) — years

3 (a) FULL NAME Dr. Charles W. Kammer

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: Single
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1874 —

8. AGE: Years	Months	Days	If less than one day
66 65			hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Dentist
11. Industry or business Dentistry

FATHER
12. Name William Kammer
13. Birthplace Bellomo

MOTHER
14. Maiden Name Dorothea Ruppenberger
15. Birthplace Baltimore

16 (a) Informant Sergt. Ferdi-L. Kammer
(b) Address 3634 Baker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 1-40 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn - Md.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOOGEN SUC.) 100 W. NORTH AVENUE

19 (a) (Signature of Registrar) (b) Registrar

JAN 30 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-29 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-24 1940, to 1-29 1940, and that I last saw h in alive on 1-29 1940.

Immediate cause of death: Lobar pneumonia — Duration: 5 Days
Due to
Due to
Other Conditions: Generalized atherosclerosis, Coronary atherosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. R. Shear M.D.
Address W. B. G. H. Date signed 1/29/40

F 65562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 65562

Registered No.

PLEASE WRITE PLAINLY, WITH UNPADDING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Raymond Av

(c) Hospital or institution: West Baltimore Gen. Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days

(e) Length of stay in Baltimore (yrs., mos., or days) 71 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2123 Maryland Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mr. D. Alexander Kammer

3 (b) If veteran, name war: none

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: Single

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) — 1869 —

8. AGE: Years 70 | Months — | Days — | If less than one day: hr. min.

9. Birthplace Baltimd (town, county, and state)

10. Usual Occupation Pharmacist

11. Industry or business Pharmacy

FATHER — 12. Name William Kammer

13. Birthplace Baltimd

MOTHER — 14. Maiden Name Dorothea Rutzenberger

15. Birthplace Baltimd

16 (a) Informant Sergt. Fred. J. Kammer

(b) Address 3624 Baker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 1-40 (month) (day) (year)

(c) Cemetery or crematory Lorraine

Location Hyattsville Md.

18 (a) Funeral director STEWART & MOWEN COMPANY

(b) Address (H. F. WOOGEN SUC.) 108 W. NORTH AVENUE

19 (a) (Date rec'd by registrar) JAN 30 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30, 1940 at 2:15 AM.

21. I certify that death occurred on the date above stated; that I attended deceased from January 25, 1940 to January 30, 1940 and that I last saw him alive on January 29, 1940.

Immediate cause of death: Rt. lower lobar pneumonia — Duration: 5 days

Due to

Due to

Other Conditions Generalized Atherosclerosis Coronary atherosclerosis & Diabetes Mellitus

(Include pregnancy within 3 months of death)

Major findings:

Of operations no operation

Of autopsy no autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. K. Shear M. D.

Address W.B.G.H. Date signed

F 65563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

115-C

F 65563

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3401 Woodbrook Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto.

(If outside city or town limits, write RURAL and give town)

(d) Street No. 3401 Woodbrook Ave

(If rural give location)

(e) If foreign born, how long in U. S. A.? Life years

115

3 (a) FULL NAME Seymour Blaustein

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Cried

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9 1935

8. AGE: Years	Months	Days	If less than one day
5		1	hr. min.

9. Birthplace Balto. Md

(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Max Blaustein

13. Birthplace New York, N. Y.

MOTHER 14. Maiden Name Mary Shapiro

15. Birthplace Balto., Md.

16 (a) Informant Mrs. Blaustein

(b) Address 3401 Woodbrook Ave

17 (a) Burial (b) Date thereof 1-30-40

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Bnai Israel Brother Ave.

Location Bnai Israel

18 (a) Funeral director Jack Levin Inc

(b) Address 1439 E. Balto. St.

19 (a) (b)

(Date rec'd by registrar)

JAN 30 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-30-40 19 , at 7 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 25 1940, to Jan 30 1940, and that I last saw him alive on Jan 25 1940.

Immediate cause of death	Duration
Pharyngitis & Laryngitis	2 days
Due to inability to breathe thru obstructed larynx.	1 hour or less
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Karl W. Ehrlich M. D.

Address 100 E. 33rd St Date signed 1/30/40

65564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 65564

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 13 N. Eden St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 51
(e) Length of stay in Baltimore (yrs., mos., or days) 56yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 13 N. Eden St (If rural give location)
(e) If foreign born, how long in U. S. A.? 56 years

3 (a) FULL NAME Jacob Meyer Goldberg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Goldie Goldberg

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
96			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Nathan Goldberg
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Harry Goldberg
(b) Address 1444 E. Balto St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-40 (month) (day) (year)

(c) Cemetery or crematory
Location Stevens Run

18 (a) Funeral director J. H. Lewis Inc
(b) Address 1439 E Balto St

19 (a) (b)

JAN 30 1940 VS. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 29 1940, at 3:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1935 to Jan 29 1940. and that I last saw him alive on Jan 29th 1940.

Immediate cause of death	Duration
Exhaustion (Heart failure)	one
Due to General Debility	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Goldberg M. D.
Address 2452 Eutaw St. Date signed 1/29/40

65565

HEALTH DEPARTMENT—CITY OF BALTIMORE

65565

CERTIFICATE OF DEATH

92-D

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2940 Harford Rd. St. 5-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ALMIRA FREDERICK NICKUM

If U. S. Veteran specify WAR

(a) Residence: No. 2940 Harford Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George W. Nickum

6. DATE OF BIRTH (month, day, year) Dec. 3, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William T. Frederick

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME ? Weaver

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. George W. Nickum (Husband)

(Address) 2940 Harford Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Jan. 31, 1940

19. UNDERTAKER HENRY SANDER & SONS, INC. Leap & Sander

(Address) Baltimore & Broadway.

JAN 30 1940

Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 28. 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct 10th 1938 to Jan 28th 1940

I last saw h-- alive on June 28. 1940 Death is said to have occurred on the date stated above, at 10.00 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	Oct. 1938
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert S. Kirk M. D.

(Address) 3126 Harford Rd

Mm. 0317

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

65566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-c

Registered No. E 65566

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5506 Morello Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5506 Morello Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert L. Foard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W.	Widowed

6 (b) Name of husband or wife Ruth A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8 - 1863

8. AGE: Years	Months	Days	If less than one day
76	6	20	hr. min.

9. Birthplace Balto Co Md.
(Town, county, and state)

10. Usual Occupation Retired Salesman

11. Industry or business

FATHER
12. Name Wilbur Foard
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary Ford
15. Birthplace Balto Co Maryland

16 (a) Informant Arthur L. Foard
(b) Address 5506 Morello Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Rd

19 (a) 1940 Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1940, at 2.10 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1938 to Jany 28 1940 and that I last saw h[illegible] alive on Jany 24 1940

Immediate cause of death Chronic Myocarditis — Duration several years

Due to — Duration a number of years

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work? ✓
(e) Means of injury ✓

23. Signature Thomas B Green M. D.
Address 3009 Evergreen Ave Date signed Jany 30 1940

65567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-0

F 65567

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert St

(c) Hospital or institution:

Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2402 W. Southern Ave

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Harry O'Donnell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Addie B. Parks

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11 1869

8. AGE: Years	Months	Days	If less than one day
70	7	18	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation mechanic

11. Industry or business american Car

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden Name

15. Birthplace

16 (a) Informant Adele B. O'Donnell

(b) Address 2402 Southern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-1-40 (month) (day) (year)

(c) Cemetery or crematory Moodana Pk.

Location

(d) Funeral director Thomas J. Ryan

(e) Address 5201 Harford Ave

19 (a) 1940 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 29 1940, at 9:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1940, to Jan 29 1940, and that I last saw h/ alive on Jan 29 1940.

Immediate cause of death	Duration
Cerebral vascular accident	1 mo
Due to Arteriosclerosis	—
Due to	
Other Conditions [redacted]	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Thomas J. Ryan M. D.

Address Mercy Hospital Date signed 1/29/40

VS 8

F 65568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65568 Registered No. 94-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1007 Bunney St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt (If outside city or town limits, write RURAL and give town)
(d) Street No. 1007 Bunney St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Ann Sinkowski

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: John M. Sinkowski | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 13 1875

8. AGE: Years 64. | Months 4 | Days 16 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Home Work

11. Industry or business

FATHER 12. Name John M. Sinkowski
13. Birthplace Germany

MOTHER 14. Maiden Name Mary Ann
15. Birthplace Germany

16 (a) Informant Georgia
(b) Address 801½ East Pratt

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-31-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Reudel & Riggin
(b) Address 1402 E. Monument St

19 (a) (Signature of registrar) (b) Date received JAN 30 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 1940, at 11 am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said — (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.
Date signed 1/29/40

F 65569

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

127-P

Registered No. F 65569

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28d.
(e) Length of stay in Baltimore (yrs., mos., or days) 28d.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Cecil
(c) City or town Perry Point
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1103 - 4th St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Grace Brinkman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Charles Brinkman
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 11/5/83

8. AGE: Years	Months	Days	If less than one day
56 55	2	25	..... hr. ..... min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Bruce Grinnell
13. Birthplace Md

MOTHER
14. Maiden Name Susan Engle
15. Birthplace Md.

16 (a) Informant Charles Brinkman
(b) Address 1103-4th St Perry Point Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 2, 1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director Geo. A. Little
(b) Address 2700 Edmondson Ave

JAN 30 1940 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/30/40 19..., at 3:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/2/40 19..., to 1/30/40 19... and that I last saw h.r alive on 1/30/40 19...

Immediate cause of death	Duration
Toxic Bursting cardiac	1 hr
c Hypertrophy of uterus	
Due to Coronary Dist obstetric	5 mo
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Philip J. Monroe M.D.
Address Mercy Hosp. Date signed 1/30/40

F 65570

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 65570 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 500 Woodbourne Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 8

(e) Length of stay in Baltimore (yrs., mos., or days) 56

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 500 Woodbourne Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? 56 years

3 (a) FULL NAME Jennie E. Snyder

3 (b) If veteran, name war No

3 (c) Social Security Account No. No

4. Sex F.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband ~~or wife~~ Eben J.

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) March 16 1878

8. AGE: Years 61 | Months 10 | Days 13 | If less than one day hr. min.

9. Birthplace England. (Town, county, and state)

10. Usual Occupation

11. Industry or business at Home.

FATHER 12. Name Edward Warner

13. Birthplace England

MOTHER 14. Maiden Name Polly ?

15. Birthplace England

16 (a) Informant Doris Bowman

(b) Address 500 Woodbourne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 31 1940 (month) (day) (year)

(c) Cemetery or crematory Oakwood

Location Taylor Ave Parkville Md.

18 (a) Funeral director Mathias A. E. Lippert

(b) Address 823 Argyle St Hunters for Williams, M.D.

19 (a) (Signature of Registrar)

JAN 30 1940

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 1940 at 4 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 9 1939 to Jan 29 1940 and that I last saw her alive on Jan 28 1940.

Immediate cause of death Coronary Artery Disease Right Bundle Branch Block. Duration 1 yr.

Due to 1st Degree Heart Heart Block "

Due to Hypertension — "

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide.

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify) Was at work?

(e) Means of injury

23. Signature Dr. Vincenzo Terranova.

Address 5217 York Rd Date signed 1/29/40

F 65571

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-D

F 65571 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2650 Harford Rd.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 2650 Harford Rd (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine B Wagner

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Joseph C

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 29 1871

8. AGE: Years 68 | Months — | Days 29 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Home wife

11. Industry or business

FATHER 12. Name Casper A Meisel

13. Birthplace Germany

MOTHER 14. Maiden Name Mary Miller

15. Birthplace Germany

16 (a) Informant Frank X Wagner

(b) Address 2650 Harford Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 31 1940 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location 4300 Old Frederick Rd

18 (a) Funeral director Martin J. C. Dippel

(b) Address 37 S Ann St

19 (a) (b) Huntington Williams M.D.

(Date received by Registrar) (Registrar)

JAN 30 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1940, at 12 50 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1937 to Jan 28 1940, and that I last saw h alive on 19 .

Immediate cause of death

Carcinomatosis of abdomen and vulva

Due to Carcinoma of uterus

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

Duration

1 month

5 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature John J. Gould M. D.

Address 14 N. East ave Date signed 1-29-40

65572

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65572

83-6 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 622 S Kenwood Ave
(c) Hospital or institution: NO
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60years

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 622 S. KENWOOD AVE.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Adolph A Kleiner

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex: Male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced.: married

6 (b) Name of husband or wife: BARBARA Kleiner

6 (c) If alive, give age: 74 years

7. Birth date of deceased (mo., day, yr.): June 8 1863

8. AGE: Years: 76 | Months: 7 | Days: 21 | If less than one day: hr. min.

9. Birthplace: Germany
(Town, county, and state)

10. Usual Occupation: retired

11. Industry or business

FATHER
12. Name: Adolph A Kleiner
13. Birthplace: Germany

MOTHER
14. Maiden Name: unknown
15. Birthplace: Germany

16 (a) Informant: Barbara Kleiner (wife)
(b) Address: 622 S Kenwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: JAN 31 40 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Belair Road Baltimore City

18 (a) Funeral director: Lilly & Zeiler INC
(b) Address: 403 S. Hobart st

JAN 30 1940 (Date rec'd by registrar)

Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 29 1940 at 3-30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 24 1940 to Jan 29 1940 and that I last saw h[illegible] alive on Jan 28 1940

Immediate cause of death

	Duration
Cerebral Hemorrhage Jan 29	1940
Broncho pneumonia Jan 27	920
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Wm A Deckman M. D.
Address: 350 Fallsway Date signed: Jan 29/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

65573

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. 65573

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2107 W. North Ave
(c) Hospital or institution: W. Balt. Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 33

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2107 W. North Ave (If rural give location)
(e) If foreign born, how long in U. S. A.) 33 years

3 (a) FULL NAME Mr. Abraham Heyman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Rebecca

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years 55 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Owner of

11. Industry or business Meat Market

FATHER
12. Name Leyer Heyman
13. Birthplace Russia

MOTHER
14. Maiden Name Pearl —
15. Birthplace Russia

16 (a) Informant Mrs Rebecca Heyman
(b) Address 2107 W. North ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 31/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Cemetery Washington Blvd
Location Washington Blvd. & Belt Blvd

18 (a) Funeral director Sol. Levinson & Bro.
(b) Address 1124-26 W. North ave

19 (a) Filed Jan 30 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-30 1940, at 5 34 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-28 1940, to 1-30 1940, and that I last saw h[illegible] alive on 1-26 1940.

Immediate cause of death: Lobar pneumonia — Duration: 5 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jno. E. Shean M. D.
Address W. B. G. H. Date signed

VS 3

F 65574

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-B

F 65574 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wilkens & Caton Aves.,

(c) Hospital or institution: St. Agnes' Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 4505 Frederick Ave.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katherine Retowsky

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married

6 (b) Name of husband or wife Albert Retowsky

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 20. 1885

8. AGE: Years	Months	Days	If less than one day
54	5	7	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name John Lowe

13. Birthplace Balt., Md.

MOTHER

14. Maiden Name Kate Blumenauer

15. Birthplace Md.

16 (a) Informant Albert Retowsky

(b) Address 4505 Frederick Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 31. 1940 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Woodlawn. Md.

18 (a) Funeral director H. Howard Strong

(b) Address 745 Light St.

19 (a) JAN 30 1940 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 27 1940, 5:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-26 1940 to 1-27 1940.

and that I last saw him alive on 1-27 1940.

Immediate cause of death	Duration
Hypostatic pneumonia	2 days
Due to Toxemia	
Due to Cellulitis of right leg	1 wk.
Other Conditions Cardio-renal disease (chr. nephritis)	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Charles V. Sewell M. D.

Address St Agnes Hosp Date signed 1-27-40

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65575 F 65575

CERTIFICATE OF DEATH X 131a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St. W-V Ward)

Length of residence in city or town where death occurred X yrs. — mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John W. Cooper

If U. S. Veteran specify WAR

(a) Residence: No. Transient (Usual place of abode) Severn St., Md. Ward Anne Arundel (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 6, 1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Transient

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John W. Cooper

14. BIRTHPLACE (city or town) (State or country) Portsmouth, Ohio

MOTHER

15. MAIDEN NAME Gertrude Klotz

16. BIRTHPLACE (city or town) (State or country) New York City, N.Y.

17. INFORMANT Mrs. Gertrude Cooper

(Address) Springfield Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Friendship Cem. Date Jan. 31 19 40

a.d.c.

19. UNDERTAKER L. Howard Strong

(Address) 715 Light St.

20. FILED JAN 30 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from January 26th, 1940 to January 28th, 1940

I last saw him alive on January 28th, 1940 Death is said to have occurred on the date stated above, at 6.00 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, diffuse, bilateral.	1-24-40

Other contributory causes of importance:

Chronic Nephritis	Unknown
Hypertension Cardio-vascular Disease.	"

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Path. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Louis C. Garcia, M. D.

(Address) University Hospital

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

65576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

129

F 65576
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3405 Crossland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George F. Poehlmann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	MARRIED

6 (b) Name of husband or wife Augusta

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-29-58

8. AGE: Years	Months	Days	If less than one day
81	1	29	hr. min.

9. Birthplace Germany
(Town, county, or state)

10. Usual Occupation General Merchant

11. Industry or business

FATHER
12. Name George Poehlman
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Babette
15. Birthplace Germany

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 1-31-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director Wm. J. Dickerson & Son
(b) Address North & Pennsylvania Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Willard, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 28 1940, at 10:07 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 28 1940, to Jan. 28 1940, and that I last saw him alive on Jan. 28 1940.

Immediate cause of death	Duration
Peritonitis, generalized	3 days
Due to Unknown cause	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Roger B. Scott M. D.
Address Johns Hopkins Hosp. Date signed 1-28-40

65577

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65577

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St. 15-K Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mrs. Fannie B. Hearn

If U. S. Veteran specify WAR .....

(a) Residence: No. 3401 Elgin St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: W.

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edw. F. Hearn

6. DATE OF BIRTH (month, day, year): May 27, 1868

7. AGE: Years 71 | Months 8 | Days 2 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Balto., Md.

FATHER

13. NAME: Richard Glary

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Clementine Brashears

16. BIRTHPLACE (city or town) (State or country): Balto., Md.

17. INFORMANT: Mrs. Ethel F. Krontz

(Address) 3401 Elgin Avenue

18. BURIAL, CREMATION, REMOVAL: Place Burial Lorraine Park Cem. Date 2-1-40, 19

19. UNDERTAKER: Wm. J. Dickey & Sons

(Address) North & Pleasant Sts.

20. FILED JAN 30 1940, 19 ..... Registrar.

Forest Park

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/29, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1/20, 1940 to 1/29, 1940

I last saw h[illegible] alive on 1/29, 1940 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Edw. F. Hearman M. D.

(Address) Md. Gen. Hosp.

Certified by Hubert Williams, M.D.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

65578 ✓ F 65578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-0 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3615 Wabash Avenue
(c) Hospital or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 45-7-27

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ---
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3615 Wabash Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME William G. Keyser

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
---	212-07-8862	Male	White	Married

6 (b) Name of husband or wife Mildred B. Keyser
6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) May 30th 1894

8. AGE: Years	Months	Days	If less than one day
45	7	27	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Masseur
11. Industry or business Health Studio

FATHER
12. Name John W. Keyser
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Barbara Gunther
15. Birthplace Germany

16 (a) Informant Mrs. Mildred B. Keyser
(b) Address 3615 Wabash Avenue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 31st 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.,
(b) Address North & Penna Aves.

19 (a) ... (Date rec'd by registrar) (b) Huntington Williamsport

JAN 30 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 27th 1940, at 11.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 2 1939 to Jan. 27 1940, and that I last saw h.m alive on January 27th 1940.

Immediate cause of death

Acute pulmonary hemorrhage — Duration 10 minutes

Due to Lung Edema - Emphysema following Bronchio-Pneumonia — Duration Lung Edema, Hemorrhage, Bronchio-Pneumonia 3 weeks

Due to ---

Other Conditions ---

(Include pregnancy within 3 months of death)

Major findings:
Of operations Rib resection
Of autopsy ---

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Earl F. Chambers M. D.
Address 4108 - Liberty Hts. Date signed 1/29/40

F 65579

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C Registered No. F 65579

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1336 James St
(c) Hospital or institution: [illegible]
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State ... (b) County ...
(c) City or town ... (If outside city or town limits, write RURAL and give town)
(d) Street No. 1336 James St (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Mary F Kuebler

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: none
6 (c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.) Sept 12th 1914
8. AGE: Years 25 | Months 4 | Days 17 | If less than one day: hr. ... min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Harry Kuebler
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Grace L Kaltwasser
15. Birthplace Baltimore Md

16 (a) Informant Grace L Kaltwasser
(b) Address 1336 James St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 1st 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location ...

18 (a) Funeral director Charles P Powell
(b) Address 2427 Edmondson Ave Huntington Apts Baltimore, Md

19 (a) Filed (b) Registrar JAN 30 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 29 1940, at 10:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 7 1936 to JAN 29 1940 and that I last saw h er alive on JAN. 29 1940.

Immediate cause of death: Rheumatic Heart Disease — Duration: 15 Yrs.
Due to Myocardial Degeneration
Due to Myocardial Failure
Due to ...
Other Conditions ...
(Include pregnancy within 3 months of death)
Major findings:
Of operations ...
Of autopsy ...

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury ...

23. Signature Jacob Steinberg M.D.
Address 1004 Druid Hill Ave Date signed 1/30/40

VS 3

65580 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH F 65580

1. PLACE OF DEATH Maryland General Hospital 93-D Registered No.

CITY OF BALTIMORE: (No. 1 Linden Ave St. Madison Ward) 11-2 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mr. Walter H Flensburg If U. S. Veteran specify WAR

(a) Residence: No. Ferndale, Md. St., Ward Soc. Sec - 215-07-1230
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rhona E. Flensburg

6. DATE OF BIRTH (month, day, year) August 5, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Salesbook Mfg. Co.

10. Date deceased last worked at this occupation (month and year) Jan. 1940

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Kansas City Mo.

FATHER

13. NAME Walter Flensburg

14. BIRTHPLACE (city or town) (State or country) Kansas City, Mo.

MOTHER

15. MAIDEN NAME Agusta Flores

16. BIRTHPLACE (city or town) (State or country) Kansas City, Mo.

17. INFORMANT Mrs. Rhona E. Flensburg

(Address) Ferndale, Md.

18. BURIAL, CREMATION OR REMOVAL

Place Loudon Park Cem. Date Jan. 30, 1940

19. UNDERTAKER P. P. Cannon

(Address) 1006 W. Baltimore St.

20. FILED JAN 30 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-26, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-26, 1940 to 1-26, 1940

I last saw him alive on 1-26, 1940. Death is said to have occurred on the date stated above, at 5:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Disease	
Co	
Other contributory causes of importance: Asthma	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. Lee Post M. D.

(Address) Maryland General Hosp.

No. 1—WRITE LEGIBLY WITH UNFADING INK. This certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65581

CERTIFICATE OF DEATH

61

F 65581

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 801 N. Lombard St. 18-3 Ward)

Length of residence in city or town where death occurred 59 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 59 yrs. ... mos. ... ds.

2. FULL NAME Thekla Mary Goetz

If U. S. Veteran specify WAR .....

(a) Residence: No. 801 N. Lombard St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry Goetz

6. DATE OF BIRTH (month, day, year) Jan. 8-1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	—	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Actress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
4/3/40	40

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME August Lembcke

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Skriba

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Ottilie Dettman
(Address) 1834 Poma ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lou C PK Date 4/1/40 19

19. UNDERTAKER Geo H. Lembach
(Address) 545 N Fulton Ave

20. FILED JAN 30 1940 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23 19 40 Jan 29 19 40
that I last saw her alive on Jan 29 19 40 Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1/23/40
Chr. Myocarditis	1938
Other contributory causes of importance: Diabetes Mellitus	1936

Was an operation performed? No Date of —

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

20. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

M. D. (Signed) James Boone M. D.
(Address) 1630 W. North Ave.

VS 8

No. 2—WHITE FEMALE. WITH OCCUPATION. Use for information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 65582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 65582

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1400 Patapsco

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto City

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1400 Patapsco St (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** Ella M. Keyser

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23 1882

8. AGE: Years 57 | Months 8 | Days 6 | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation School Teacher

11. Industry or business

FATHER 12. Name John Keyser

13. Birthplace Balto. Md

MOTHER 14. Maiden Name Amelia Stoeffel

15. Birthplace Balto. Md

16 (a) Informant John Keyser

(b) Address 1400 S. Patapsco St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 1, 1940 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Balto.

18 (a) Funeral director C. Howard Evans

(b) Address 1400-02 Charles St

19 (a) JAN 30 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 27 1940, at 12:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 30 1934 to 1-27-1940 and that I last saw h alive on 1-28-1940.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Recurrent strokes since Aug 14-1939	to 1-27-40
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Mrs. Cook Wallis M. D.

Address 1321 N. Charles. Date signed 1-30-40

VS 2

65583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 65583

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 5822 Clark-Hill Rd.

(c) Hospital or institution: Residence

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 82 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 5822 Clark Hill Road. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Sarah C Rubicam

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife George L Rubicam

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1858

8. AGE: Years 82 | Months | Days | If less than one day hr. min.

9. Birthplace Phila. Pa (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Thomas Poole

13. Birthplace Phila. Pa

MOTHER 14. Maiden Name Anne J Watson

15. Birthplace Phila Pa

16 (a) Informant Dora Morrison

(b) Address 5822 Clark Hill Rd

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 30 1940 (month) (day) (year)

(c) Cemetery or crematory Mt Moriah Cem.

Location Philadelphia Pa

18 (a) Funeral director Watts R. McNamee

(b) Address 4041 Harford Road

19 (a) JAN 30 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 30, 1940, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 29 1940 to Jan. 30, 1940, and that I last saw her alive on Jan. 30 1940.

Immediate cause of death Arteriosclerotic Heart Disease with Pulmonary edema — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Jules Gilbert M. D.

Address South Rd & Kelly Ave Baltimore, Md Date signed Jan. 30, 1940

VE 3

65584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 65584

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1453 Light St.
(c) Hospital or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore. Md.
(If outside city or town limits, write RURAL and give town)
Street No. 1453 Light St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Melville Jules.

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married.

6 (b) Name of husband or wife Bessie Jules.

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Oct 26-1882

8. AGE: 57 Years | Months 3 | Days 3 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Proprietor Mdse Store

11. Industry or business Retail Furnishings Etc

FATHER
12. Name Charles Jules.
13. Birthplace France

MOTHER
14. Maiden Name Lena Neuburger
15. Birthplace Balto Md.

16 (a) Informant Mrs Bessie Jules
(b) Address 1453 Light St.

17 (a) Hebrew Friendship Cemetery (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto & Conklin Sts
Location

18 (a) Funeral director J. Abrams & Co
(b) Address 2432 Reisterstown Rd

19. JAN 30 1940 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 29 1940, at 5.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 9 1940 to Jan 9 1940, and that I last saw him alive on Jan 22 1940

Immediate cause of death Coronary Thrombosis — Duration About 1/2 min

Due to

Due to

Other Conditions Cardiac Hypertrophy, Mild hypertension — Unknown
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Preston Thorny M. D.
Address 11 E Chase St Date signed 1/30/40

65585

HEALTH DEPARTMENT—CITY OF BALTIMORE

65585

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital 108

CITY OF BALTIMORE: (No. Linden & Madison Ave St., Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mrs. Annie E. Jenkins

If U. S. Veteran specify WAR _____

(a) Residence: No. 1505 Federal St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. L. Jenkins

6. DATE OF BIRTH (month, day, year) Oct 16 1863

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
76	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Alexandria Va

FATHER

13. NAME Robert Simonds

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Simonds

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Margaret Wittler

(Address) Ilchester

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's (Hampden) Date Feb 2nd 1940

19. UNDERTAKER William Cook

(Address) 1217 E. Fayette St

20. FILED _____, 19___ _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-30, 1940

22. I HEREBY CERTIFY That I attended deceased from 12-30, 1940 to 1-30, 1940

I last saw her alive on 1-30, 1940 Death is said to have occurred on the date stated above, at 4:22 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Immediate Lobar Pneumonia	
Of Left Chest Lower Lobe	
Other contributory causes of importance:	
Myocardial Damage	
Hypertension	

Was an autopsy performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) L. C. Post M. D.

(Address) Maryland Gen. Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

F 65586

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

F 65586 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4017 Cold Spring Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4017 Cold Spring Lane
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George B. Chaney

3 (b) If veteran, name war	3 (c) Social Security Account No.
NV	NONE

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Male	White	Widowed

6 (b) Name of ~~husband or~~ wife Annie L. Chaney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22nd 1872

8. AGE: Years	Months	Days	If less than one day
67	6	8	hr. min.

9. Birthplace Prince George Co. Md (Town, county, and state)
10. Usual Occupation Retired Switch Foreman
11. Industry or business Balto Transit Co

FATHER
12. Name Horatio Chaney
13. Birthplace Prince George Co. Md.

MOTHER
14. Maiden Name Mary E. Devaall
15. Birthplace A. A. Co. Md.

16 (a) Informant Samuel B. Chaney
(b) Address 3812 Windom Place NW Washington D.C.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 2/1/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date rec'd by Registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30th 1940 at 12:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/26 1940 to 1/30 1940 and that I last saw h~~e~~ alive on 1/26 1940.

Immediate cause of death	Duration
Uraemic Bright's Kidney Failure	2 Days
Due to Natural Death	
Due to	
Other Conditions	1 Yr.

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide X
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? X (Specify type of place) While at work? X
(e) Means of injury X

23. Signature A. C. Healey M.D.
Address 3901 Harford Rd Date signed 1/29/40

Vs 3

F 65587

F 65587

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87-E Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1252½ Riverside ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1252½ Riverside ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Catherine J. Cavanaugh

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Patrick Cavanaugh

6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Dec. 23, 1877

8. AGE: Years 62 | Months 1 | Days 7 | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Richard McHale

13. Birthplace Ireland

MOTHER 14. Maiden Name Honora Gavaghan

15. Birthplace Ireland

16 (a) Informant Patrick Cavanaugh

(b) Address 1252½ Riverside ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 2/40 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Fredrick Rd.

18 (a) Funeral director Margaret L. Flynn

(b) Address 142 E Eight St.

19 (a) JAN 31 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1940 at 1.10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 27 1939 to Jan 30 1940. and that I last saw her alive on Jan 29 1940.

Immediate cause of death Epileptiform convulsions — Duration ?

Due to Uremia - Sclerosis — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. L. Barranco M. D.

Address 436 E Fort Ave Date signed 1/30/40

VS 3

F 65588

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 65588

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 326 S Clinton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 326 S Clinton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Carre

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Catherine Carre
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 16 1855

8. AGE: Years	Months	Days	If less than one day
84	1	11	hr. min.

9. Birthplace Delaware (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Abraham Carre
13. Birthplace France

MOTHER
14. Maiden Name La Mate
15. Birthplace England

16 (a) Informant wife
(b) Address 326 S. Clinton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location North Ave & Rose St.

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601 E. Madison St.

19 (a) 1-30-40 (Date received by registrar) (b) Thurlington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1940 at 5 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1940 to Jan 27 1940 and that I last saw him alive on Jan 26 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	7 days
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Horace B. Tetlow M. D.
Address 315 S. Highland Date signed 1-30-40

VS 3

65589
374334

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a

F 65589
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1243 Orleans St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Bennett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age , years

7. Birth date of deceased (mo., day, yr.) July 15 83

8. AGE: Years	Months	Days	If less than one day
56 55	6	10	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James Bennett
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Carlins
15. Birthplace Maryland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 31st 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem.
Location Brooklyn Anne Arundel Co. Md.

18 (a) Funeral director Byron Thomas & Knight
(b) Address 218 Mc Elderry St

19 (a) Date received JAN 31 1940 (b) Registered # 7-1144 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 25, 1940 at 8 15 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 17 1940 to Jan 25 1940 and that I last saw him alive on Jan 25 1940.

Immediate cause of death	Duration
Arteriolosclerotic nephritis with uremia	? yrs
Due to Hypertensive cardio-vascular disease	? years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Confirmatory

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W B Macallister Jr M. D.
Address Date signed 1-29

F. 65590

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 65590 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 DA
(e) Length of stay in Baltimore (yrs., mos., or days) Jan. 8 1927

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1719 Madison Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME JEANETTE ROGAN

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	married

6 (b) Name of husband or wife Raymond Rogan
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) July 25 1892

8. AGE: Years	Months	Days	If less than one day
47	6	5	hr. min.

9. Birthplace Union, West Virginia (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business Domestic

FATHER
12. Name Samuel Simpson
13. Birthplace West Virginia

MOTHER
14. Maiden Name Elizabeth Mann
15. Birthplace West Virginia

16 (a) Informant Husband, Raymond Rogan
(b) Address 1719 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/40 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Park
Location Baltimore, Md.

18 (a) Funeral director Wm. H. Holland
(b) Address 1631 Druid Hill Ave

JAN 31 1940 (Date rec'd by registrar) (b) Hunting for Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30 1940, at 10 30 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquest) thereon and from the evidence obtained by said inquest (Autopsy or Inquest) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions No history	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Tumor of uterus in 1934 removed
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.
Date signed Jan 30 1940

65591 F 65591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-E Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2715 Bayonne Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2715 Bayonne Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Brooke Lee Haywood

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife William H. Haywood
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-16-1853

8. AGE: Years 86 | Months 11 | Days 11 | If less than one day hr. min.

9. Birthplace Vermont (Town, county, and state)

10. Usual Occupation At Home.
11. Industry or business

FATHER 12. Name Alexander Eaton
13. Birthplace Vermont

MOTHER 14. Maiden Name Lucy A. Nichols
15. Birthplace

16 (a) Informant Wm. H. Haywood
(b) Address 2715 Bayonne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-40 (month) (day) (year)
(c) Cemetery or crematory Brattleboro Vt.
Location

18 (a) Funeral director Howard E. Tuck
(b) Address 5305 Harford Rd.

19 (a) (Entered by registrar) (b) Date received by registrar JAN 31 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1939 to Jan. 29 1940 and that I last saw h e alive on Jan. 29 1940

Immediate cause of death: Hypocordiac Insuff — Duration 12 Yrs.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. E. Mlam M.D.
Address 3 W. Biddle St. Date signed 2-2-40

F 65592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65592
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5008 Morello Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt. (If outside city or town limits, write RURAL and give town)
Street No. 5008 Morello Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert G. McCally (McCalley)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Wh	married

6 (b) Name of husband or wife Annie C. McCalley
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) May 18, 1863

8. AGE: Years	Months	Days	If less than one day
76	8	12	hr min

9. Birthplace Virginia (Town, county and state)
10. Usual Occupation House Painter
11. Industry or business (retired)

FATHER
12. Name Francis McCally
13. Birthplace Virginia

MOTHER
14. Maiden Name Helen Anderson
15. Birthplace Virginia

16 (a) Informant Mr. Laurence McCalley
(b) Address 5008 Morello Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 2, 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave.

18 (a) Funeral director F. Lazarus & Son
(b) Address 7401 Belair Road

19 (a) (Date received by registrar) (Huntington Williams, M.D.) Registrar

JAN 31 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1940, at 9 a m M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Wm. Arnold Funk M.D.
Medical Examiner
Date signed

F 65593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 65593 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: #806
(a) Baltimore City, Maryland
(b) Street address Temple Jarfen Apts
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Temple Jarfen Apts
Madame Elevated W.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice H. Faufman

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Abraham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day hr.	min.
74				

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Jacob Hamburger
13. Birthplace Germany

MOTHER
14. Maiden Name Louisa Marschutz
15. Birthplace Germany

16 (a) Informant Mrs. M. C. Eisenman - Daughter
(b) Address Temple Jarfen Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-40 (month) (day) (year)
(c) Cemetery or crematory Balto. Hebrew Cem.
Location Belair Rd

18 (a) Funeral director Jack Levin Inc.
(b) Address 210 Exeter, Clean

19 (a) Huntington Williams M.D.
(Date received by registrar) Registrar

JAN 31 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-28 1940, at 10 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-26 1940 to 1-28 1940, and that I last saw h alive on Jan 26 1940.

Immediate cause of death	Duration
Coronary thrombosis	2 days
Due to	2 days
Due to	
Other Conditions arteriosclerosis Cerebral Hemorrhage - about 5 yrs ago	5 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Frederick Lutz M.D.
Address Temple Jarfen Date signed 1-30-40

F 65594 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 65594

CERTIFICATE OF DEATH

83-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 735 E. Clement St. 24 W Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Wasserman

If U. S. Veteran specify WAR _____

(a) Residence: No. 675 E. Clement St., Ward.
(Usual place of abode)
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine (Lapides)

6. DATE OF BIRTH (month, day, year) March 19, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	10	10.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Wasserman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Regina Newsbaum

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Joseph Clark
(Address) 675 E. Clement St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date 2/1 1940

19. UNDERTAKER J. F. McCurdy
(Address) 130 E. Fort Ave.

FILED JAN 31 1940 Hunter [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 21 1940 to Jan. 29 1940

I last saw him alive on Jan. 28, 1940 Death is said to have occurred on the date stated above, at 1:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Enterica Chronic	[illegible] ?
Cerebral Hemorrhage	1-21-40

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) [signature] M. D.

(Address) 707 E. Fort Ave.

A. B.—WRITE PLAINLY, with pen and ink—use no abbreviations. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

F 65595

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65595

CERTIFICATE OF DEATH.

131-a

1-PLACE OF DEATH

City of BALTIMORE: (No. 2008 Kelly Ave St. 27-15 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard J Wright

(a) RESIDENCE NO. 2008 Kelly Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Julia

6 DATE OF BIRTH (month, day, and year): March 17 1873

7 AGE — Years: 66 — Months: 10 — Days: 12

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Arnold

(State or country): Cumberland Co. Md.

PARENTS

10 NAME OF FATHER: John Wright

11 BIRTHPLACE OF FATHER (city or town): Arnold

(State or country): Cumberland Co. Md.

12 MAIDEN NAME OF MOTHER: Hester Harrington

13 BIRTHPLACE OF MOTHER (city or town): Arnold

(State or country): Cumberland Co. Md.

14 Informant: Mrs. Charles H. Wright

(Address): 1921 Kelly Ave

15 Filed JAN 31 1940, Huntington Williams, M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 29 1940

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1940, to Jan 28, 1940

that I last saw h... alive on Jan 28, 1940

and that death occurred, on the date stated above, at 7.10 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jno. G. Folkemer M. D.

, 19 (Address) 2329 Gwynns Falls Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial: 1/31 1940

20 UNDERTAKER: Mrs. Geo. H. Holland — ADDRESS: 1231 Druid Hill Ave

Notice to Informant: Please read carefully the instructions on the back of this certificate. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. Omissions should be carefully supplied.

F 65596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 65596 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3034 Keswick Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3034 Keswick Road. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine E. Spaid

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widow.

6 (b) Name of husband or wife George W. Spaid.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 3, 1864

8. AGE: Years	Months	Days	If less than one day hr.	min.
75	10	28		

9. Birthplace Maryland. (town, county, and state)
10. Usual Occupation None.
11. Industry or business

FATHER
12. Name John W. Gaber.
13. Birthplace Md.

MOTHER
14. Maiden Name Hester N. Poole.
15. Birthplace Md.

16 (a) Informant Edith Granwell
(b) Address 1720 E. 29th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 2, 1940 (month) (day) (year)
(c) Cemetery or crematory Oakland.
Location Eastern Ave.

18 (a) Funeral director Ehrenwerth & Donovan
(b) Address 7615-17 Eastern Ave.

19 (a) JAN 31 1940 (Date received by registrar) (b) Interring for Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31, 1940 at 4 15 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1939 to Jan 31 1940 and that I last saw h alive on Jan 30 1940.

Immediate cause of death
Uremia
Due to Arterio sclerotic heart & kidney disease

Duration	
1 day	
	1940

Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature David Edwards M. D.
Address 1211 E. Madison Date signed 1-31-40

F 65597

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 65597

94a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4803 Bradley Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4803 Bradley Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George. B. McClellan Johnson.

3 (b) If veteran, name war ✓ (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Mary A. Johnson
If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Sept 14, 1881

8. AGE: Years	Months	Days	If less than one day
58	4	14	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer.
11. Industry or business

FATHER
12. Name Edward Johnson.
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown.
15. Birthplace Unknown.

16 (a) Informant Mary A. Johnson.
(b) Address 4803 Bradley Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 31, 1940 (Month) (day) (year)
(c) Cemetery or crematory London Park.
Location Frederick Road

18 (a) Funeral director Cheswell & Donovan
(b) Address 2615-17 Edmondson Ave.

19 (a) Filed JAN 31 1940 (Local registrar's signature) (b) Registrar M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28, 1940 at 4 45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 15 1940 to Jan 28 1940 and that I last saw him alive on Jan 28 1940

Immediate cause of death Coronary Thrombosis — Duration 2 wks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Manuel Levin M. D.
Address 1818 Restonton Rd. Date signed Jan 29, 1940

F 65598

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 G

51420 F 65598 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1500 W. Lexington St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ernest Green

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-09-9524

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife Ernest Drew Green
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 3, 1904

8. AGE: Years	Months	Days	If less than one day
35	4	25	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Robert Green
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Drew
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan 31, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Katy R. Williams
(b) Address 322 N Schroeder St

19 (a) (Date rec'd by registrar) (b) Katy Williams Funeral Director

JAN 31 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-28 1940, at 2:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-30 1939, to 1-28 1940, and that I last saw h/ms alive on 1-27 1940.

Immediate cause of death Bilateral Pulmonary emboli

Due to Retroperitoneal abscess of right lower quadrant of abdomen

Due to undetermined etiology

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operation Retroperitoneal abscess of abdomen of undetermined etiology
Of autopsy None

Duration sudden
one month
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Kirkwood Jr. M. D.
Address Balto City Hosp. Date signed 1-29-40

F 65599

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

89-a

F 65599

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2310 Division St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 2310 Division St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Theresa Jones

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	—

6 (b) Name of husband or wife non
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 4/29/39

8. AGE: Years	Months	Days	If less than one day
	4	-	hr. min.

9. Birthplace City Hospital Balt. Md (Town, county, and state)

10. Usual Occupation none
11. Industry or business

FATHER
12. Name Lingood Jones
13. Birthplace Delaware

MOTHER
14. Maiden Name Asalee Connist
15. Birthplace Baltimore

16 (a) Informant Mother - Asalee Jones
(b) Address 2310 Division St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/1/40 (month) (day) (year)
(c) Cemetery or crematory Arbutus
Location .....

18 (a) Funeral director Wm. H. Kelson
(b) Address 1303 Preastman St

JAN 31 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 29 1940 at 10:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Bilateral Otitis Media, Acute	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. M. Vandegrift M.D. Medical Examiner.
Date signed 1/29/40

F 65600

CCK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65600 Registered No. 121

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 da
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 712 Cumberland St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Owens

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-9578

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Lillie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11, 1887

8. AGE: Years	Months	Days	If less than one day
52	6	19	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Waiter
11. Industry or business

FATHER
12. Name Charles Owens
13. Birthplace Md.

MOTHER
14. Maiden Name Matilda
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location
18 (a) Funeral director Geo L. Kelson
(b) Address 1317 Pleasant St.
19 (a) JAN 31 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-30 1940 at 5 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-27 1940, to 1-30 1940, and that I last saw h[illegible] alive on 1-28 1940.

Immediate cause of death	Duration
Generalized peritonitis	several days
Due to Acute gangrenous appendicitis with rupture	several days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. K. Woodward M. D.
Address Balto City Hosp. Date signed 1-30-40

VS 8

F 65601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-13

F 65601 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 650 W. Franklin St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 650 W. Franklin (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Parslee Cannon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8 1921

8. AGE: Years: 19 | Months: 10 | Days: 10 | If less than one day: hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name Arthur Cannon
13. Birthplace N. C.

MOTHER
14. Maiden Name Emma Washington
15. Birthplace N. C.

16 (a) Informant Lacy Davis
(b) Address 658 W. Franklin

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-31-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Brooklyn

18 (a) Funeral director A. Hilstead
(b) Address 918 Druid Hill Ave

19 (a) JAN 31 1940 (Date filed by registrar) (b) Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1940, at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 17 1940 to Jan 28 1940 and that I last saw [illegible] alive on Jan 28 1940

Immediate cause of death: Pulmonary TB — Duration: 8 dys

Due to: 1939

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 1-29-40

F 65602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 65602 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BEGIN ASSIGNED FOR BURIAL

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1733 BRADDISH AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 64 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 1733 Braddish Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

156

3 (a) FULL NAME MARY THOMPSON

3 (b) If veteran, name war: NO.....
3 (c) Social Security Account No. NO.....

4. Sex: FEMALE | 5. Color or race: WHITE | 6 (a) Single, married, widowed, or divorced. WIDOWED

6 (b) Name of husband or wife CHARLES L.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 5, 1860

8. AGE: Years 79 | Months 2 | Days 24 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name John Koch
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Lillie C. Lauber
(b) Address 1733 Braddish Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/40 (month) (day) (year)
(c) Cemetery or crematory Green Mount Cem.
Location Baltimore, Maryland

18 (a) Funeral director C. D. Wisbart & Son
(b) Address 1300 Eutaw Place

19 (a) JAN 31 1940 (Date received by Registrar) Washington Boulevard, M.D.

MEDICAL CERTIFICATION A.

20. DATE OF DEATH January 29 1940 at 9:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 20/40 to Jan. 29 1940
and that I last saw her alive on Jan. 27 1940

Immediate cause of death: Arteriosclerosis — Duration

Due to Age

Due to Bronchial Right side Bronchitis hemorrhage

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Not made

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? No (Specify type of place) While at work? No
(e) Means of injury

23. Signature George C. Shannon M. D.
Address 700 N. Fulton Ave. Date signed 1/30/40

Dr. George C. Shannan

VS 3

F 65603

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13-B Registered No. F 65603

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1102 Dorm at
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1102 Dorm st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Brown Lee Hall

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-18-6868

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	Col	married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
34			hr. min.

9. Birthplace South Carolina (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name John Peterson
13. Birthplace S. Carolina

MOTHER
14. Maiden Name
15. Birthplace ?

16 (a) Informant Viola Allen
(b) Address 624 McMechen St

17 (a) [redacted] Burial (b) Date thereof 2-1-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co

18 (a) Funeral director Wm. A. George & Son
(b) Address 634 Lombard St

19 (a) JAN 31 1940 (b) Huntingtown, Md
(Date received by registrar) (Signature)

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1940, at 9 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Pulmonary tuberculosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. M. Vandegrift M.D.
Medical Examiner.
Date signed 1/27/40

F 65604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 114-D

F 65604 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. 2-30

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 210 Montford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 210 Montford Ave. (If rural, give location)
(e) If foreign born, how long in U. S.A.? years

3 (a) FULL NAME Frederick Gross

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-09-8468

4. Sex: Male | 5. Color or race: Col. | 6 (d) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bessie Gross

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.): April 4 1877

8. AGE: Years 62 | Months 9 | Days 23 | If less than one day: hr. min.

9. Birthplace: Balto. Md (Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business

FATHER — 12. Name: William Henry Gross

13. Birthplace: Md.

MOTHER — 14. Maiden Name: Katie Howard

15. Birthplace: Md.

16 (a) Informant: Bessie Gross.
(b) Address: 210 Montford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 31, 1940 (month) (day) (year)
(c) Cemetery or crematory: Mt. Calvary
Location:

18 (a) Funeral director: Foket L. Gourley
(b) Address: 804 W. Caroline St.

19 (a) Jan 27 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 27 1940 at 5: P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-28-1939 to Jan 27 1940, and that I last saw h[illegible] alive on Jan 26, 1940.

Immediate cause of death: Lung abscess — Duration: about 1 month

Due to: — Duration: over

Due to:

Other Conditions: Myocardial weakening

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maurice Adams M. D.

Address 312 E 23rd St. Date signed 1-30-40

F 65605

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 65605 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3021 Elliott St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3021 Elliott St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 50 yrs years

3 (a) FULL NAME Susana Labuda

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Paul Labuda
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3 1876

8. AGE: Years: 63 | Months: 8 | Days: 27 | If less than one day: hr. 16 min.

9. Birthplace: Austria/Hungary
(Town, county, and state)

10. Usual Occupation: Housework

11. Industry or business

FATHER
12. Name: George Burisen
13. Birthplace: Austria Hungary

MOTHER
14. Maiden Name: Not known
15. Birthplace: Austria-Hungary

16 (a) Informant: Anna Eckert
(b) Address 3021 Elliott St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 2 '40 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Baltimore

18 (a) Funeral director: Louis Grogg & Son
(b) Address 1906 Eastern Ave

19 (a) [illegible] (b) [illegible] for M. Krauss, Registrar
(Date rec'd by registrar)

JAN 31 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 29 1940 at 7.20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 28 1940 to Jan 29 1940, and that I last saw h[illegible] alive on Jan 29 1940

Immediate cause of death: Coronary thrombosis — Duration: 1 hr. days
Due to: arteriosclerosis — 2 yrs
Due to: arterial hypertension — 8 yrs.
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Clarence W. LeBoeuf M. D.
Address 1012 S. Ellwood Ave Date signed 1/30/40

65606 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 65606

CERTIFICATE OF DEATH

107

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 Gator Ave St., 9-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Helen Strassberger

If U. S. Veteran specify WAR _____

(a) Residence: No. 815 Gator Ave St., _____ Ward. _____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Philip Strassberger

6. DATE OF BIRTH (month, day, year) Feb 27 1859

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
80	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ | 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Charles J Scholl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary E Geis

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Caroline Ruth

(Address) 3015 N Gilmor Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb 1 1940

19. UNDERTAKER Frank Brockbank Son

(Address) 1906 Eastland Ave

20. FILED JAN 31 1940 19____ _____ Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27- 1940 to Jan. 30 1940

I last saw her alive on Jan. 30 1940. Death is said to have occurred on the date stated above, at 1:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	1-26-40
Other contributory causes of importance:	
Senile Bronchitis	

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Laboratory Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Benj S. Hayden M. D.

(Address) 3114 Hartford Road

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

65607

HEALTH DEPARTMENT—CITY OF BALTIMORE

65607

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 N Central St., 10 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William L. Gibson

If U. S. Veteran specify WAR .....

(a) Residence: No. 912 N Central St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	A.C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	one		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer Ice

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John Gibson

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Mary Geiger

16. BIRTHPLACE (city or town) (State or country): Baltimore md

17. INFORMANT: Marian Pugsley

(Address) 912 N Central ave

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Feb. Date Feb 1 1940

19. UNDERTAKER: John W Henderson

(Address) Emp Orleans st

20. FILED JAN 31 1940 19.. Hunting for Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 26, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1940 to Jan 29, 1940

I last saw him alive on Jan 28 1940 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	?

Other contributory causes of importance:

Carcinoma Metastasis

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Benj Hanson M. D.

(Address) 207 N Carlin St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65608 — Registered No. F 65608

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2104 Harford Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2104 Harford Rd. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Eugenia Magill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, ~~married~~, widowed, or ~~divorced~~
Female	White	Widow

6 (b) Name of husband or ~~wife~~ Joseph Magill deceased

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11-1878

8. AGE: Years	Months	Days	If less than one day
61	10	18	hr. min.

9. Birthplace Havre De Grace Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name William McCall
13. Birthplace Havre De Grace Md

MOTHER
14. Maiden Name Virginia Jones
15. Birthplace Havre De Grace Md

16 (a) Informant Ina Jones Duerling
(b) Address 2104 Harford Rd

17 (a) (Burial, cremation or removal) (b) Date thereof Jan 31-1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Baltimore Md.

18 (a) Funeral director Jos Ingersoll & Son
(b) Address 219 S Paca St.

19 (a) JAN 31 1940 (b) Huntington Williams M.D. (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 1940 at 1:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 28 1940 to Jan 29, 1940 and that I last saw her alive on Jan 28, 1940

Immediate cause of death Carcinoma of Left Breast — Duration 1938

Due to

Due to

Other Conditions Chronic Interstitial Nephritis (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel B. Wolfe M. D.
Address 1336 E. North Ave Date signed 1-31-40

65609 F Hron

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

159 Registered No. F 65609

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Church Home & Inf.
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 29 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1621 Lancaster St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maureen O'Dea.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 2, 1940

8. AGE: Years | Months | Days: 29 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Richard O'Dea. Md
13. Birthplace

MOTHER 14. Maiden Name Helen Borowy
15. Birthplace Md.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or Crematory JOHNS HOPKINS MEDICAL SCHOOL JAN 31 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

JAN 31 1940 Huntington Williams M.D. Registrar
Registered JAN 31 1940 5359

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1940, at 9:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 2 1940, to Jan 30 1940, and that I last saw her alive on Jan 30 1940.

Immediate cause of death: Bronchitis — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. L. Cameron M. D.
Address Church Home & Inf. Date signed 1-30-40

F 65610

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161-6

Registered No. F 65610

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address The Johns Hopkins Hospital

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12hrs

(e) Length of stay in Baltimore (yrs., mos., or days) 30min

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Essex

(c) City or town Dundalk

(If outside city or town limits, write RURAL and give town)

(d) Street No. 80 Kinship Rd.

(If rural give location)

(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Vrhovac

3 (b) If veteran, name war ———

3 (c) Social Security Account No. ———

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	single

6 (b) Name of husband or wife single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 9, 1939

8. AGE: Years	Months	Days	If less than one day
			12 hr. 30 min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER

12. Name John Vrhovac

13. Birthplace Austria

MOTHER

14. Maiden Name Elizabeth Lehn

15. Birthplace Pennsylvania

16 (a) Informant

(b) Address

17 (a) ——— (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL JAN 31 1940

Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore

(b) Address

19 (a) JAN 31 1940 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

5958

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH December 10 1939, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 9 1939, to Dec. 10 1939, and that I last saw her alive on Dec. 10 1939.

Immediate cause of death	Duration
Atelectasis of Lungs	12 hrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E. W. Oneasfrut M. D.

Address Johns Hopkins Hospital Date signed 1-30-40

65611 F 4547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161-a Registered No. F 65611

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address The Johns Hopkins Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 hrs. 50 min.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 205 South Chester St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Weber

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 8, 1940

8. AGE: Years | Months | Days | If less than one day: 16 hr. 50 min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: none

11. Industry or business: none

FATHER
12. Name: Joseph Weber
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Thelma Manker
15. Birthplace: Maryland

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL JAN 31 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address Huntington Williams, M.D.

19 (a) JAN 31 1940 5257 Registrar
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9 1940, at 12 20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 8 1940, to Jan. 9 1940, and that I last saw her alive on Jan 9 1940.

Immediate cause of death	Duration
atelectasis of lungs	1 day
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. W. Overstreet M. D.
Address Johns Hopkins Hospital Date signed 1-30-40

VS 3

F 65612 F 5404

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. F 65612.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1840 E Chase St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Brown

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-27-40

8. AGE: Years | Months | Days | If less than one day: hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Robert Brown
13. Birthplace Md

MOTHER
14. Maiden Name Mabel Lee
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) JAN 31 1940
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) JAN 31 1940 (Date rec'd by Registrar) Clinton Williams M.D. Registrar
5396

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-28 1940, at 7:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-27 1940 to 1-28 1940 and that I last saw alive on 1-28 1940

Immediate cause of death Prematurity — Duration 8 hours

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ethel Walker, M. D.
Address Baltimore Date signed 1/29/40

F 65613 F 4873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161-a Registered No. F 65613

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address The Johns Hopkins Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 66 min.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 415 North Ann St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME McCormick

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife Single
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 16, 1940

8. AGE: Years	Months	Days	If less than one day
			7 hr. 66 min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Wilbert McCormick
13. Birthplace Virginia

MOTHER
14. Maiden Name Eleanor Council
15. Birthplace North Carolina

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or JOHNS HOPKINS MEDICAL SCHOOL JAN 31 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) JAN 31 1940 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

F 5355

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16 1940, at 6 05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 16 1940, to Jan 16 1940, and that I last saw him alive on Jan 16 1940.

Immediate cause of death	Duration
Atelectasis of Lungs	12 hrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. W. Overstreet M. D.
Address Johns Hopkins Hospital Date signed 1-30-40

F 65614 F 5273

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 Registered No. F 65614

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1410 W Ward St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby boy Griffin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 23, 1940

8. AGE: Years | Months | Days | If less than one day 8 hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Daniel Griffin
13. Birthplace S. C.

MOTHER 14. Maiden Name Maybelle Talley
15. Birthplace S. C.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL JAN 31 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) JAN 31 1940 (Date received by registrar) Huntington Williams, M.D. Registrar
5654

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 23 1940, at 5:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-23 1940 to 1-23 1940 and that I last saw h— alive on 1-23 1940

Immediate cause of death Prematurity — Duration 7 hr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 1/29/40

65615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 65615

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive and 31st Street

(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Maryland.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days

(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. Anchorage, 1644 Thames Street
(If rural give location)

(e) If foreign born, how long in U. S. A.? 30 years years

3 (a) FULL NAME Christian ANDERSON

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1878

8. AGE: Years 61 | Months 7 | Days 20 | If less than one day ... hr. ... min.

9. Birthplace Norway
(Town, county, and state)

10. Usual Occupation Lighthouse Keeper-Retired

11. Industry or business Lighthouse Service

FATHER
12. Name Anders Anderson
13. Birthplace Norway

MOTHER
14. Maiden Name Christina (Unknown)
15. Birthplace Norway

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3/40 (month) (day) (year)

(c) Cemetery or crematory St Matthews
Location O'Donnell St

18 (a) Funeral director Lilly & Zeiler Inc
(b) Address 40 3 S Wolfe St

19 (a) JAN 31 1940 (Date rec'd by registrar) Huntington Williamsport W.V.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30, 1940, at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 25, 1940, to Jan. 30, 1940, and that I last saw him alive on Jan. 30, 1940.

Immediate cause of death	Duration
Uremia	2 weeks
Hypostatic pneumonia	7 days
Due to Cardiorenal vascular disease	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy No autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. M. H. Anderson, M. D.

Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 1-31-40

65616

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

47-C E 65616
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 539 n Central ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 539 N. Central Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 30 yrs. years

3 (a) FULL NAME Samuel Coolidge

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	married

6 (b) Name of husband or wife Mollie Coolidge
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
61			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Driver
11. Industry or business

FATHER
12. Name Mayer Coolidge
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Mollie Coolidge
(b) Address 539 N. Central Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt. Carmel
Location German Hill

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E Biddle St
Registered Undertakers, M.D.

19 (a) 2-1-1940 (Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-31-40 19 , at 6 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1939, to Jan 31 1940, and that I last saw him alive on Jan 30 1940.

Immediate cause of death	Duration
Bronchogenic Carcinoma	2 yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hyman L. Solomon M.D.

Address 129 S. Bond Date signed 1/31/40

F 65617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-d

Registered No. F 65617

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2543 W. Baltimore St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2543 W. Baltimore St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry C. Kaufman

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife: Mary E. Kaufman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2, 1879

8. AGE: Years	Months	Days	If less than one day
60	11	28	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Retired Sales Manager
11. Industry or business Bakery

FATHER
12. Name John L. Kaufman
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Johanna L. Stelte
15. Birthplace Germany

16 (a) informant John L. Kaufman (Son)
(b) Address 2543 W. Baltimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 2, 1940 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore City

18 (a) Funeral director Polk & B. M. Walter
(b) Address Pratt & Stricker Sts

19 (a) (Date rec'd by registrar) JAN 31 1940 (b) Hunting to [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30, 1940 at 1.05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-20 1939 to Jan 30 1940, and that I last saw him alive on Jan 27 1940.

Immediate cause of death Chronic nephritis
Hypertension — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Rosen, M. D.
Address 206 S. Gilmor St Date signed 1-31-40

F 65618

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 65618

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5109 Cordelia Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 47 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5109 Cordelia ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank D. Polk.

3 (b) If veteran, name war none.

3 (c) Social Security Account No. 212-05-9985

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married.

6 (b) Name of husband or wife Margaret Polk.

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Nov. 7, 1885

8. AGE: Years 54 | Months 2 | Days 23 | If less than one day hr. min.

9. Birthplace Asheville, N.C.
(Town, county, and state)

10. Usual Occupation Mutual Clerk

11. Industry or business Race Track

FATHER
12. Name Frank D. Polk
13. Birthplace La.

MOTHER
14. Maiden Name Margaret Calloway
15. Birthplace Tenn.

16 (a) Informant Mrs Margaret Polk.
(b) Address 5109 Cordelia Ave.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 2/1/1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Balto. County

18 (a) Funeral director C. Vernon Limmer
(b) Address 4911 Park Heights

19 JAN 31 1940 (Date rec'd by registrar) **(b)** Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 30 1940, at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1939, to Jan 30 1940, and that I last saw h[illegible] alive on Jan 6 1940.

Immediate cause of death
(a) Pulmonary Hemorrhage — Duration 4 hrs
(b) Bronchial Pneumonia (with Empyema) — Duration [illegible]
(c) Myocardial Degeneration — Duration [illegible]
Due to
Other Conditions Diabetes
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. B. Evans, M.D.
Address 4936 Park Hgts Ave **Date signed** 1-31-40

VS 3

65619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 ✓

F 65619
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR OFFICIAL USE

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert Street
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1608 Fouge Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Angeline Zampini Zampini

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Robert Zampini

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16 1915

8. AGE Years	Months	Days	If less than one day hr.	min.
24	8	13		

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Tailoring

11. Industry or business

FATHER
12. Name Ignazio Poles Polco
13. Birthplace Italy

MOTHER
14. Maiden Name Virginia Cecala
15. Birthplace Italy

16 (a) Informant Robert Zampini
(b) Address 1608 Fouge St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 1-40 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Holy Redeemer
Location Belair Rd

18 (a) Funeral director Martin H. E. Dippel
Address 37 S. Amm St.

19 (a) 1 1940 (Date received by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/29 1940, at 12:16 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/28 1940 to 1/29 1940, and that I last saw h.er alive on 1/29 1940

Immediate cause of death Diabetic acidosis & coma — Duration 12 hrs

Due to Diabetes — 11 yrs

Due to Pneumonia, Lobar, bilateral

Other Conditions Pneumococcal Septicemia

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. Beck M. D.
Address Mercy Hospital Date signed 1/29/40

52368 - RB

65620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 65620

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1510 W. Fairmount Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Law

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Vergie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/21/1873 - 9/2/1873

8. AGE: Years	Months	Days	If less than one day
66	4	28	hr. min.
66	4	9	

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John Laws
13. Birthplace Va.

MOTHER
14. Maiden Name Martha ?
15. Birthplace Va.

16 (a) Informant Records
(b) Address B.C.H.

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb 2, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Kate R Williams
(b) Address 322 N Schroeder St

19 JAN 31 1940 (Date filed by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-30 1940 at 12 40 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-28 1940 to 1-30 1940, and that I last saw he alive on 1-30 1940.

Immediate cause of death	Duration
Cardiac Failure	sudden
Due to Arteriosclerotic heart disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Fractures of ascending ramus
Of autopsy Autopsy not completed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L Kelso Edwards M. D.
Address Balto City Hosp. Date signed 1-30-40

F 65621

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. F 65621

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2109 Booth St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2109 Booth St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret A. Quinn

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: F.

5. Color or race: W.

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 27th, 1869

8. AGE: Years 70 69 | Months 11 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation House Work

11. Industry or business

FATHER
12. Name John Irvin
13. Birthplace England

MOTHER
14. Maiden Name Alice Ryan
15. Birthplace Ireland

16 (a) Informant Edward S. Magaha
(b) Address 2109 Booth St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 2 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md.

18 (a) Funeral director Frederick A. Dole
(b) Address 300 W Lombard St.

19 JAN 31 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30, 1940, at 12:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1939 to JAN. 30 1940 and that I last saw h[illegible] alive on JAN. 30 1940

Immediate cause of death: Hypertension Ht. Disease — Duration 7

Due to

Due to

Other Conditions Fractured Femur — 12 Hrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.

Address Date signed 1/30/40

VS 8

F 65622

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 65622

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5612 Plymouth Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
Street No. 5612 Plymouth Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Antonia Hladky

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Michael Hladky
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16, 1860

8. AGE: Years	Months	Days	If less than one day
80 79	8	12 13	hr. min.

9. Birthplace Czeckoslovakia (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Uhlik
13. Birthplace czeckoslovakia

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Barbara Seffa
(b) Address 5612 Plymouth Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/1/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd.

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison St.

19 (c) JAN 31 1940 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/29 1940, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/25 1940 to 1/29 1940, and that I last saw h[illegible] alive on 1/29 1940.

Immediate cause of death Chronic Myocarditis (Infectious). — Duration

Due to

Due to

Other Conditions Hypostatic Pneumonia

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mary Rose Bolley M. D.
Address 5763 Harford Rd. Date signed 1/30/40

65623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

Registered No. 65623

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2114 Oldendale Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 9 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2114 Oldendale Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jennie R. Mensinger

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Albert Mensinger

6 (c) If alive, give age yrs

7. Birth date of deceased (mo., day, yr.) Oct 22-1875

8. AGE: Years 64 | Months 3 | Days 8 | If less than one day min.

9. Birthplace Berks Co. Pa (Town, county, and state)

10. Usual Occupation Home

11. Industry or business

FATHER 12. Name Unknown Reichard
13. Birthplace Penna

MOTHER 14. Maiden Name Unknown Kunsman
15. Birthplace Penna

16 (a) Informant Mrs Paul M Hoff
(b) Address 2114 Oldendale Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 31-1940 (month) (day) (year)
(c) Cemetery Mt Olivet
Location Easton, Penna

18 (a) Funeral director J M Schofield & Son
(b) Address Huntingtown, Md

19 (a) JAN 31 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30 1940, at 7-15 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1938 to Jan 30 1940. and that I last saw her alive on Jan 29 1940.

Immediate cause of death
Gastric Carcinoma. (Duration 2 years)
(Secondary Anemia)
Due to —
Due to —
Other Conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harley Cole M. D.
Address 2707 Garrison Blvd Date signed 1/31/40

VS 3

F 65624

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-B

Registered No. F 65624

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5 N. Abington Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 N. Abington Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Annie Round

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Frank Round
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 7, 1864

8. AGE: Years 75 | Months 3 | Days 23 | If less than one day hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation Tailoring (Retired)
11. Industry or business

FATHER
12. Name Jobe Symes
13. Birthplace England

MOTHER
14. Maiden Name Mary
15. Birthplace England

16 (a) Informant Mr. Robert E. Michel
(b) Address 5 N. Abington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 1, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director
(b) Address 3105 W. Baltimore St.

19 (a) JAN 31 1940 (Date rec'd by registrar) (b) Huntington Wilt

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30 1940, at 1.15AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1, 1939 to Jan 30, 1940, and that I last saw her alive on Jan 29, 1940.

Immediate cause of death	Duration
Cardiac failure	
Due to Arteriosclerosis	
Due to Chronic hypertrophic arteritis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leonard Gross M.D.
Address 3101 W. Baltimore St. Date signed 1/30/40 M. D.

F 65625

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 65625

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1930 W. Saratoga St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1930 W. Saratoga St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Andrew T. Covey

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Sarah M. Covey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 5, 1845

8. AGE: Years	Months	Days	If less than one day
94	4	26	hr. min.

9. Birthplace Friendship, Md.
(Town, county, and state)
10. Usual Occupation Retired Farmer
11. Industry or business

FATHER
12. Name Thomas Covey
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Satterfield
15. Birthplace Md.

16 (a) Informant Mrs. Gertrude Moore
(b) Address 1930 W. Saratoga St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 2, 1940 (month) (day) (year)
(c) Cemetery or crematory Hillcrest Cem.
Location Federalsburg, Md.

18 (a) Funeral director J. J. Framptom
(b) Address Federalsburg, Md.

19 (a) (Date received by Registrar) JAN 31 1940 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 31, 1940, at 8.00 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 25 1940, to Jan 31 1940, and that I last saw him alive on Jan 31 1940.

Immediate cause of death Bronchial Pneumonia — Duration 6 days.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David E. Boyard M. D.
Address 1905 W Baltimore St Date signed 1/31/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 65686

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 65626

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1922 E. Lafayette Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1922 E. Lafayette Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Wm. Schumacher

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-07-8547

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband or~~ wife Margaret Armstrong
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29th, 1887

8. AGE: Years	Months	Days	If less than one day
52	8	2	hr. min.

9. Birthplace City
(Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business Sears, Roebuck Co.

FATHER
12. Name Jacob Schumacher
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Struth
15. Birthplace City

16 (a) Informant Margaret Schumacher
(b) Address 1922 E. Lafayette Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/1/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto.

18 (a) Funeral director E. J. Fanning & Son
(b) Address 1938 E. Lafayette Ave.

19 (a) JAN 31 1940 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 29th 1940, at 4½ P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 23 1940 to Jan. 29 1940. and that I last saw ~~him~~ her alive on Jan. 29 1940.

Immediate cause of death Chronic Interstitial Nephritis
Myocardial Insufficiency — Duration 1 year
Due to
Due to
Other Conditions Influenza and Cerebral Embolism — Duration 2 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Rosenberg M. D.
Address 2025 Eutaw Pl. Date signed 1/30/40

65627

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65627

CERTIFICATE OF DEATH

46-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2117 Dennison St. S 27-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William Roselle Dames

If U. S. Veteran specify WAR No

(a) Residence: No. 202 Edgevale Rd St., Ward. No SS# HERE

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) January 31- 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	11	30 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. carpentry

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 43 40

12. BIRTHPLACE (city or town) (State or country) Baltimore County Md.

FATHER

13. NAME Augustus F Dames

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME Elizabeth Roselle

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs D-Von Schneas

(Address) 202 Edgevale Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Par Knoll Date Feb 1st 1940

19. UNDERTAKER William Pook

(Address) 1217 E. Fayette St

20. FILED Huntington Williams M.D.

FEB 1- 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 30, 1940

22. I HEREBY CERTIFY, That I attended deceased from October 30, 1940 to January 30, 1940

I last saw h alive on Jan. 29, 1940 Death is said to have occurred on the date stated above, at 12 30 am m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Sigmoid and Rectum	3 mo
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. F. Stearns M. D.

(Address) 2878 Harford Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65628

CERTIFICATE OF DEATH

√ 131-a

F 65628

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Wm J. Hopper If U. S. Veteran specify WAR

(a) Residence: No. 5002 Grundow Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Hopper

6. DATE OF BIRTH (month, day, year) Dec 25th 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Musician

10. Date deceased last worked at this occupation (month and year) 1935 | 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Centreville Md

FATHER

13. NAME John Hopper

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anna Miller

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wm J. Hopper

(Address) 5002 Grundow Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Feb 3rd 19 40

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

20. FILED FEB 1 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-31-40, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-28-40, 19 to 1-31-40, 19

I last saw him alive on 1-31-40 Death is said to have occurred on the date stated above, at 2:35 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis - Left middle Cerebral artery	1-27-40
Arteriosclerotic Cardiac Disease & Coronary	
Complicating Terminal Arteriosclerotic Pneumosclerosis & uremia	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Crumpt M. D.

(Address) St. Josephs Hosp

V3.2

F 65629

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65629 Registered No. 93-P

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE MORGUE

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 2nd fl.
(b) Street address 853 N Howard St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 853 N Howard
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME SARAH GAMBLE

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife George Gamble
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 13 1863

8. AGE: Years	Months	Days	If less than one day
76	1	17	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Josiah Gordon
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Catherine ?
15. Birthplace Baltimore Md

16 (a) Informant Sarah C. Ross
(b) Address 2768 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 1 40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Pelham (J)
(b) Address 1519 N Howard

19 (a) FEB 1 1940 (Date received by registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30 1940, at 9 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic heart disease	
Due to	
Due to	
Other Conditions Acute dilatation of heart. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed Jan 31, 1940

F 65630

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-a Registered No. F 65630

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 520 E. Fairmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) all

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 520 E. Fairmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary M Hudson

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 26 1863

8. AGE: Years 76 | Months 5 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation housework

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace Germany

MOTHER 14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mary M Moore
(b) Address 1886 W Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 2, 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Hudson Co
(b) Address 1219 E Fayette

19 (a) FEB 1 — 1940 (Date rec'd by registrar) (b) Signature for Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1940, at 6:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 29 1940, to Jan 30 1940, and that I last saw him alive on Jan 30 1940.

Immediate cause of death Bronchopneumonia — Duration 3 days
Due to La Grippe — 7 days
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard L. Eastridge M. D.
Address 614 E. Baltimore Date signed Jan 31/40

Bayne

F 65631

65631 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82

1. PLACE OF DEATH 3036 Clifton Park Terrace

Registered No.

CITY OF BALTIMORE: (No. St., 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Dora May Bayne

If U. S. Veteran specify WAR

(a) Residence: No. 3036 Clifton Park Terrace St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed or divorced HUSBAND of (or) WIFE of William C Bayne

6. DATE OF BIRTH (month, day, year) Oct 15, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgetown Md

FATHER

13. NAME John Jones

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMANT Carroll B Bayne

(Address) 3036 Clifton Park Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem Date Feb 3 19 40

19. UNDERTAKER Margaret E. Feeney

(Address) 1422 Light St

20. FILED Hunting Town Williams N.C.

FEB 1 - 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-31, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1938 to 1-31, 1940

I last saw her alive on 1-31, 1940 Death is said to have occurred on the date stated above, at 6:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration
Rt Lumbago	1937
Bulbar Paralysis	1939
Cachexia	1939

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Margaret E. Feeney M. D.

(Address) 3025 Belair Road

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 3

65632 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 65632

CERTIFICATE OF DEATH 4/127-a

1. PLACE OF DEATH University Hospital — Registered No. ____

CITY OF BALTIMORE: (No. Lombard & Greene St. 4-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 14 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Roscoe L. Cyler — If U. S. Veteran specify WAR ____ Frederick Co.

(a) Residence: No. ____ St., ____ Ward. Emmitsburg, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Beulah Cyler

6. DATE OF BIRTH (month, day, year) Feb 23 1887

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
52	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sanatorium

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Frederick Co. (State or country) Md

FATHER

13. NAME Orrel John C Cyler

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Cecelia Ann Harbaugh

16. BIRTHPLACE (city or town) Frederick Co. (State or country)

17. INFORMANT Mrs Beulah Cyler (Address) Emmitsburg Md

18. BURIAL, CREMATION, OR REMOVAL Harbaugh Church Cem. Date Feb 3 1940

19. UNDERTAKER M. L. Orndorff & Sons (Address) Thurmont Md

20. FILED FEB 1 - 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/31, 1940

22. I HEREBY CERTIFY, That I attended deceased from 12/17, 1939, to 1/31, 1940

I last saw him alive on 1/31, 1940. Death is said to have occurred on the date stated above, at 4:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Operative Wound Infection	12/18/39
Fecal fistula	1/2/40

Other contributory causes of importance:

Was an operation performed? Yes Date of 12/12/39

For what disease or injury? Cholecystitis, Diverticulitis

Name of operation Cholecystectomy, Appendectomy, Post Resection of Colon

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____ 1/31/40

(Signed) J. B. Nuttall M. D.

(Address) University Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

No Social Security.

F 65633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 65633 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~4412 Roland Ave~~, City
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4412 Roland Ave, C. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME (Mrs James Bosley) Ruth Waters Bosley

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife James Bosley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 4 1865

8. AGE: Years 74 | Months 3 | Days 27 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER 12. Name Richard Waters
13. Birthplace Maryland

MOTHER 14. Maiden Name Sara Gould
15. Birthplace Maryland

16 (a) Informant Hospital Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 2 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Henry W Jenkins & Son
(b) Address McCulloh & Orchard Sts

19 (a) Huntington Williams, M.D. (Registrar)
(b) Date received by Registrar FEB 1 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1940 at 12:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 21 1939 to Jan 31 1940, and that I last saw her alive on Jan 21 1940.

Immediate cause of death Arteriosclerotic heart disease & severe decompensation — Duration 6 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Reginald Chabot, M.D.
Address Union Memorial Hosp. Date signed 1-31-40

VS 1

F 65634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 65634

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Lincoln Heights
(If outside city or town limits, write RURAL and give town)
(d) Street No. Lintheum Heights
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Betty Jane Griffin

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: —

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 7-30-39

8. AGE: Years | Months: 5 | Days: 18 | If less than one day: hr. min.

9. Birthplace [illegible] Md.
(Town, county, and state)

10. Usual Occupation Infant.

11. Industry or business

FATHER 12. Name Winford Nickerson

13. Birthplace Md.

MOTHER 14. Maiden Name Agnes Griffin

15. Birthplace Md.

16 (a) Informant From Hospital records.

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location

18 (a) Funeral director Prepared by Provident Hospital

(b) Address

19 (a) Date of registration FEB 1 1940 (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-18-1940 at 4.25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-8-1940 to 1-18-1940, and that I last saw [illegible] alive on 1-18-1940.

Immediate cause of death	Duration
Broncho-pneumonia (Primary)	11 days.
Due to Otitis Media (Acute)	11 days.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None 4/30

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. F. Maloney M. D.

Address Provident Hospital Date signed 1/18/40

65635

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52359 SD F 65635

83-a Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1703 Latrobe Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME David Anderson

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-4587

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Married

6 (b) Name of husband or wife Clara
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
63 ?			hr. min.

9. Birthplace ? (Town, county, and state)
10. Usual Occupation Laborer WPA
11. Industry or business

FATHER
12. Name (d)
13. Birthplace

MOTHER
14. Maiden Name (d)
15. Birthplace

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 2 2 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Brooklyn, Md.

18 (a) Funeral director Mrs. Chas. G. Bailey
(b) Address 1421 Jefferson St.

19 (a) (Date rec'd by registrar) FEB 1 1940 (Signature of Registrar) Wm. Williams, M.D.

VS-8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30 1940 at 10-9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 29 1940 to Jan 30 1940, and that I last saw h[illegible] alive on Jan. 30 1940

Immediate cause of death: Cerebral hemorrhage — Duration: 3 days.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto. City Hosp. Date signed 1-31-40

65636

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 65636
Registered No.

THE MORGUE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 313 So Carolina
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 313 So Carolina St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3-1

3 (a) FULL NAME James Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
about 74			hr. min

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL
Location

FEB 1 - 1940
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) FEB 1 - 1940 (Date rec'd by registrar) (b) 5360 Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. about 22 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~an~~ death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. W. Vandeleft M.D.
Medical Examiner.
Date signed 1/24/40

F 65627

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 65637 Registered No. 131-A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE MORGUE

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4074 E. Fremont St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4074 E. Fremont St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Charlotte Truitt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
104			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) ..... (b) Date thereof .....
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL

FEB 1 1940
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) FEB 1 - 1940 (b) 5361
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1940 at 11 40 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Cardio-vascular-Renal	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wendell Truitt M.D.
Medical Examiner.
Date signed 1/27/40

Certified for Williams, M.D.

VS 6

F 65638

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-P

F 65638 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Eastern Hospital
(b) Street address 5 N Exeter St.
(c) Hospital or institution:
DOA Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5 North Exeter St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME EDWARD STANSFIELD

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 75 | Months | Days | If less than one day hr. min

9. Birthplace
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL FEB 1 - 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) FEB 1 - 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) 5362 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 27 1940, at 4 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death: Aneurysm, abdominal aorta — Duration: unknown
Due to: Arteriosclerosis general
Due to:
Other Conditions: No history stroke
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. A. Moore M.D.
Medical Examiner.
Date signed Jan 25, 1940

VS 6

F 65639

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a F 65639
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1424 Hemfield Court
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1424 Hemfield Court
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME MARY DORSEY

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1855

8. AGE: Years	Months	Days	If less than one day
85			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name John Barber
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Milburn
15. Birthplace Md

16 (a) Informant Bertha Dorsey
(b) Address 302 N Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 1 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Brookland

18 (a) Funeral director Leroy O Wilson
(b) Address 1000 Pratt St

FEB 1 - 1940 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30 1940, at 6 60 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Cardio-renal vascular disease	
Due to Generalized arteriosclerosis	
Due to	
Other Conditions Senility	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Williams M.D.
Medical Examiner.
Date signed Jan 31, 1940

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR MORGUE

F 65640

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55-B

F 65640 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2528 Foster Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Gensler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Louise Gensler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6, 1891

8. AGE: Years	Months	Days	If less than one day: hr.	min.
48	8	24		

9. Birthplace Balto, Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name George Gensler

13. Birthplace Balto,

MOTHER 14. Maiden Name Rose Bane

15. Birthplace Balto,

16 (a) Informant Mrs. Louise Gensler

(b) Address 2528 Foster Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/40 (month) (day) (year)

(c) Cemetery or crematory Schwartz

Location O'Donnell St.

18 (a) Funeral director John A. Miller

(b) Address 2338 Jefferson St.

19 (a) FEB 1 1940 (Date received by Local Registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION 4 25P

20. DATE OF DEATH Jan 30 1940. at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Melanoma of right cheek with metastases to brain, heart, lungs, lymph nodes, liver. — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Wade Griffith M.D. Medical Examiner.

Date signed 1/31/40

F 65641

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D Registered No. F 65641

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: St Agnes Hospital
(a) Baltimore City, Maryland
(b) Street address Wilkens + Caton Aves
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1118 Washington Blvd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Nellie Griffin

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: late Anthony Griffin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 20, 1876
8. AGE: Years 64 | Months | Days 10 | If less than one day hr. min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation House work
11. Industry or business

FATHER
12. Name James Jordon
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Norton
15. Birthplace Ireland

16 (a) Informant Mrs Marie A. Laupp
(b) Address 2223 Annapolis Road.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 2/3/1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Road

18 (a) Funeral director John J. Cowan & Son
(b) Address 901 Hillen St.

FEB 1 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/30/1940, at 5:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-25 1940 to 1-30 1940 and that I last saw her alive on 1-30 1940.

Immediate cause of death: Cardiac failure — Duration

Due to: Arteriosclerotic Cardio-vascular disease.

Due to:

Other Conditions: Deabetes ulcer on back
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles V. Lewis M. D.
Address St. Agnes Hospital Date signed 1-30-40

F 65642

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 65642 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE MORGUE

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dos
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 136 W. Fort Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME JOHN KURTH

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-07-7355

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Florence T. Kurth
6 (c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) May 27, 1905

8. AGE: Years	Months	Days	If less than one day: hr.	min
34	8	4		

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation Operator
11. Industry or business

FATHER
12. Name Julius P. Kurth
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Sadie B. Branigan
15. Birthplace Baltimore, Md

16 (a) Informant Mrs Florence T. Kurth
(b) Address 136 W Fort Ave

17 (a) burial (b) Date thereof 2/3/1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Pk Cem
Location 3801 Frederick Ave

18 (a) Funeral director John J Cooney & Son
(b) Address 901 Hollins Huntington Ave

19 (a) FEB 1 - 1940 (date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31 1940, at 12:05 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to h[illegible] death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Acute cardiac dilatation	
Due to Rheumatic heart disease, combined lesion	
Due to aortic and mitral stenosis	
Other Conditions no history	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Lee Gallenmueller Jr M.D.
Medical Examiner.
Date signed Jan 31, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 65643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 65643 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Mercy Hosp.

(c) Hospital or institution: Bald. Mds.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(b) Street No. 1126 Division St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Gross

3 (b) If veteran, name war

3 (c) Social Security Account No. None.

4 Sex Male | 5. Color or race Wh | 6 (a) Single, married, widowed, or divorced. (Married)

6 (b) Name of husband or wife Carrie Gross

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 3 1886

8. AGE: Years 54 | Months 6 | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Saf.

FATHER 12. Name James E. Gross

13. Birthplace Md.

MOTHER 14. Maiden Name Lizzie Mdy Gross

15. Birthplace Md

16 (a) Informant Mrs Carrie Gross

(b) Address 1126 Division St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-40 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem. Park

Location Baltimore - Md.

18 (a) Funeral director Mrs Frances A. Hemsley

(b) Address 678 N Bradford St Huntingtown Baltimore, Md

19 (a) Date received by registrar FEB 1 1940 Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-30-40 (month) (day) (year), at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-28-40 (month) (day), to 1-30-40 (month) (day), and that I last saw him alive on 1-30-40 (month) (day).

Immediate cause of death Lobar Pneumonia — Duration 1 wk

Due to Pneum. Type III

Due to

Other Conditions Leucopenia — ?

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature C. J. Mendelis M. D.

Address Mercy Hosp Date signed 1-30-40

F 65644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

F 65644 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2022 N Payson St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2022 N Payson St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minnie Hesterberg.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female. | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Henry Hesterberg

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 9-1857

8. AGE: Years 83 | Months 0 | Days 21 | If less than one day hr. min.

9. Birthplace Germany. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name ? Buhre
13. Birthplace Germany.

MOTHER
14. Maiden Name Not known.
15. Birthplace Germany

16 (a) Informant Mrs Louise Bolender
(b) Address 2022 N Payson St

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 2-2-40 (month) (day) (year)
(c) Cemetery or crematory St Pauls Ridgeville
Location Balto Md.

18 (a) Funeral director Mrs Chas E. J. Rohde
(b) Address 2327 Edmondson Ave

19 (a) FEB 1 - 1940 (Date rec'd by registrar) (b) Huntington Williams, Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30 1940, at 3 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1939 to Jan 30 1940 and that I last saw her alive on Jan 29 1940.

Immediate cause of death	Duration
Hypostatic Pneumonia	6 da.
Due to	
Due to	
Other Conditions Carcinoma Colon	2 yr

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Alex Talbot M. D.
Address 2723 E Pratt Date signed 4/30/40

65645

HEALTH DEPARTMENT—CITY OF BALTIMORE

65645

CERTIFICATE OF DEATH

131-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1150 Ridgely St. 21-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Joseph Real

If U. S. Veteran specify WAR _____

(a) Residence: No. 1150 Ridgely St., _____ Ward. 21 S S

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: late Ida A. Real

6. DATE OF BIRTH (month, day, year): Mar 24, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	66	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): _____

11. Total time (years) spent in this occupation: _____

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Joseph Real

14. BIRTHPLACE (city or town) (State or country): Baltimore, Md

MOTHER

15. MAIDEN NAME: Elizabeth Slaughter

16. BIRTHPLACE (city or town) (State or country): Baltimore, Md

17. INFORMANT: Mrs Rosie Hundertmark

(Address) 1150 Ridgely Street

18. BURIAL, CREMATION, OR REMOVAL

Place: Weston Cem. Date: Feby 2, 1940

19. UNDERTAKER: John J. Cowan & Son

(Address) 1901 Hollins St

20. FILED _____

_____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 30, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1940 to Jan 30, 1940

I last saw him alive on Jan 29, 1940. Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystitis Duration 5 Days	

Other contributory causes of importance:

Chronic Nephritis	6 mos

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

_____ If so, specify _____

(Signed) Hugh Pettett's M. D.

(Address) 817 Hamilton Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 1 - 1940

65646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-1

Registered No. F 65646

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 135 E. Randall St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 135 E. Randall (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME albert a. Cochran

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-5345

Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Edith Cameron Cochran

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 3. 1884

8. AGE: Years 55 | Months 4 | Days 28 | If less than one day hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation Inspector

11. Industry or business Locke Insulator Corp.

FATHER
12. Name John Cochran
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Margaret Irwin
15. Birthplace Balto., Md.

16 (a) Informant Mrs. A. A. Cochran
(b) Address 135 E. Randall St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Fredrick Rd.

18 (a) Funeral director Margaret J. Flynn
(b) Address 1422 Light St.

19 (a) FEB 1 - 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 31 1940 at 3:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940 to Jan 31 1940; that I last saw him alive on Jan 31 1940.

Immediate cause of death
(a) Arteriosclerosis
Due to Pneumonia
(b) Lobar
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
(a) 2 days
(b) 6 mos

Major finding
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. J. Greenhouse M.D.
Address 67 Randall Date signed Jan 31 1940

VS 3

F 65647

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

125-B F 65647 Registered No.

THE MORGUE MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 638 W. Conway St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME CHARLES NEWKIRK

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. 214-05-3792

4. Sex: M | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Pricilla Newkirk
6 (c) If alive, give age: 36 years

7. Birth date of deceased (mo., day, yr.): Mar 6 / 10

8. AGE: Years: 37 | Months: 11 | Days: 24 | If less than one day: hr. min.

9. Birthplace: Rose Hill N. C. (Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business:

FATHER
12. Name: James Carroll
13. Birthplace: Rose Hill N. C.

MOTHER
14. Maiden Name: Fieghtman
15. Birthplace: Rose Hill N. C.

16 (a) Informant: Pricilla Newkirk
(b) Address: 638 W Conway Street

17 (a) (Burial, cremation, or removal) (b) Date thereof: 2/2/40 (month) (day) (year)
(c) Cemetery or crematory: Rose Hill, N. C.
Location: Rose Hill N C

18 (a) Funeral director: Sarah L Brown Sow
(b) Address: 1086 Montgomery St

19 (a) (Date rec'd by registrar) Huntington for Williams M.D. Registrar

FEB 1 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30 1940, at 7 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hepatitis, acute toxic	
Due to Cause undetermined	
Due to	
Other Conditions Jaundice	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: J. L. Wallenmeyer M.D. (Medical Examiner)
Date signed Jan 31, 1940

F 65648

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65648

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1127 N. Monroe St. St. 16-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 7 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME BETTY A. DODSON

If U. S. Veteran specify WAR

(a) Residence: No. NOVUM Virginia St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

8a. If married, widowed, or divorced HUSBAND of (or) WIFE of JOSEPH DODSON

6. DATE OF BIRTH (month, day, year) MARCH 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
77 96	Years	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) APR 1939

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) MADISON Co VIRGINIA

FATHER

13. NAME REUBEN BURK

14. BIRTHPLACE (city or town) (State or country) MADISON Co VIRGINIA

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT ROBERT JENKINS

(Address) 1127 N. MONROE ST

18. BURIAL, CREMATION, OR REMOVAL

Place NOVUM VA Date FEB. 3 1940

19. UNDERTAKER Reagan Funeral Home

(Address) Keyser W. Va.

20. FILED FEB 1 - 1940 Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 1, 1940

22. I HEREBY CERTIFY, That I attended deceased from DEC. 1939 to JAN 31 1940

I last saw her alive on JAN 31, 1940. Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
UREMIA	1/25/40
HYPERTENSIVE CARDIO VASCULAR DISEASE	
Other contributory causes of importance: SENILITY	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Edward D. Kalling M. D.

(Address) 716 W. Pratt St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S. 2

65649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 65649

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1906 McCulloh St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1906 McCulloh St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME HERBERT JOHNSON

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years	Months	Days	If less than one day
80			hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Musician

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " " "

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Lillian Butler
(b) Address 1906 McCulloh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Laurel
Location Baltimore Co. Md.

18 (a) Funeral director Samuel H. Grace & Son
(b) Address 6311 Pimlico Rd.

19 FEB 1 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 1st 1940 at 9 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Arteriosclerotic heart disease — Duration

Due to

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H L Wallenmeier M.D.
Medical Examiner.
Date signed Feb 1st 1940

F 65650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65650 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4604 Mary Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Mary Kloss

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Frederick Kloss
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 3, 1871

8. AGE: Years 69 | Months 0 | Days 28 | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation house wife

11. Industry or business

FATHER
12. Name William Dooling
13. Birthplace Ireland

MOTHER
14. Maiden Name ?
15. Birthplace Ireland

16 (a) Informant Frances Elizabeth Kloss
(b) Address 4604 Mary Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feby 3/1940 (month) (day) (year)
(c) Cemetery or crematory St Joseph's Cem
Location Texas Md

18 (a) Funeral director Harry A. Annacost
Address 4204 Ridgewood Ave

19 (a) FEB 1 - 1940 (Date rec'd by registrar) (b) Hunting Town Williams Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31 1940, at 6.25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1940, to Jan 31 1940, and that I last saw him alive on Jan 31 1940.

Immediate cause of death	Duration
Hypertensive + arteriosclerotic cardio vascular disease	?
Due to	
Due to	
Other Conditions Carcinoma of breast with metastases to pelvis (Include pregnancy within 3 months of death)	5 yrs

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William B. Culwell M. D.
Address Mercy Hospital Date signed Jan 31, '40

65651 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 65651

CERTIFICATE OF DEATH

93-E

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St. [illegible] Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Casso (Passo)

If U. S. Veteran specify WAR .....

(a) Residence: No. Mount Hope Retreat St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Records of Mount Hope Retreat
(Address) Mount Hope Retreat, City

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Feb 3/40 19..

19. UNDERTAKER: STEWART & MOWEN COMPANY
(Address) (W. F. WOOLLEN SUC.) 100 W. NORTH AVENUE

FILED Hunting ton Williams M.D.

FEB 1 - 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 1, 1940

22. I HEREBY CERTIFY, That I attended deceased from Mar ..., 1934 to 2/1 ..., 1940

I last saw him alive on 2/1 ..., 1940 Death is said to have occurred on the date stated above, at 6'5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dementia Precox	1923
Other contributory causes of importance: Hypocardiac decompensation	2 days

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) D. P. Alagia M. D.

(Address) 3316 Frederick Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65652

CERTIFICATE OF DEATH

131-a F 65652

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1423 Myrtle Ave. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Agnes Dorsey

If U. S. Veteran specify WAR

(a) Residence: No. 1423 Myrtle Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	Colored	Married

5a. If married, widowed or divorced (HUSBAND of) (or) WIFE of: Charles M. Dorsey

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
60 yrs.	8 Mo.	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country): Ellicott City, Md.

FATHER

13. NAME: Daniel Ireland

14. BIRTHPLACE (City or town) (State or country): Ellicott City, Maryland

MOTHER

15. MAIDEN NAME: Hester C. Lofland

16. BIRTHPLACE (City or town) (State or country): Ellicott City, Md.

17. INFORMANT: Charles M. Dorsey (Address) 1423 Myrtle Ave.

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Burial Date 2/2 1940

19. UNDERTAKER: Jno. E. Nelson & Son (Address) 1303 Eutaw St.

20. FILED: FEB 1 - 1940 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 29 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22 1940 to Jan. 29 1940

I last saw h alive on Jan. 29 1940 Death is said to have occurred on the date stated above, 4:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	1/22/40
Other contributory causes of importance: Chronic Interstitial Nephritis	1937

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Cl. Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Lincoln Shelton M. D.

(Address) 704 N. Lafayette

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 65653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D Registered No. F 65653

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2015 Druid Hill Ave
(c) ~~Hospital or institution~~
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2015 Druid Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 14

3 (a) FULL NAME Maria Love Marshall

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Fem

5. Color or race: Colored

6 (a) ~~Single, married~~, widowed, or ~~divorced~~.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 77 | Months 7 mo | Days | If less than one day: hr. min.

9. Birthplace Pulaski, Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Rev Henderson Love
13. Birthplace Loudin County Va

MOTHER
14. Maiden Name Amelia Fitch
15. Birthplace Pulaski Virginia

16 (a) Informant Josiah Watkins
(b) Address 925 Woodyear St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 2/3/40 (month) (day) (year)
(c) Cemetery or crematory Western Star
Location Catonsville, Md.

18 (a) Funeral director Thomas E. Kelson
(b) Address 1303 Presstman St.

19 (a) FEB 1 - 1940 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 31, 1940 at 2a.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 27, 1939 to Jan 31, 1940 and that I last saw h~~e~~r alive on Jan 27, 1940.

Immediate cause of death: Vesical calculus — Duration
Tabe. Valv. Heart Dis
Due to Rt Heart Failure
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. C. Wallenstein M. D.
Address 2042 Eutaw Pl. Date signed Jan 31/40

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65654 — CERTIFICATE OF DEATH — 131-a — F 65654

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 S. Fulton Ave 19th Ward)

Registered No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles W. Schmidt — If U. S. Veteran specify WAR _____

(a) Residence: No. 118 S. Fulton Ave, Ward. _____ (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie M. Schmidt

6. DATE OF BIRTH (month, day, year) Dec 22 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Varnisher in

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture Factory

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Lenz

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Sr. Margaret Zentgraf (Address) 124 S. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Feb. 3 1940

19. UNDERTAKER George L. Lehnert. (Address) 2101 Frederick Ave.

20. FILED FEB 1 - 1940 — Limiting for Williams M.D. Registrar.

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 31st 1940

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1939 to Jan 31, 1940

I last saw him alive on Jan 31, 1940 Death is said to have occurred on the date stated above, at 3.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular disease.	2 yrs
Other contributory causes of importance: Chronic Nephritis	1 yr

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) Albert Scagnetti, M. D.

(Address) 924 W. Lombard St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

65655

CERTIFICATE OF DEATH

131-a

F 65655

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2114 Ashton St. 26-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mrs Elizabeth Daisa Spiegel

If U. S. Veteran specify WAR

(a) Residence: No. 2114 Ashton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Spiegel

6. DATE OF BIRTH (month, day, year) Feb 22, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) Jan 1940

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER OF FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME [illegible] Strauss

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret J. Roesler
(Address) 2501 Hollins

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Feb. 3 1940

19. UNDERTAKER Geo. L. Schnorf
(Address) 2101 Frederick Ave

20. FILED FEB 1 - 1940 Hunting for Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1940 to Jan 31, 1940

I last saw h.e.r. alive on Jan 31, 1940 Death is said to have occurred on the date stated above, at 11:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic C.V. Disease	
Chronic Glomerulo Nephritis	

Other contributory causes of importance:

Bronchopneumonia	Jan 26.
Senility	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Chester J. Goffinski M.D.

(Address) 2318 Ralph St.

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

F 65656
LB 51940

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 65656

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. no home
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Hammen George Edward Hammen

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-7945

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married (Sep.) Divorced

6 (b) Name of husband or wife: Kate (Katie Hammen

6 (c) If alive, give age: Jones

7. Birth date of deceased (mo., day, yr.): Aug. 6, 1887

8. AGE: Years 52 | Months 5 | Days 16 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation: Advertising Distributer

11. Industry or business

FATHER
12. Name: Phillip Hammen
13. Birthplace: Md. Baltimore, Md.

MOTHER
14. Maiden Name: Kate Slyder
15. Birthplace: Baltimore, Md.

16 (a) Informant: Records
(b) Address: Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 2, 1940 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cemetery
Location: Baltimore, Md.

18 (a) Funeral director: [signature]
(b) Address:

19 (Date received by registrar) FEB 1 - 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-22 1940, at 2-0 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-15 1940 to 1-22 1940, and that I last saw him alive on 1-21 1940

Immediate cause of death: Edema of Larynx — Duration: 1 hour
Due to: Carcinoma larynx — Duration: ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: L. K. Woodward Jr. M. D.
Address: Balto City Hosp. Date signed 1-22-40

VS 2

65657

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-7 Registered No. F 65657

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street
(c) Hospital or institution:
Home for the Aged
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Years
(e) Length of stay in Baltimore (yrs., mos., or days) 5

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

10 61

3 (a) FULL NAME Joseph Dietrich

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	White	Widower

6 (b) Name of husband or wife Mary Wisner
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
80			hr. ..... min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation .....
11. Industry or business .....

FATHER
12. Name Andrew Dietrich
13. Birthplace .....

MOTHER
14. Maiden Name Gertrude Kohr
15. Birthplace .....

16 (a) Informant Little Sisters of the Poor St. Blandina
(b) Address 1200 Valley Street Baltimore

17 (a) Burial (b) Date thereof Feb 2 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Cross, A.A. Co.
Location A.A. Co. Md

18 (a) Funeral director Rita Wiedefeld
(b) Address 9 W. Fremont Ave

19 (a) FEB 1 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1940, at 7.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov-10- 1939 to Jan 31 1940 and that I last saw h[illegible] alive on Jan 30 1940.

Immediate cause of death	Duration
Edema of Lungs	1 day
Due to Chronic Myocarditis	2 yrs
Due to	
Other Conditions Arterio-Sclerosis	6 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature E Gill Hall M. D.
Address 1631 E North Av Date signed Feb 1-40

F 65658

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 65658

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 503 N. Chester St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 503 N Chester st
(If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Benjamin Shapsio

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Celia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 15 1883

8. AGE: Years	Months	Days	If less than one day hr.	min.
56	4 3	16		

9. Birthplace Russia (Town, county and state)

10. Usual Occupation Dry Goods Merchant

11. Industry or business

FATHER
12. Name Max Shapsio
13. Birthplace Russia

MOTHER
14. Maiden Name Rachel Romm
15. Birthplace Russia

16 (a) Informant Solomon Shapsio
(b) Address 503 N Chester St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 2/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Hamilton ave & Road

18 (a) Funeral director Sol Levinson Bros
(b) Address 1624-26 W North ave

19 (b) FEB 1 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1 1940, at 7:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1940 to Feb 1 1940, and that I last saw him alive on Feb 1 1940.

Immediate cause of death Coronary Thrombosis — **Duration** 5 days

Due to Coronary Arteriosclerosis

Due to

Other Conditions Generalized Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sol Smith

Address 1213 E. North Date signed 2/1/40 M. D.

F 65659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 65659 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1112 E. Lanvale St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1727 Ensor St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James W. Fitzpatrick

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 210-01-0710

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4th 1915

8. AGE: Years	Months	Days	If less than one day hr.	min.
21	8	11		

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Worker
11. Industry or business Metal

FATHER
12. Name Robt. Wm Fitzpatrick
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mabel I. Hobbs
15. Birthplace Balto Md

16 (a) Informant Robert M. Fitzpatrick
(b) Address 1727 Ensor St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 2 '40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Baltimore Md

18 (a) Funeral director Wm Cavey
(b) Address 217 S. Paca St

19 (a) Filed Feb 2 1940 Hastings for Williams, H.D. Registrar

FEB 2

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30th 1940 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 24 1940. to Jan 30 1940. and that I last saw him alive on Jan 26 1940.

Immediate cause of death: Bronchial Pneumonia — Duration: Jan 27/40
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
(Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Thomas M. D.
Address 3136 Ellerslie Ave Date signed 1/31/40

F 65660

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 494B

F 65660

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2620 N Charles St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2620 N Charles St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dr Frank S Hoffmaster

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
WW	0 0 AE	Male	White	Married

6 (b) Name of husband or wife Charlotte H
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 11 1867

8. AGE: Years	Months	Days	If less than one day
72	11	20	hr. min.

9. Birthplace Harrisburg Pa (Town, county, and state)
10. Usual Occupation Master Mechanic
11. Industry or business Cigar Cut Plug

FATHER
12. Name Solomon Hoffmaster
13. Birthplace Pa

MOTHER
14. Maiden Name Rachel Haas
15. Birthplace Pa

16 (a) Informant Charlotte H Hoffmaster
(b) Address 2620 N Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 2 1940 (month) (day) (year)
(c) Cemetery or crematory Loraine
Location Woodlawn Md

18 (a) Funeral director Wilhelm Co
(b) Address 1217 E Baltimore St

19 (a) 2 - 1940 Hunting for Williams, M.D. (Date rec'd by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1940, at 2 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 9 1939 to Jan 31 1940, and that I last saw h alive on Jan 31 1940.

Immediate cause of death Carcinoma Rectum — Duration 3 mos
Due to 2
Due to 2
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John H Crum M. D.
Address Date signed

F 65661

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 65661

93-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1805 E Monument St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1805 E Monument St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maria L. Munroe

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	[illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Thos. L. Munroe
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) June 19, 1885

8. AGE: Years	Months	Days	If less than one day hr.	min.
54	6	11		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Heinrich Lehmann
13. Birthplace Germany

MOTHER 14. Maiden Name Louise Wolf
15. Birthplace Germany

16 (a) Informant Thos. L. Munroe
(b) Address Middle River Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 2 '40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Wilson Co
(b) Address 1217 E Cold St

19 (a) Feb 1 1940 (Date received by registrar) (b) [illegible] Registrar

FEB 2

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1940, at 7:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 8, 1940, to Jan 30, 1940, and that I last saw h er alive on Jan 30 1940.

Immediate cause of death Chronic Myocarditis — Duration 1 yr.
Due to Early Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel B Wolfe
Address 1331 E North Ave Date signed 2-1-40 M. D.

F 65662

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 65662
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos. 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3024 N. Calvert Street.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Charles S. Clark (Jeanette)

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Mr. Charles S. Clark
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30 1875

8. AGE: Years	Months	Days	If less than one day
64	6	1	hr. min.

9. Birthplace Portland, Connecticut
(Town, county, and state)

10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name Mr. Frank R. Goulk
13. Birthplace Florida

MOTHER
14. Maiden Name Elizabeth Booth
15. Birthplace New Jersey.

16 (a) Informant Mrs. Mrs. John Rutledge Clark
(b) Address 3024 N. Calvert St.

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 2/2/40 (month) (day) (year)
(c) ~~Cemetery or crematory~~ Location Portland Conn.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date received by registrar) (b) Registrar

FEB 6 1940

VS-2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 1st 1940, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 2 1939 to Feb. 1 1940 and that I last saw her alive on Feb 1 1940.

Immediate cause of death Cardiac failure

Duration Years.

Due to Arteriosclerotic heart disease.

Due to Generalized debility

Other Conditions Anasarca

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Murray S. Johnson M. D.
Address Union Memorial Hospital Date signed Feb 1, 1940

65663

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 65663

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3126 Orlando Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3126 Orlando Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Agnes D. Carre

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No.

4. Sex Fem. | 5. Color or race White | 6 (a) ~~Single~~, married, widowed, or divorced. Married.

6 (b) Name of husband or wife Walter S. Carre
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, 1869

8. AGE: Years 70 | Months 6 | Days 15 | If less than one day hr. min.

9. Birthplace Balto. Co.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or Business

FATHER 12. Name Peter Duncan
13. Birthplace Scotland

MOTHER 14. Maiden Name Isabel Duncan
15. Birthplace Ireland

16 (a) Informant Mr. Walter S. Carre
(b) Address 3126 Orlando Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 2 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Parkwood Cem.
Location Baltimore Co. Md.

18 (a) Funeral director Wm. Fletcher Boyd
(b) Address South & Fayette

19 (a) FEB 2 1940 (Date received by Registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 30 1940, at 11:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1930, to Jan 30 1940, and that I last saw h[illegible] alive on Jan 30 1940.

Immediate cause of death	Duration
Arteriosclerosis	2 yrs
Due to	
Due to Chr nephritis	2 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Fritz J. Kunzer M. D.
Address 2700 Hereford Ave Date signed 2/1/40

F 65664

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65664

CERTIFICATE OF DEATH

58-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1346 Carroll St. 21-K Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Raymond Nichols

If U. S. Veteran specify WAR .....

(a) Residence: No. 1346 Carroll St., ... St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Nichols

6. DATE OF BIRTH (month, day, year) May 9 1877

7. AGE — Years 65 | Months — | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) Jan 18

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Lloyd Nicholas

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Emma Derkeyen

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Rose Nichols

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 2-5-40

19. UNDERTAKER Thomas E. Nelson

(Address) 1303 Presstman St

20. FILED FEB 2 1940 Thomas J. Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1940 to Jan 31 1940

I last saw him alive on Jan 31 1940 Death is said to have occurred on the date stated above, at 4:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Unknown
Other contributory causes of importance:	
Hypertension	6 mos
Arteriosclerosis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Clifford Thomas M. D.

(Address) 1211 Mount Street

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 65665 HEALTH DEPARTMENT—CITY OF BALTIMORE F 65665

CERTIFICATE OF DEATH

1. PLACE OF DEATH 816 W. Fremont Ave 131-a Registered No.

CITY OF BALTIMORE: (No. St. 16th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nathan Brown

If U. S. Veteran specify WAR

(a) Residence: No. 816 W Fremont St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col.	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Brown

6. DATE OF BIRTH (month, day, year) April 25 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Point, Miss.

FATHER

13. NAME Benj Brown

14. BIRTHPLACE (city or town) (State or country) Miss

MOTHER

15. MAIDEN NAME Annie Brooks

16. BIRTHPLACE (city or town) (State or country) West Point Miss

17. INFORMANT Benj. Brown

(Address) 816 W Fremont

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date 2/2 1940

19. UNDERTAKER Arabitable & Haddis

(Address) 2141 N.E. Baltimore St.

20. FILED Hunting to Williams Registrar.

FEB 2 - 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1940 to Jan 29, 1940

Last saw him alive on Jan 28, 1940 Death is said to have occurred on the date stated above, at 9:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 25

Other contributory causes of importance:

Arteriosclerotic Cardio-Renal Disease

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Rubin M. D.

(Address) 803 W Fremont

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 65666

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B Registered No.

F 65666

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Paul & 23rd St.
(c) Hospital or institution:
Dr. Beck's Clinic
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 408 S. Patterson Park Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANGIE MYERS NEER

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
no	none	Female	White	Widowed

6 (b) Name of husband or wife Dr. Charles S. Neer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1871

8. AGE: Years	Months	Days	If less than one day
68	6	22	hr. min.

9. Birthplace Woodcliff Lake N. J.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Martin Myers
13. Birthplace West Hillsdale N J

MOTHER
14. Maiden Name Rachel Jane Van Riper
15. Birthplace Prekness N J.

16 (a) Informant Miss Mary Neer
(b) Address Park Ridge N J

17 (a) Burial (b) Date thereof Feb. 2, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Pascack Ref. Ch.
Location Park Ridge N. J.
18 (a) Funeral director H. SANDER & SON Inc.
(b) Address Baltimore & Broadway
19 (a) Washington Williams, M.D. Registrar
(Date rec'd by Registrar) FEB 2 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30 1940, at 8:30

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 5 1939 to Jan. 30 1940.
and that I last saw h[illegible] alive on Jan 30 1940.

Immediate cause of death	Duration
Cerebral Thrombosis	6 days
Due to Recurrent Thrombo phlebitis	3 mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Beck M. D.
Address St Paul & 23rd St. Date signed 1/30/40

F 65667

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181

F 65667
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. 1924 Snyder st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Beverly Ann Crawford

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/1/38

8. AGE: Years	Months	Days	If less than one day
1	10 11	30	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name William Crawford
13. Birthplace Pa

MOTHER
14. Maiden Name Frances Stuckler
15. Birthplace Baltimore

16 (a) Informant Francis Crawford
(b) Address 382 Ravenview Ave

17 (a) Burial REMOVAL (b) Date thereof Feb. 4 1940 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Red Lion
Location Red Lion Pa

18 (a) Funeral director John Ullrup
(b) Address Red Lion Pa.

FEB 2 – 1940 (Date rec'd by registrar) (b) Huntingtown Millers MD

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

Immediate cause of death	Duration
Epitympin Burns	
Lobular pneumonia	
Due to	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 1/28/40
(c) Where did injury occur? 1924 Snyder st Dundalk (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? —
(e) Means of injury Fall on floor - skull fracture

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 2/2/40

F 65668

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 65668 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3401 Esther Pl.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3401 Esther (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mamie Broseker

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 8-1883

8. AGE: Years	Months	Days	If less than one day
56	4	28	23 hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Charles Broseker

13. Birthplace Baltimore

MOTHER 14. Maiden Name Minnie Klug

15. Birthplace Baltimore

16 (a) Informant Miss Broseker

(b) Address 3401 Esther Pl.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 3 40 (month) (day) (year)

(c) Cemetery or crematory Loudon Pk.

Location Baltimore

18 (a) Funeral director Philip Herwig Sons

(b) Address 2016 Orleans St

19 (a) (Date received by registrar) (b) Signature of registrar

FEB 2 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 31 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 30 1940 to Jan 31 1940.

and that I last saw her alive on 12/31 1940.

Immediate cause of death	Duration
Lobar Pneumonia	
Due to	
Due to	
Other Conditions Paralysis Agitans, Hypertension with K. V. Disease (Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Charles Flom

Address 325 Eastern Ave Date signed 2/1/40

Sczepanski

65669 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 65669

CERTIFICATE OF DEATH

74-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3617 Leo Street St. 25-6 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mr. Stanislaus J. Sczepanski

If U. S. Veteran specify WAR _____

(a) Residence: No. 3617 Leo St — St., _____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND OF~~ ~~(or) WIFE OF~~ Social Security #213-03-1179

6. DATE OF BIRTH (month, day, year) July 21st, 1919

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
20	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Eastern Box Co

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Sczepanski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Maryanna Czerniak

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Joseph Sczepanski (Brother)

(Address) 3617 Leo Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross A.A. Co Feb. 3rd 1940

19. UNDERTAKER George A. Weber

(Address) 705 S Amm street

20. FILED FEB 2 1940 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1, 1940

22. I HEREBY CERTIFY, That I attended deceased from February, 1939, to Feb 1, 1940

I last saw h— alive on 1-28, 1940 Death is said to have occurred on the date stated above, at 5-30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aleukaemic Myeloid Leukaemia	Feb 1939 ??

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis Laboratory Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Lawrence M. Serra M. D.

(Address) 1009 Madison St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 65670 62226- FD

BALTIMORE CITY HEALTH DEPARTMENT 46-6

CERTIFICATE OF DEATH

F 65670 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 das
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 252 S. Dallas St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 70 years

3 (a) FULL NAME Mary Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widwoed

6 (b) Name of husband or wife Michael
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-12-1847

8. AGE: Years	Months	Days	If less than one day
92	3	19	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation OAP
11. Industry or business

FATHER
12. Name John Price
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace Germany

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-40 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore Md.

18 (a) Funeral director George A. Weber
(b) Address 705 S Ann street

19 (a) Huntington Williams M.D. (Date rec'd by registrar)

FEB 2- 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-1 1940, at 3A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-24 1940, to 2-1 1940, and that I last saw her alive on 1-31 1940.

Immediate cause of death	Duration
Broncho pneumonia	several days
Due to Carcinoma pancreas	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L.K. Woodworth M.D.
Address Balto. City Hosp's. Date signed 2-1-40

65671

F 65671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-7 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 23 S. Collington Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 5
(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 23 S. Collington Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME Frank Szymanski (Szymczak)

3 (b) If veteran, name war: No.
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Antonina Szymanski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec. 28.1878

8. AGE: Years 61 | Months 1 | Days 3 | If less than one day: hr. min.

9. Birthplace: Poland (Town, county, and state)
10. Usual Occupation: Laborer
11. Industry or business

FATHER
12. Name: Antoni Szymanski
13. Birthplace: Poland

MOTHER
14. Maiden Name: Antonina Kowalska
15. Birthplace: Poland

16 (a) Informant: Stanislawa Dzbinski
(b) Address: 2214 E. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 3.1940 (month) (day) (year)
(c) Cemetery or crematory: Holy Rosary
Location: Baltimore

18 (a) Funeral director: Fred W. Ozarowski
(b) Address: 1930 Eastern Ave.

19 (a) FEB 2 - 1940 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31. 1940, at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 10 1940 to Jan 31 1940 and that I last saw h alive on Jan 31 1940

Immediate cause of death: Cerrhosis of liver — Duration: 7 —
Due to: one
Due to:
Other Conditions: Myocardial Failure
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Leo J. Kulpicki M.D.
Address: 26 S. Patterson Pk. Date signed: Feb 2/40

F 65672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63

F 65672 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Broadway & Fairmount

(c) Hospital or institution: Church Home & Infirmary

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Sparrows Pt. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1213 Forest Rd. (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mrs. Ruth Agee

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Mr. William Agee

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 21, 1890

8. AGE: Years	Months	Days	If less than one day
49	6	10	— hr. — min.

9. Birthplace Pulaski - Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER 12. Name Tom Barker

13. Birthplace Virginia

MOTHER 14. Maiden Name Mildred Bussey

15. Birthplace Virginia

16 (a) Informant Hospital Chart

(b) Address C.H.I.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3 1940 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Taylor ave Balto Co

18 (a) Funeral director William M. Marech

(b) Address 715 Light st.

FEB 2 - 1940 Date rec'd by registrar — Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/31 1940, at 9a - M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/20 1940, to 1/31 1940, and that I last saw her alive on 1/30 1940.

Immediate cause of death Ventricular fibrillation — Duration —

Due to Dilatation of the heart. —

Due to — over

Other Conditions PS gives in first stage of anesthesia

(Include pregnancy within 3 months of death)

Major findings:

Of operations She was being anesthetized for thyroidectomy.

Of autopsy Dilatation of heart.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury —

23. Signature James A. Ryan M.D.

Address Church Home & Inf. Date signed 1/31/40

F 65673

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 23-a

F 65673

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 821 Light St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 82

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 821 Light St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice L Burrup

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 1858

8. AGE: Years	Months	Days	If less than one day
82	—	20	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name William Burrup

13. Birthplace Md

MOTHER 14. Maiden Name Mary Stevens

15. Birthplace Md

16 (a) Informant

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 5 1940 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location Frederick Ave

18 (a) Funeral director William M Marsch

(b) Address 715 Light St.

19 (a) (b)

(c) Date received by registrar FEB 2 1940 Registrar Huntington Willard, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1 1940, at 7:15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 27 1940 to Feb 1 1940 and that I last saw h alive on Feb 1 1940.

Immediate cause of death Bronchopneumonia — Duration 3 days

Due to grippal infection

Due to

Other Conditions Arteriosclerosis Cancer Hypernephroma (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Isaac Miller M. D.

Address 825 S Clarke Date signed 2/2/40

FB 2 1940

VS 1

F 65674

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

170-c Registered No. F 65674

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 133 S Broadway 3rd floor
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 133 S. Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME EDWARD KAHLE

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
m	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
57	56		hr. min.

9. Birthplace City (Town, county, and state)
10. Usual Occupation Funeral Business
11. Industry or business

FATHER 12. Name Charles Kahl
13. Birthplace Germany

MOTHER 14. Maiden Name Annabath. Seiffert
15. Birthplace Germany

16 (a) Informant J P Kroeff
(b) Address 10 Evans Blvd + Hillen Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/40 (month) (day) (year)
(c) Cemetery or crematory Int. Carmel Cem.
Location Balto Co

18 (a) Funeral director J J Moran
(b) Address 3009 E Baltimore St.

FEB 2 — 1940 (Date rec'd by Registrar) (Signature of Registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30 1940, at 8 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pneumonia, lobar	
Due to	
Due to	
Other Conditions Fracture, neck of left fibula (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Jan 14, 1940
(c) Where did injury occur? Broadway and Orleans St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? No (Specify type of place)
(e) Means of injury struck by auto while crossing

23. Signature H L Wallenmeier M.D.
Medical Examiner.
Date signed Jan 30, 1940

F 65675

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1940

F 65675
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital 26-12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town ~~Baltimore~~ Edgemere
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2908 Sparrows Pt. Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** BABY BOTTOMSTONE (Margaret Jane Bottomstone)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 22 1939

8. AGE: Years | Months 3. | Days 9 | If less than one day hr. min.

9. Birthplace Edgemere, Maryland
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name William W. Bottomstone
13. Birthplace Maryland

MOTHER
14. Maiden Name Frances M. McBrearty
15. Birthplace South Carolina

16 (a) Informant William W. Bottomstone
(b) Address 2905 Sparrows Point Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3 - 1940 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus Cem
Location Dundalk Ave

18 (a) Funeral director William M Marsch
(b) Address 715 Light St

19 (a) Date received by registrar FEB 2 1940 (b) Registered by Hunting Ton Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31 1940, at 7 25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Asphyxia due	Instt
Due to inhalation of vomitus	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence January 31st 1940
(c) Where did injury occur? 2908 Sparrows Pt Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? No
(e) Means of injury vomiting due to improper feeding

23. Signature H. Lewis Bottomstone M.D.
Medical Examiner.

Date signed Jan 31, 1940

E 65676

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 — Registered No. E 65676

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 834 Wellington st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 834 Wellington st.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME MRS. ALVERTA E CHILDS

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Andrew Childs
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) July 23, 1880

8. AGE: Years	Months	Days	If less than one day
59	6	8	hr. min

9. Birthplace Carroll Co Md
(Town, county, and state)

10. Usual Occupation housewife
11. Industry or business own home

FATHER
12. Name John Palmer
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Brown
15. Birthplace Maryland

16 (a) Informant Andrew Childs
(b) Address same address

17 (a) Burial (b) Date thereof Feb 3-1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore Co. Md

18 (a) Funeral director Horace F. Burgee
(b) Address 5431 Falls Road

19 (a) Date received FEB 2 1940 (b) By [illegible] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31st 1940, at 1 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Coronary occlusion — Duration sudden

Due to

Due to

Other Conditions no history
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.
Date signed Feb 1st, 1940

F 65677

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 65677

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1410 Dellwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 3 5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt (If outside city or town limits, write RURAL and give town)
(d) Street No. 1410 Dellwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry L. Buffington

3 (b) If veteran, name war

3 (c) Social Security Account No. 717-07-7878

MEDICAL CERTIFICATION 7 10P

20. DATE OF DEATH 2/1 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said I (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Ma	W	Married

6 (b) Name of husband or wife: Laura B. Buffington

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 13, 1886

8. AGE: Years	Months	Days	If less than one day
53	8	18	hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: Leverman - P.R.R. Tower

11. Industry or business

FATHER
12. Name: Wm. Frederick Buffington
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Josephine Burkins
15. Birthplace: Maryland

16 (a) Informant: Mrs. Laura B. Buffington
(b) Address: 1410 Dellwood Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 2/5/40 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge
Location: Baltimore Maryland

18 (a) Funeral director: Horace F. Burgee
(b) Address: 3631 Falls Road

19 (a) Date received by registrar FEB 2 1940 (b) Registrar: Hunting ton Williams, M.D.

VS 6

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. M. Landsteiner M.D.
Medical Examiner.

Date signed 2/2/40

65678

CCK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-G

Registered No. 65678

TYPE OR PRINT IN PERMANENT BLACK INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 822 Woodyear St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maude Cole

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married (Sep)

6 (b) Name of husband or wife: Clarence

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-26-1900

8. AGE: Years 39 | Months 11 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER

12. Name Jefferson Handy

13. Birthplace Md.

MOTHER

14. Maiden Name Jane Hoper

15. Birthplace Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/40 (month) (day) (year)

(c) Cemetery or crematory Laurel Rest Cemetery Laurel-Md

18 (a) Funeral director Thos. J. Tinley & Son

(b) Address 1310 Eutaw St.

19 (a) (Date received by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 24 1940, at 12.45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 26 1939, to Jan. 24 1940, and that I last saw h[illegible] alive on Jan 24 1940.

Immediate cause of death	Duration
Syphilitic cirrhosis of the liver.	[illegible]
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy as above.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. Murray Steinheimer M. D.

Address Balto City Hosp. Date signed 2-1-40

VS 2

65679 0531 52385-FD

Krause

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 150-C

Registered No. F 65679

Form VITAL STATISTICS, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1012 Hillman St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Estelle Krause

3 (b) If veteran, name war W.W. Yes 2a Prov
3 (c) Social Security Account No. Yes

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Hubert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-1-1896

8. AGE: Years	Months	Days	If less than one day
43	8	0	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name Andrew Compher
13. Birthplace Va.

MOTHER
14. Maiden Name Margaret Lewis
15. Birthplace Va.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 1. 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Taylor Ave. near Harford Rd.

18 (a) Funeral director Edward W. Conkling & Son
(b) Address 9 E. Eager St.

19 (a) 1940 (Date received by registrar) (b) Huntington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1 1940 at 2 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Jan 29 1940 to Feb 1 1940 and that I last saw h[illegible] alive on Feb 1 1940.

Immediate cause of death	Duration
Acute laryngeal tracheo Bronchitis	
Due to with Bronchio pneumonia	
Due to	
Other Conditions Pregnancy delivered Jan 29, 1940 (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Louis Dawson M.D.
Address Balto City Hosp. Date signed 2-7-40

F 65680

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-21

F 65680 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun St.
(c) Hospital or institution: Franklin Square Hosp. 19-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 5103 Kenwood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.) ..... years

3 (a) FULL NAME Henry Krukow

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife: Adelaide O. Krukow
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Oct 6th 1872

8. AGE: Years	Months	Days	If less than one day
67	3	25	hr. ..... min.

9. Birthplace Howard Co. Md. (Town, county, and state)
10. Usual Occupation Bus collector
11. Industry or business Retired

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Mrs. Krukow
(b) Address 5103 Kenwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3 40 (month) (day) (year)
(c) Cemetery or crematory Moreland
Location Balto. Co. Md.

18 (a) Funeral director F. Tassalini & Son
(b) Address 7401 Belair Rd.

19 (a) Filed (Date received by registrar) (b) Huntington Williams M.D. Registrar
FEB 2 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-31 1940, at 9:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-28 1940, to 1-31 1940, and that I last saw h[illegible] alive on 1-31 1940.

Immediate cause of death Hypostatic Pneumonia
Peritonitis
Paralytic ileus
Due to Acute Appendicitis
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations Acute Appendicitis
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Nathan Wolf
Address Franklin Sq. Hosp. Date signed Jan 31-40 M. D.

F 65681

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1477 Registered No. F 65681

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1106 Filmore Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-4
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1106 Filmore Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lenora M. McCarthy

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife XXX James D. McCarthy
6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Sept. 23, 1904

8. AGE: Years	Months	Days	If less than one day
35	4	8	hr. min.

9. Birthplace Boswell, Pennsylvania (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James O'Connor
13. Birthplace Husdale, Pennsylvania

MOTHER
14. Maiden Name Mary Dollan
15. Birthplace Winby, Pennsylvania

16 (a) Informant Mr. James D. McCarthy
(b) Address 1106 Filmore Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 3, 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Road, Baltimore, Md,

18 (a) Funeral director Albert L. Nolly Jr.
(b) Address 1606 N. Chester Street

19 (a) FEB 2 (Date rec'd by Registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1940. at 3 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1938. to Jan 31 1940. and that I last saw her alive on Jan 31 1940.

Immediate cause of death Carcinoma colloparie in end stage Kolon. — Duration

Due to Embolism

Due to Pregnancy.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Calvin H. Mortimer Jr. M D
Address 2700 St Paul St Date signed 2/6/40

VS 8

7-65682

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

7-65682 Registered No. 108

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Paramount
(c) Hospital or institution:
Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2417 E. Lafayette Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rudolph Kergin

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-2799

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Estella Kergin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 4, 1893

8. AGE: Years	Months	Days	If less than one day
47		27	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation Cabinet maker
11. Industry or business

FATHER
12. Name Jacob Kergin
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Anna Helfrich
15. Birthplace Baltimore, Md

16 (a) Informant Mrs. Estella Kergin
(b) Address 2417 E. Lafayette Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3rd 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location North Ave. Entrance

18 (a) Funeral director Leo A. Cook
(b) Address 1703 N. Patterson Park Ave.

FEB 2-1940 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1940, at 3:35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 26 1940, to Jan 31 1940, and that I last saw him alive on Jan 31 1940.

Immediate cause of death	Duration
Acute pericarditis	2
Due to Lobar pneumonia	3 wks
Due to	
Other Conditions Paralytic ileus	5 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations Acute pericarditis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isabella Hampson M. D.
Address Church Home & Infirmary Date signed 2-1-40

VS 3

F 65683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

F 65683

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto Genl Hosp. 15-13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) All yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2509 Loyola Southway (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Sarah Crystal

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced W

6 (b) Name of husband or wife Morris
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 7, 1869

8. AGE: Years 71 | Months - | Days 24 | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace Poland

MOTHER
14. Maiden Name
15. Birthplace Poland.

16 (a) Informant Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-40 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Ferguson Hill Rd

18 (a) Funeral director Jos. Lewis Inc
(b) Address 1439 E. Baltimore St. Huntington Williams, Mgr

FEB 2-1940
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 1, 1940 at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 30 1940 to Feb 1 1940 and that I last saw alive on Feb 1 1940

Immediate cause of death: Carcinoma of Liver. | Duration 3 mos ?
Due to: Primary site
Due to: undetermined
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Shear M. D.
Address 4 E. B. St. Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

F 65684

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65684 Registered No. 9622

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eastern Ave Ext.
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1205 N Bradford St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME JOSEPH BARTON

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 14, 1872

8. AGE: Years	Months	Days	If less than one day
67	2	17	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation T

11. Industry or business

FATHER
12. Name Bril Barton
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Hardwell
15. Birthplace Ireland

16 (a) Informant Annie Barton
(b) Address 1205 N Bradford St

17 (a) Burial (Burial, cremation, removal) (b) Date thereof Feb 3rd 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Road

18 (a) Funeral director Leo D. Cook
(b) Address 1703 N Pratt St Huntington Pharmacy

19 (a) FEB 2 - 1940 (b) (Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31 1940, at 12 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration sudden

Due to Arteriosclerosis general

Due to

Other Conditions Hypertrophied prostate — over

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Wallenmeyer M.D. Medical Examiner.

Date signed Jan 31, 1940

Please write plainly, with ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65685

CERTIFICATE OF DEATH

55-E F 65685

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 Myrtle St. 17-32 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME Julia C. Cooke

If U. S. Veteran specify WAR _____

(a) Residence: No. 1112 Myrtle Av St., _____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Cooke

6. DATE OF BIRTH (month, day, year): March 6, 1891

7. AGE: Years 48 49 | Months 1 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Gloucester Co Va

FATHER

13. NAME: Albert Cortis

14. BIRTHPLACE (city or town) (State or country): Gloucester Co Va

MOTHER

15. MAIDEN NAME: Elizabeth Smith

16. BIRTHPLACE (city or town) (State or country): Gloucester Co Va

17. INFORMANT: Howard C. Morgan

(Address) 1112 Myrtle Av

18. BURIAL, CREMATION, OR REMOVAL

Place: Gloucester Co Va Date: 2-4 1940

19. UNDERTAKER: Mrs. Lee & Howard

(Address) 1621 Huntington Ave Baltimore, Md

20. FILED: FEB 2 - 1940 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 30, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1939 to Jan. 30 1940

I last saw her alive on Jan. 30 1940. Death is said to have occurred on the date stated above, at 7 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sympto. Sarcoma	Nov.
Other contributory disease of importance: Dr. Bloomfield Neumonia	1-25-40

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles J. Wortham M. D.

(Address) 821 Hanlan Av

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 65686

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 114-D

Registered No. F 65686

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 yr
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 253 n Exeter st (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME CAROLINA HARDING

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Henry Harding

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) 12/25/1893

8. AGE: Years 46 47 | Months 1 | Days 6 | If less than one day hr. min.

9. Birthplace N. C (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Henry Pitts
13. Birthplace NC

MOTHER
14. Maiden Name Unknown
15. Birthplace NC

16 (a) Informant Henrietta Harding
(b) Address 253 Exeter St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location C. P. Co

18 (a) Funeral director Payne Sanders
(b) Address 1462 [illegible] M.D.

19 (a) FEB 2- 1940 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31 19 40, at 11 40 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Abscess, right lung, middle lobe — Duration: 1 mo

Due to

Due to

Other Conditions: no history

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. E. Wallenwerker M.D.
Asst Medical Examiner.
Date signed Feb 1st, 1940

VS 6

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

F 65687

James Tillman 324 E 24th St F 65687

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 328 E. 20½ St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25-

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 328 E 20½ St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rose B. Brown

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Married

6 (b) Name of husband or wife Joseph Brown
(c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.) Mar. 14 1896

8. AGE: Years	Months	Days	If less than one day
43 44	10	17	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER 12. Name Almore Norman
13. Birthplace Va

MOTHER 14. Maiden Name Annie Dabney
15. Birthplace Va

16 (a) Informant Mary Waters
(b) Address 319 E 23rd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/1940 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem
Location Gas Co.

18 (a) Funeral director Raymond Sanders
(b) Address 1900 E Preston St

19 (a) FEB 2 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1940, at 2:40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1940, to Jan 31 1940, and that I last saw h W alive on Jan 30 1940.

Immediate cause of death	Duration
Cardiac Decompensation	1 yr
Due to Hypertensive Cardiac Disease	2 yr
Due to Nephritis (Renal-cardiac Syndrome)	1 yr
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 434 E 28 St. Date signed 2/1/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 65688

F 65688

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-A Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 829 W 35th St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street 829 W 35th St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Levi J. Plaine.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Fannie P. Plaine

6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) July 8, 1864

8. AGE: Years	Months	Days	If less than one day
75	6	23	hr. min.

9. Birthplace Maryland.
(Town, county, and state)

10. Usual Occupation Retired.

11. Industry or business Carpenter.

FATHER
12. Name Jonathan Plaine.
13. Birthplace md.

MOTHER
14. Maiden Name Eliza A. ?.
15. Birthplace md.

16 (a) Informant Fannie P. Plaine.
(b) Address 829 W 35th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3, 1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Windsor Mill Road.

18 (a) Funeral director Edmondson & Donovan
(b) Address 3615-17 Eastern Ave.

19 (a) FEB 2 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31 1940. at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 18 1940. to Jan 31 1940. and that I last saw him alive on Jan 30 1940.

Immediate cause of death	Duration
Pulmonary edema & bronchopneumonia	4 days
Due to Cerebral arteriosclerosis	
Due to Cerebral hemorrhage	13 days
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature W. W. Smith. M. D.
Address 3429 Chestnut Ave. Date signed Feb 1-40

Type or write with pen and ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

66689
F 65689

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 65689 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd + Calvert.
(c) Hospital or institution: Union Memorial Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 1112 E. North Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. George Wm. Sandlass

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: M

5. Color or race: W.

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 20, 1854

8. AGE: Years 85. Months 11 Days 11 If less than one day hr. min.

9. Birthplace New York City, N. Y.
(Town, county, and state)

10. Usual Occupation None.

11. Industry or business

FATHER
12. Name Mr. Geo. Wm. Sandlass, Sr.
13. Birthplace Germany.

MOTHER
14. Maiden Name Anna Elizabeth ?
15. Birthplace Germany

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-40 (month) (day) (year)
(c) Cemetery or crematory Greenmount.
Location Baltimore Md

18 (a) Funeral director Williams & Tydings & Lord
(b) Address North Pennsylvania Ave

19 (a) Date received by Local Registrar FEB 2 1940 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 1 1940, at 1:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 24 1940, to Feb 1 1940, and that I last saw h... alive on Feb. 1, 1940.

Immediate cause of death Cardiac failure.

Duration: Years

Due to Arteriosclerotic heart disease, auricular fibrillation

Due to Generalized sepsis.

Other Conditions Uremia.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the causes to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Warren L. Johnson, M. D.
Address Union Memorial Hospital Date signed 2-1-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

No. 66690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 65690 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 47 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Robert Vansant (16181)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Alberta
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 20, 1871

8. AGE: Years	Months	Days	If less than one day
68	3	11	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Joseph C. Vansant, Sr.
13. Birthplace Balto.

MOTHER
14. Maiden Name Ellen White
15. Birthplace Pa.) (Philadelphia)

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Maryland.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pennsylvania Avenues

19 (Registered by registrar) FEB 3 - 1940 Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH February 1, 1940, at 12:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 16, 1939 to Feb. 1, 1940, and that I last saw him alive on Feb. 1, 1940.

Immediate cause of death Tuberculosis of the lungs — Duration Oct 1939
Due to Tuberculosis of the larynx — Oct 1939
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Jaleaude, M. D.
Address Balto. City Hospitals Date signed 2-1-40

VS 2

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

F 65691

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-B F 65691 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1412 Linden Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Always

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto Co.
(c) City or town Havenna Park (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Marion Kirby

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: Helen R. Kirby

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 22-1878

8. AGE: Years 61 | Months 11 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Isaac Kirby
13. Birthplace Maryland

MOTHER
14. Maiden Name Isadora Arnold
15. Birthplace Arnold, Md

16 (a) Informant Mrs. Wm. J. Thornton
(b) Address 310 Meadowview Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3-1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Park
Location Baltimore, Md

18 (a) Funeral director Wm J Stephenson Jr & Sons
(b) Address

19 (a) FEB 2-1940 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 1 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 25 1940 to Feb 1 1940, and that I last saw him alive on Feb 1 1940.

Immediate cause of death: Carcinoma of Stomach — Duration 1 yr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Turner

Address 101 W. Read St. Date signed 2/2/40

VS 3

Please write in ink. Information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 65692

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

127-B

F 65692 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital -
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4305 Maine Ave, Balto (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GRACE L. HARTSHORNE -

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/25/74 -

8. AGE: Years	Months	Days	If less than one day
65	8	6	hr. min.

9. Birthplace Balto, Md - (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Frederick Hartshorne
13. Birthplace Pa

MOTHER
14. Maiden Name Nora Fore
15. Birthplace Balto Md

16 (a) Informant Mr. Charles E. Hartshorne
(b) Address 4305 Maine Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 5th, 40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director Wm. J. Dickey & Sons
(b) Address North & Pa aves.

19 (a) FEB 3 - 1940 (Date rec'd by registrar) Huntingtown, Md. (Registrar) (b) Address Prince Frederick Date signed 2/17/40

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1 1940 at 11 47 M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/30 1940 to 2/1 1940 and that I last saw h[illegible] alive on 2/1 1940.

Immediate cause of death Cardiac failure -
Duration 10 hrs

Due to Cardiovascular arterio-sclerosis -

Due to

Other Conditions [redacted]
Cerebral arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. D. Sunday

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

65693

HEALTH DEPARTMENT—CITY OF BALTIMORE 65693

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St. 12-K Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mrs. Mary Eleanor Cheeley

If U. S. Veteran specify WAR

(a) Residence: No. 315 E. University St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thos. F. Cheeley

6. DATE OF BIRTH (month, day, year) Feb. 22, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charlotte Hall Md

FATHER

13. NAME Thos. S. Lyon

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lucinda A. Lanier

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John Wm. Cheeley Md

(Address) 6 E. Chase St. Apts. Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Faith Date Feb 3, 1940

19. UNDERTAKER John Oursler & Son

(Address) 400 Eutaw Place

Filed ... 19... Registrar.

Feb 2 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/1, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1/16, 1940 to 2/1, 1940

I last saw her alive on 2/1, 1940 Death is said to have occurred on the date stated above at 7:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left breast	
Other contributory causes of importance: Bronchopneumonia	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward S. Gladman M. D.

(Address) Md. Gen. Hosp.

VS 2

65694

HEALTH DEPARTMENT—CITY OF BALTIMORE

65694

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St. 12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Emma R. Comstock

If U. S. Veteran specify WAR

(a) Residence: No. 3217 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widow

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 17, 1859

7. AGE	Years	Months	Days	18. If LESS than 1 day, hrs. or min.
	80	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Harvey Tyson

14. BIRTHPLACE (city or town) (State or country) N.Y. State

MOTHER

15. MAIDEN NAME Thirza B. Brundage

16. BIRTHPLACE (city or town) (State or country) N.Y. State

17. INFORMANT George H. Tyson

(Address) 3217 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Mem. Park

Place Green Mount Date May 2, 1940

19. UNDERTAKER Blum, Griffith & Thomas

(Address) 1900 Eutaw Place

20. FILED FEB 2 1940

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1940

22. I HEREBY CERTIFY, That I attended deceased from 7/1, 1939, to 1/30, 1940

I last saw her alive on 1/30, 1940. Death is said to have occurred on the date stated above, at 3:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Myocardial Insufficiency	
Other contributory causes of importance: Hypertensive C.V.D.	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gerard S. Thomas, M. D.

(Address) Md. Gen. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

VS 8

Thursday 2nd

F 65695

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 65695 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1741 Lelftwich Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1741 Lelftwich Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles E. Langdon

3 (b) If veteran, name war	3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feby 21/1879

8. AGE: Years	Months	Days	If less than one day
60	11	11/10	hr. min.

9. Birthplace Hewburg N. Y.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business W.P.A.

FATHER
12. Name William H. Langdon
13. Birthplace N.Y.

MOTHER
14. Maiden Name Elizabeth Pyle
15. Birthplace N.Y.

16 (a) Informant Etta F. Sutton
(b) Address 1741 Lelftwich Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feby 5/1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto Md.

18 (a) Funeral director Harry N. Armacost
(b) Address #204 Parkwood Ave

FEB 2 - 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 1. 1940 at 7 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jany. 1939 to Feb 1. 1940
and that I last saw him alive on Feb. 1 1940.

Immediate cause of death	Duration
Hypertensive Cardio Renal Disease - Uremia.	1 wk.
Due to Myocarditis	3 yrs.
Due to Heart failure	3 mos.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury
23. Signature J. E. White
Address 5214 Harford Rd Date signed 2/1/40

VE 8

65696

F 65696

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-C Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 617 Springfield Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt.
(c) City ~~or town~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 617 Springfield Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A. 71 yrs - years

3 (a) FULL NAME Margaret Anna Karle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	White	Widow

6 (b) Name of husband or wife Anthony J. Karle Dead

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15 1868

8. AGE: Years	Months	Days	If less than one day
71	6	15	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Mathias Roll
13. Birthplace Germany

MOTHER
14. Maiden Name Julia Ritzer
15. Birthplace Germany

16 (a) Informant Catherine J. Craig
(b) Address 617 Springfield Ave.

17 (a) July 1 (Burial, cremation, or removal) (b) Date thereof 1-3-1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director Geo M. Dimison
(b) Address 811 N Wolfe St

19 (a) Dec 19 (Date received by registrar) (b) Huntington Williams, M.R. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1940, at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1939 to Jan 30 1940, and that I last saw h~~er~~ alive on Jan 30 1940.

Immediate cause of death	Duration
Epithelioma of Tongue	
Due to	
Due to	
Other Conditions Myocardial Insuff.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. M. Bruscy M. D.
Address 1817 Broadway Date signed

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

F 65697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 65697

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1026, N. Chapel St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ~~Life~~

(e) Length of stay in Baltimore (yrs.) mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1026 N. Chapel St
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Armstrong

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C.	Widow

6 (b) Name of husband or wife Frank, Armstrong

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation unemployed

11. Industry or business

FATHER

12. Name Unknown

13. Birthplace "

MOTHER

14. Maiden Name Unknown

15. Birthplace "

16 (a) Informant James A. Robinson

(b) Address 1109 N. Bond St

17 (a) (Burial, cremation, or removal) (b) Date thereof 2 5 1940
(month) (day) (year)

(c) Cemetery or crematory Arbutus, Mem. Park

Location

18 (a) Funeral director Mrs Thos. D. Bailey

(b) Address 1421 Jefferson St E

19 (a) (Date rec'd by registrar) (b) Registrar

FEB 2 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1 — 1940, at 3.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/16 1940 to 2/1 1940.

and that I last saw h[illegible] alive on 1/26 1940.

Immediate cause of death Hypertensive cardiac disease — Duration unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible]

Address 1500 E. Madison St Date signed 2/1/40

Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

65698

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 65698 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1456 Patapsco St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) ~~XXXXX~~
(c) City or ~~XXXX~~ Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1456 Patapsco St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Fannie L. Lind

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Charles A. Lind
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) January 19, 1868.

8. AGE: Years	Months	Days	If less than one day
72	0	11	hr. ____ min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George H. Weaver
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary L. Creager
15. Birthplace Baltimore Md.

16 (a) Informant Mrs Emma Stansbury
(b) Address 4000, 9th St. Brooklyn Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 2, 1940 (month) (day) (year)
(c) Cemetery or ~~XXXXXX~~ Western
Location Baltimore Md.

18 (a) Funeral director C. Richard Fleming
(b) Address 1426 Light St.

19 (a) Date rec'd by registrar FEB 2 1940 Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1940 at 9 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 4 1939 to Jan 30 1940 and that I last saw h~~er~~ alive on Jan 30 1940.

Immediate cause of death: Cardiac thrombosis — Duration 45 min
Due to Chronic Hypertension — 2 yrs
Due to Arterio Sclerosis — Life
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 2 Randolph Date signed 2/1/40 M. D.

65699

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B

F 65699

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 710 Stockton Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME John Irving

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Widowed

6 (b) Name of husband or wife Jennie (d)
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan, 1874 ?

8. AGE: Years	Months	Days	If less than one day
66 ?			hr. ____ min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Labor
11. Industry or business

FATHER
12. Name George Irving (d)
13. Birthplace Virginia

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion cem.
Location Balto. County

18 (a) Funeral director Charles H. Bukhett
(b) Address 526 Lawrence St.

19 (a) ____ (Date rec'd by registrar) (b) Huntington Williams Undertaker

FEB 2 1940

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-30- 1940. at 6 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-19- 1939 to 1-30-1940 and that I last saw h[illegible] alive on 1-30- 1940.

Immediate cause of death: Cerebral thrombosis
Bronchopneumonia — Duration: 2 mos. 3 days

Due to: Gen. arteriosclerosis — Duration: ?

Due to: ____

Other Conditions: ____

(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? ____
(e) Means of injury ____

23. Signature J. Millard Lefebvre M. D.
Address Balto City Hosp. Date signed 2-2-40

Cause of death may be entered in other than medical terms, but diagnosis is especially important. Physicians: please write the causes of death clearly and legibly.

52339-FD

65700

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 65700
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1124 E. Lombard St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Benjamin Mills

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced. unknown
6 (b) Name of husband or wife unknown
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) ? ? ?
8. AGE: Years 42? Months ? Days ? If less than one day hr. min.
9. Birthplace unknown (Town, county, and state)
10. Usual Occupation unknown
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-3-40 (month) (day) (year)
(c) Cemetery or crematory Pleasant Rest
Location Towson
18 (a) Funeral director J. Halstead
(b) Address 9 W. Pennsylvania Ave. Towson, Md.
19 (a) Date received FEB 3 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31 1940, at 4:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 27 1940, to Jan 31 1940, and that I last saw him alive on Jan 31 1940.

Immediate cause of death: Meningococcemia meningitis — Duration (months, days, hours)
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Meningitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. McCaughtain M. D.
Address Balto City Hosp. Date signed 2-1-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 65701

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-E

Registered No. F 65701

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: L. Balto. Gen. & Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life (74)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 715 Matthews Ave. Brooklyn
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry (Herman) Scheuerman

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	widowed

6 (b) Name of husband or wife dead Katherine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 17, 1861

8. AGE: Years	Months	Days	If less than one day
74	2	14	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Cabinet Maker
11. Industry or business

FATHER
12. Name Peter Scheuerman
13. Birthplace Germany

MOTHER
14. Maiden Name Not known
15. Birthplace Not known

16 (a) Informant Conrad Wassman
(b) Address 731 N. Kenwood Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 3/40 (month) (day) (year)
(c) Cemetery or crematory St. Mathews Lawn
Location O'Donnell St.
18 (a) Funeral director John L. Miller
(b) Address 2534 Jefferson St.
19 (a) FEB 2 - 1940 (Date rec'd by Registrar) Attending for Williams M.D. Physician

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1940, at 6:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to Jan 31 1940, and that I last saw h[illegible] alive on Jan 31 1940.

Immediate cause of death	Duration
Myocardial failure	2 days
Due to	
Due to	
Other Conditions Prostatitis (Localized)	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of prostate
color
Of autopsy [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 1 Balto. Gen'l Hosp. Date signed 4/30/40

VS 3

F 65702

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D Registered No. F 65702

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 520 N Glover St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) no
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 520 N Glover St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME AHREND HARTMAN

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Nov 9th 1869 Margaret Hartman
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov 9th, 1869

8. AGE: Years 70 68 | Months 2 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Carpenter
11. Industry or business Retired

FATHER
12. Name Reinhardt Hartman
13. Birthplace Norway

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Margaret Hartman
(b) Address 520 N. Glover St.

17 (a) Burial (b) Date thereof Feb 3/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location North Ave. + Gay St.

18 (a) Funeral director John F. Miller
(b) Address 2334 Jefferson St.

19 (a) Filed Feb 2 1940 (b) Huntington Williams, M.D.
(Date received by local registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31 1940, at 6 40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerosis	
heart disease	
Due to Senility	
Due to	
Other Conditions Bronchopneumonia terminal	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Lee Vollmer M.D.
Medical Examiner.
Date signed Feb 1st, 1940

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 65703

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 65703

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1431 E. Eager St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimmore
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1431 E. Eager St (If rural give location)
(e) If foreign born, how long in U. S. A.? 17 years

3 (a) FULL NAME Carmela Taormina

3 (b) If veteran, name war No
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem.	White	Widowed

6 (b) Name of husband or wife late-Biagio Taormina
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1st June 1874

8. AGE: Years	Months	Days	If less than one day
65	7	29	hr. min.

9. Birthplace Piazza Marina - Italy (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at home

FATHER
12. Name Raffaele Sardisca
13. Birthplace Italy

MOTHER
14. Maiden Name Rosaria ?
15. Birthplace Italy

16 (a) Informant Sara Alaimo (Daughter)
(b) Address 1431 E. Eager St.

17 (a) Holy Redeemer (Burial, cremation, or removal) (b) Date thereof Feb 3rd 1940 (Month) (Day) (Year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Road

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 (a) FEB 2 - 1940 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 30 1940 at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 28 1940, to Jan. 30, 1940, and that I last saw alive on Jan. 30 1940.

Immediate cause of death	Duration
Generalized Arteriosclerosis, Myocardial Degeneration, Cerebral Hemorrhage	?
Due to	
Due to	
Other Conditions Terminal Bronchopneumonia. (Include pregnancy within 3 months of death)	1 day.

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Zapparelli M. D.
Address Medical Arts Bldg Date signed 1/31/40

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 65704

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 65704

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 509 Colvin St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 509 Colvin St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Agnes Matteo

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Wh	Married

6 (b) Name of husband or wife Alfonso

6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) 1852

8. AGE: Years	Months	Days	If less than one day
88			hr. min.

9. Birthplace Italy
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Tiburzio Smiraglia
13. Birthplace Italy

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Loudon Park (b) Date thereof Feb 3rd 1940
(Burial, ~~cremation~~, or removal) (month) (day) (year)
(c) Cemetery or ~~crematory~~ Loudon Park Cem
Location Frederick Ave - Baltimore Md

18 (a) Funeral director Frank Wells Moore
(b) Address 52 N. Morley St.

19 FEB 2 - 1940 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH ~~Jan~~ Feb 1 1940, at 11:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Inquest find that said deceased came
(Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm Vandeteuf M.D.
Medical Examiner.
Date signed 2/1/40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

65705

F 65705

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1130 Division Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME
Clarence Frederick TYDINGS

3 (b) If veteran, name war: WW
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Josephine Davis
6 (c) If alive, give age: 54 years
7. Birth date of deceased (mo., day, yr.): Dec. 29, 1890
8. AGE: Years 49 | Months 1 | Days 2 | If less than one day: hr. min.
9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Porter-Standard Oil Co.
11. Industry or business

FATHER
12. Name: William F. Tydings
13. Birthplace: Baltimore, Maryland

MOTHER
14. Maiden Name: Cornelia Jackson
15. Birthplace: Virginia

16 (a) Informant: Records-U. S. Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) (Burial, cremation, or removal) (b) Date thereof: Feb 3, 1940 (month) (day) (year)
(c) Cemetery or crematory: National Cemetery
Location:

18 (a) Funeral director: Mrs Katie R. Williams
(b) Address: 3221 Schroeder St

19 (a) Date received by local registrar: FEB 2 1940 (b) Huntingtor Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31, 1940, at 2:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 8, 1940, to Jan. 31, 1940, and that I last saw him alive on Jan. 31, 1940.

Immediate cause of death: Tuberculosis, pulmonary, chr. — Duration: 11 yrs.
Due to: far advanced
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy: No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: T. B. Williams M. D.
Address: U. S. Marine Hospital, Baltimore, Maryland. Date signed: 1-31-40

Physicians: please write the causes of death clearly and legibly.

65706

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

195-D F 65706

Registered No. 52164 - IK

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 823 N. Calhoun Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eva Henderson or Sewell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Married

6 (b) Name of husband or wife Raymond Sewell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/4/1905

8. AGE: Years	Months	Days	If less than one day
34	9	28 19	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Peter Henderson
13. Birthplace Virginia

MOTHER
14. Maiden Name Rudy Johnson
15. Birthplace Virginia

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-40 (month) (day) (year)
(c) Cemetery or crematory Brooke
Location Rockville Md.

18 (a) Funeral director Jno. W. Thompkins
(b) Address 638 N. Gilmor St.

19 (a) 1940 Feb 6 Hutchins for Williams (Date Rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 23 1940 at 7:45PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 22 1940 to Jan. 23 1940, and that I last saw her alive on Jan. 23 1940.

Immediate cause of death	Duration
Dilation heart due to over strain body	
Due to Foreign in lung (aspirated fluid)	
Due to	
Other Conditions Manic excitement Exhaustion (Include pregnancy within 3 months of death)	Since adm. to hospt.

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas. L. Schmidt M. D.
Address Baltimore City Hospt. Date signed 1-24-40

VS 3

Correct information is especially important. Physicians: please write the causes of death clearly and legibly.

65707

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 65707 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3302 W. Rogers Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3302 W. Rogers Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daniel Joseph Leary

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex	5. Color or race	6 (a) ~~Single; married, widowed, or divorced~~
M	White	Married

6 (b) Name of husband or wife: Anna Leary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28, 1885

8. AGE: Years	Months	Days	If less than one day: hr.	min.
54	8	3		

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Special Clerk.
11. Industry or business Baltimore P. O.

FATHER
12. Name Wm. W. Leary
13. Birthplace Unknown.

MOTHER
14. Maiden Name Mary Tarleton
15. Birthplace Unknown.

16 (a) Informant Mrs. Anna A. Leary
(b) Address 3302 W. Rogers Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md.

18 (a) Funeral director Forino Bypse.
(b) Address 5005 Pk Heights Ave.

19 (a) FEB 2-40 (Date rec'd by Registrar) Interment for Williamsport

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1940, at 11 30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1930, to Jan 31 1940, and that I last saw h alive on Jan 31 1940.

Immediate cause of death: Coronary embolism

Due to Arteriosclerosis · Mitral regurgitation - Aortic

Due to Regurgitation

Other Conditions Nephritis - Chronic Hemorrhoids.
(Include pregnancy within 3 months of death)

Major findings:
Of operations None.
Of autopsy

Duration	
Sudden:	
	1930
	1 month

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Fred L. De Barbrun M. D.
Address 4723 Park Heights Ave Date signed Feb 1 1940

65708

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 65708

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 4819 Richards St. 27-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Melville H. Cassey Sr.

If U. S. Veteran specify WAR ...

(a) Residence: No. 4819 Richards St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise H Cassey

6. DATE OF BIRTH (month, day, year) March 6 1861

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
78	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fire Ins. agent

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME James Cassey

14. BIRTHPLACE (city or town) Martins Burg (State or country) W. Va

MOTHER

15. MAIDEN NAME Mary E Hammond

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Ella M. Maddox

(Address) 4819 Richards

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Feb 5 1940

19. UNDERTAKER A. Leonard Evans

(Address) 1400 W Lafayette Ave

FEB 2 1940 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1st, 1940

22. I HEREBY CERTIFY, That I attended deceased from January 30, 1940, to Feb 1, 1940

I last saw him alive on January 31, 1940. Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Decompensated Mitral Regurgitation	2 Days
Arterio Sclerosis : Hypertension	1 Yr
Other contributory causes of importance:	
Chr Prt. Nephritis	1 Yr.

Was an operation performed? No Date of ...

For what disease or injury? No

Name of operation None

What test confirmed diagnosis? Clinical & Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thos. F. A Stevens, M. D.

(Address) 2878 Harford Rd.

OCCUPATION is very important. See instructions on back of certificate.

F 65709

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

133-a

F 65709
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3907 Orleans St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3907 Orleans St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME JACOB A Bender - BENDER

3 (b) ~~If veteran, name war~~ —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Katherine Bender
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 11, 1870

8. AGE: Years	Months	Days	If less than one day
69 yrs	1 mo	20 da	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Katherine Bender
(b) Address 3907 Orleans St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/40 (month) (day) (year)
(c) Cemetery or crematory Moreland Pk
Location Baltimore Md

18 (a) Funeral director Leonard J. Cunningham
(b) Address 21 W. 26th St

19 (a) FEB 2 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31 1940, at 7 30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Hypertensive heart disease	unknown
Due to Arteriosclerosis general	
Due to	
Other Conditions Right pyelonephritis, senility	

(Include pregnancy within 3 months of death)

Major findings:
Of operations 1938 Resection of prostate
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallamueller M.D.
Medical Examiner.

Date signed Jan 31 1940

VS 6

F 65710

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 65710

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1210 Smallman St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town 1210 Smallman St
(If outside city or town limits, write RURAL and give town)
(d) Street No. Balt
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Flonna Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-18-1893

8. AGE: Years	Months	Days	If less than one day
46 47	10	13	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Smith
13. Birthplace Balto

MOTHER
14. Maiden Name Unknown
15. Birthplace Balto

16 (a) Informant James Smith
(b) Address 1210 Smallman st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A.Q. Cor. Mt

18 (a) Funeral director Jas. M. Skinner
(b) Address 927 N. Mount St

19 Filed FEB 3 1940 (Date filed by Registrar) (Signature) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION Stat. P. M

20. DATE OF DEATH 2/1/40 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquest find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Faulkner M.D.
Medical Examiner.
Date signed 2/2/40

65711

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

137a

F 65711 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Light Street
(c) Hospital or institution: South Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 6107 York Road (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Norman N. Potts Sr.

3 (b) If veteran, name war None

3 (c) Social Security Account No. ?

4. Sex male

5. Color or race White

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Mary Compton Potts

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Nov 25-1875

8. AGE: Years 64 | Months 2 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace Balto., Md. (Town, county and state)

10. Usual Occupation Clerk

11. Industry or business Grocery Business

FATHER
12. Name Jesse Hufford Potts
13. Birthplace Indiana

MOTHER
14. Maiden Name Alice Cowman
15. Birthplace Anne Arundel Co. Md.

16 (a) Informant Mrs. Mary C. Potts (Wife)
(b) Address 6107 York Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-40 (month) (day) (year)
(c) Cemetery or crematory Friends
Location Harford Ave.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. E. WOODEN SUC.) 108 W. NORTH AVENUE

19 (a) FEB 2 1940 (Date rec'd by Registrar) (b) Huntington Nolhauser, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-1-40 19..., at 6.29 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-27 1940 to 2-1 1940 and that I last saw h.i. alive on 2-1 1940

Immediate cause of death Shock

Duration: 5 hrs

Due to Shock due to hemorrhage

Due to Electric resection of Prostate transurethrally

Due to Hypertrophy of the prostate

Duration: 2 yrs. own

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John P. Unlock Jr. M. D.
Address South Bal Gen H. Date signed 2-1-40

65712

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-D

F 65712 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1901 W. Baltimore St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 1901 W. Baltimore St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 80 years

3 (a) FULL NAME Ida Hamilton

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced. Widow
6 (b) Name of husband ~~or wife~~ James P.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 17 - 1855
8. AGE: Years 84 | Months 7 | Days 14 | If less than one day hr. min.
9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Home
11. Industry or business Housework

MOTHER / FATHER
12. Name Herman Hering
13. Birthplace Germany
14. Maiden Name Johanna Focher
15. Birthplace Germany

16 (a) Informant Hannah Brumford
(b) Address 1901 W. Balto St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/40 (month) (day) (year)
(c) Cemetery or crematory Balto.
Location Balto, Md
18 (a) Funeral director J. J. Mogan
(b) Address 3[illegible] E Balto St.
19 (a) (Date received by registrar) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/31/1940 at 2 P. M
21. I certify that death occurred on the date above stated; that I attended deceased from Apr 6 1936 to Jan. 31 1940, and that I last saw her alive on Jan 31 1940

Immediate cause of death: Cardiac Insufficiency — Duration
Due to —
Due to —
Other Conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur C Monninger M. D.
Address 800 E North Ave Date signed Feb 2, 40

65713

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

F 65713 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1717 Chilton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1717 Chilton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter Buck

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name ~~of husband or~~ wife Dora L Buck
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Mar 31 - 1868
8. AGE: Years 57 Months 10 Days 1 If less than one day, hr. min.
9. Birthplace Balt (town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Chas H.
13. Birthplace Md

MOTHER
14. Maiden Name Rosella Robinson
15. Birthplace Md

16 (a) Informant Mrs Dora L Buck
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director J. J. Moran
(b) Address 3006 E Baltimore St.

19 (a) Date rec'd by registrar (b) Registration No. Filed by Wm. H. Epple M.D.

VS 3 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31st 1940, at 8:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 16th 1939, to Jan 31st 1940, and that I last saw h[e] alive on Jan 31st 1940.

Immediate cause of death Cerebral Arteriosclerosis — Duration 1 day
Due to Arteriosclerosis — 6 years
Due to Mitral Insufficiency & Stenosis
Due to —
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas J. Gerring M. D.
Address 1400 Eastern Ave Date signed Feb 1st 1940

65714

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

F 65714 Registered No.

Please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 267 S. Ellwood ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 267 S. Ellwood ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth F. Frawley

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F. | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Michael F.
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) May 22-1869

8. AGE: Years 70 | Months 8 | Days 9 | If less than one day hr. min.

9. Birthplace City (Town, county, and state)

10. Usual Occupation Home
11. Industry or business Housewife

FATHER
12. Name Jacob Regner
13. Birthplace Germany

MOTHER
14. Maiden Name Eliz. Klinefelhafer
15. Birthplace Germany

16 (a) Informant Michael F. Frawley
(b) Address 267 S. Ellwood ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore Md.

18 (a) Funeral director J. J. Nolan
(b) Address 3900 E. Baltimore St

19 (a) (Date rec'd by registrar) (b) [illegible]

VS 80

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/1 1940, at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 29 1940, to Feb. 1 1940, and that I last saw h[illegible] alive on Feb. 1 1940.

Immediate cause of death: Chronic myocarditis — Duration 6 mo
Due to: Chronic Nephritis
Due to:
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Joseph Feeney M. D.
Address 441 N. Edmondson Ave Date signed Feb 2 40

35715

F 65715

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No.

Type or print. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3726 Farndale Ave
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 62-10-17

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ✓
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3726 Farndale Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

26-1

3 (a) FULL NAME Royal E. Goodman

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 717-07-7079

4. Sex male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Carrie E. Goodman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 14-1879

8. AGE: Years 60 | Months 10 | Days 17 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business Penna R.R.

FATHER 12. Name Robert Goodman

13. Birthplace Annapolis, Md

MOTHER 14. Maiden Name Mary Richardson

15. Birthplace Virginia

16 (a) Informant Mrs Carrie E. Goodman

(b) Address 3726 Farndale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3. 1940 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore, Md

18 (a) Funeral director Wm J Richardson Son

(b) Address 1 N Pa Ave

19 (a) FEB 2 - 1940 (Date rec'd by local registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 1 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 17. 1940 to Feb 1. 1940. and that I last saw him alive on Jan. 31 1940.

Immediate cause of death: Coronary Thrombosis. — Duration: 2 wks.

Due to: cardiac dilatation.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hulet C. Peake M. D.

Address Med. Arts Bldg Date signed

Spec.—1-39—M. & T.—250 Blks.

65716

HEALTH DEPARTMENT—CITY OF BALTIMORE F 65716

CERTIFICATE OF DEATH.

131-a

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3321 Chestnut Ave ST 13-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie E. Schmidt

(a) RESIDENCE No. 3321 Chestnut Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George C. Schmidt

6 DATE OF BIRTH (month, day, and year) 1-15-1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	0	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md

(State or country)

PARENTS

10 NAME OF FATHER Lewis Hieronymus

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Sarah P. Bowers

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Miss Mary Hieronymus

(Address)

FEB 2 Rec'd 1940 19 Huntingtown Williams, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 2nd 1940

17 I HEREBY CERTIFY, That I attended deceased from March, 1939, to February 2nd, 1940

that I last saw h[illegible] alive on January 6th, 1940

and that death occurred, on the date stated above, at 1A m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos 1 hour

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) H. L. Hammer, M. D.

Feb 2, 1940 (Address) 1929 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem.

DATE OF BURIAL Feb 5. 1940

20 UNDERTAKER Wm J. Tickner & Sons

ADDRESS North & Pa Ave

ATION is very important. See instructions on back of certificates.

65717

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-a

F 65717

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive and 31st St.

(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18days

(e) Length of stay in Baltimore (yrs., mos., or days) 18 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore City

(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)

(d) Street No. 909 S. Charles Street (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Elwood Cressic Bell

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1903

8. AGE: Years	Months	Days	If less than one day
36	11	10	..... hr. ..... min.

9. Birthplace Cambridge, Maryland (Town, county, and state)

10. Usual Occupation Ordinary Seaman

11. Industry or business Seafaring

FATHER

12. Name David Benjamin Bell

13. Birthplace Cambridge, Maryland.

MOTHER

14. Maiden Name Florence M. Vane

15. Birthplace Cambridge, Maryland.

16 (a) Informant Records-U. S. Marine Hospital,

(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-40 (month) (day) (year)

(c) Cemetery or crematory Green Lawn.

Location Cambridge Md.

18 (a) Funeral director John F. Mitchell

(b) Address 1900 Eutaw St.

19 (a) FEB 2 1940 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2, 1940, at 10:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 14, 1940, to Feb. 2, 1940, and that I last saw him alive on Feb. 2, 1940.

Immediate cause of death	Duration
Metastasis to lung	6 weeks
Due to Carcinoma, left kidney	5 month
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....

(Specify type of place)

(e) Means of injury .....

23. Signature T. B. H. Anderson M.D.

Address U. S. Marine Hospital Baltimore, Maryland. Date signed 2/2/40 M. D.

VS 3

65718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E Registered Number F 65718

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1534 Aisquith St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 1534 Aisquith St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph W. Trageser

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife Mary Mallen
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Mar. 2, 1891

8. AGE: Years	Months	Days	If less than one day
48	10	29	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name George Trageser
13. Birthplace Md.

MOTHER
14. Maiden Name Catherine Summer
15. Birthplace Md.

16 (a) Informant Leo Trageser
(b) Address 1534 Aisquith St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 3, 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave.

19 (a) FEB 2 - 1940 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 - 31 - 1940, at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4 - 6 - 1936, to 1 - 31 - 1940, and that I last saw him alive on 1 - 30 - 1940.

Immediate cause of death	Duration
Carcinoma Sigmoid	4½ yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. B. Sylvest M. D.
Address 2802 Harford Ave. Date signed 2-1-40

VS 8

F 65719

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

Registered No. F 65719

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Collmans Pier, Canton
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. SS Christian Krohg (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sigurd Nilsen Sigurd Emil Nilsen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 15, 1915

8. AGE: Years	Months	Days	If less than one day
24	3	16	hr. min.

9. Birthplace Leirfjord, Norway (Town, county, and state)

10. Usual Occupation Fireman- SS Christian Krohg

11. Industry or business

FATHER
12. Name Nil D. Eliassen
13. Birthplace Norway

MOTHER
14. Maiden Name Matilde Jensen
15. Birthplace Norway

16 (a) Informant Norwegian Consul
(b) Address 19 South St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 3, 1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Md.

18 (a) Funeral director D. M. Amoreau
(b) Address 1003 E. Baltimore St.

19 FEB 2 - 1940 Huntington Williams, M.D. Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 1 1940 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Drowning Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 2/1/40 2 P. M.
(c) Where did injury occur? Collmans Pier Canton (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? no
(e) Means of injury Fell into water from Pier

23. Signature H. W. Landecraft M.D. Medical Examiner.
Date signed 2/2/40

VS 6

F 65720

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

XV 131a Registered No. F 65720

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 644 McKewin Ave.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Visit
(e) Length of stay in Baltimore (yrs., mos., or days) 10 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Plane Four
(If outside city or town limits, write RURAL and give town)
(d) Street No. R.D. 3 Mt. Airy, Md
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Katie W. Morley

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married.

6 (b) Name of husband or wife T. Edward Morley

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Aug. 23, 1870

8. AGE: Years 69 | Months 5 | Days 8 | If less than one day ..... hr. ..... min.

9. Birthplace Fred. Co. Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Henry Dreyer
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Mason
15. Birthplace Maryland

16 (a) Informant Mrs. M. A. Eppenaeh
(b) Address 644 McKewin Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3, 1940 (month) (day) (year)
(c) Cemetery or crematory Mayer Chapel
Location Plane Four Fred. Co.

18 (a) Funeral director C. M. Walter
(b) Address Wmfield, Md

19 (a) FEB 3 - 1940 (Date rec'd by registrar) Hunting for Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 31, 1940, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 18 1940, to Jan 31, 1940, and that I last saw h.r alive on Jan 31, 1940.

Immediate cause of death	Duration
Chronic Myocarditis	
Chronic Interstitial Nephritis	
Due to Hypertension Cardiovascular	
Due to Renal Disease	
Other Conditions: Hemiplegia (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Bluhm M. D.
Address 1331 E. North Ave. Date signed

VS 3

52146 - RB

F 65721

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-G Registered No. F 65721

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2857 Lanvale St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clarence MacKenzie

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Lillie Mae (dead)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8, 1879

8. AGE: Years	Months	Days	If less than one day
60	8	24	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Retired from Railroad
11. Industry or business Freight Handler

FATHER
12. Name Samuel MacKenzie
13. Birthplace Md.

MOTHER
14. Maiden Name Clara Smith
15. Birthplace Md.

16 (a) Informant Records
(b) Address Balto. City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 120 St. Paul St.

19 (a) FEB 3 - 1940 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-2- 1940, at 9 15 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-21- 1940 to 2-2- 1940 and that I last saw h[illegible] alive on 2-2- 1940.

Immediate cause of death Ca of pancreas & metastases in brain — Duration ? -
Due to Hypertensive CVD Cardiac failure — Duration ? -
Due to — Duration ? -
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Ca of pancreas

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murray Luberger M. D.
Address Balto City Hosp Date signed 2-2-40

V8 3

F 65722

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-31-a

Registered No. F 65722

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address or location: Lexington & Caroline Sts.
(c) Hospital or institution: Near East Side Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 N. Lexington St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John B. Sullivan

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27 1866

8. AGE: Years	Months	Days	If less than one day
73	8	4	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Bernard Sullivan
13. Birthplace Unknown

MOTHER
14. Maiden Name Mary (Unknown)
15. Birthplace Unknown

16 (a) Informant Mrs. Fannie Hooper
(b) Address 1400 N. Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore Md.

18 (a) Funeral director John Cook
(b) Address 1546 N. Gilmor St.

19 (a) FEB 3 1940 (Date rec'd by registrar) (b) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Thursday Feb. 1 1940, at 5:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1927, to Feb. 1, 1940, and that I last saw him alive on 1/31/40 19

Immediate cause of death	Duration
Cardio-vascular-renal disease.	7 yrs.
Due to	
Due to	
Other Conditions: Chronic emphysema. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos B Jarrett M.D.
Address 1115 St. Paul St. Date signed 2/1/40

VS 3

F 65723

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a Registered No. F 65723

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or Institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
If outside city or town limits, write RURAL and give town
(d) Street No. 907 W. 33rd St
(If rural give location)
(e) If foreign born, how long in U. S. A.? yea

3 (a) FULL NAME Henry Proctor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16 1859

8. AGE: Years	Months	Days	If less than one day
79 80	9	15	hr. min.

9. Birthplace Baltimore County
(Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business

FATHER
12. Name Joseph Proctor
13. Birthplace Balto. County

MOTHER
14. Maiden Name Elizabeth Bitca
15. Birthplace Balto County

16 (a) Informant Mrs Elizabeth Kopher
(b) Address 907 W 33rd St

17 (a) Burial (b) Date thereof Feb-4-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Poplar Cemetery
Location Balto County

18 (a) Funeral director Albert W Berenger
(b) Address 440 E North Ave

19 FEB 3 - 1940 Huntington Wallace, M.D.
(Registered by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1 1940 at 10a

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) I find that said deceased came to his death on the day stated above.

Immediate cause of death: Fractured skull
Subarachnoid hemorrhage
Due to Cerebral edema

Duration

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIA
Underline cause to wh death should charged sta tically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 1/26/40
(c) Where did injury occur? 907 W. 33rd St
(City or town) (County) (Stat
(d) Did injury occur about home, on farm, industrial place, in pu
place? Home While at work? No
(Specify type of place)
(e) Means of injury Fell down stairs

23. Signature H. Vandersall M
Medical Examiner.
Date signed 2/1/40

VS 6

F 65724

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-e

Registered No. F 65724

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 10 Kenneth Ave, Arbutus Md. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Henry Emil Cisentraga

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Ann M. Cisentraga
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Feb 28, 1885

8. AGE: Years	Months	Days	If less than one day
54	11	3	..... hr. ..... min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business Baker

FATHER 12. Name Henry Cisentraga
13. Birthplace Germany

MOTHER 14. Maiden Name Wilhelmina Schaffel
15. Birthplace Germany

16 (a) Informant Ann M. Cisentraga
(b) Address 10 Kenneth Ave Arbutus

17 (a) Disposition (Burial, cremation, or removal) Date thereof Feb 3 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director Albert W Gregory
(b) Address 440 E North Ave

19 (a) FEB 3 1940 (Date received by registrar) (b) Interment, removal, or cremation

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-31 1940, at 8:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-16 1940 to 1-31 1940, and that I last saw h alive on 1-31 1940.

Immediate cause of death: Bronchogenic carcinoma — Duration 4 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Bronchogenic CA (L. Lung)

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. C. Stewart M. D.
Address 1 E. Lex. St. Date signed

65725

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 65725 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fulkens + Eaton Aves
(c) Hospital or institution: St Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1806 N. Chapel St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME PATRICK NEARY

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-0915

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	married

6 (b) Name of husband or wife Agnes John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day hr.	min.
about 38				

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Fireman's helper
11. Industry or business at. Shot Tower

FATHER
12. Name Thomas Neary
13. Birthplace Ireland.

MOTHER
14. Maiden Name Catherine McEvoy
15. Birthplace Ireland

16 (a) Informant Agnes Neary
(b) Address 1806 N. Chapel St.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Feb. 5-1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Edmondson Ave

18 (a) Funeral director Henry Stouch + Sons Inc.
(b) Address 1301 E. Eager St.

19 (a) FEB 3 — 1940 (b) Hunting Town Williams, Md. Registrar
Filed or recorded by registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 1 1940, at 9:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 31 1940, to Feb. 1 1940, and that I last saw him alive on Feb. 1 1940.

Immediate cause of death Lobar Pneumonia & extreme Tuberculosis — Duration 6 days
Due to
Due to
Other Conditions Dental Caries
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles V. Sewall M. D.
Address St. Agnes Hosp Date signed 2-12-40

F 65726

COK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 49917 65726 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arthur Fuller

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Annie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24, 1891

8. AGE: Years	Months	Days	If less than one day
48	8	0	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Laborer (W P A)
11. Industry or business

FATHER
12. Name Elliott Fuller
13. Birthplace Va.

MOTHER
14. Maiden Name Julie Lippin
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) [illegible] SCHOOL FEB 3 - 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) FEB 3 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 2

5366

MEDICAL CERTIFICATION

20. DATE OF DEATH January 24 1940, at 12-40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 7 1939, to Jan. 24 1940, and that I last saw h[illegible] alive on Jan. 24 1940.

Immediate cause of death Hypertensive Cardiovascular disease — Duration interval

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 2-2-40

F 65727

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 65727

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Canterbury Rd. + 39th St
(c) Hospital or institution: Ambassador Apts.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lfl

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Canterbury Rd. + 39th St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Letitia Sadler Browning

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Late Edgar B. Browning
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27, 1872

8. AGE: Years 67 | Months 67 | Days 65 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Warren E. Sadler
13. Birthplace N. Y.

MOTHER
14. Maiden Name Letitia Ellicott
15. Birthplace N. Y.

16 (a) Informant John T. Sadler
(b) Address Cockeysville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 3/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Dikesville, Md.

18 (a) Funeral director Harry H. Witte
(b) Address 440 Edmondson Ave

19 Filed FEB 3 - 1940 (Date filed by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 2 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1936. to Feb 2 1940.
and that I last saw her alive on Feb 2 1940.

Immediate cause of death: Hypertension
Due to Myocarditis
Due to Arterio Sclerosis

Duration: Gradual

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. R. Woody, M.D.
Address 1405 Park Ave. Date signed 2/3/40

VS 3

F 65728

BALTIMORE CITY HEALTH DEPARTMENT 30-D

CERTIFICATE OF DEATH

Registered No. F 65728

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 138 N. Elwood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 1384 N. Elwood Ave (If outside city or town limits, write RURAL and give town)
(d) Street No. Balt (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Rauh

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Emma

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Mar 28/1877

8. AGE: Years	Months	Days	If less than one day
60	10	27	hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business Public Schools

FATHER
12. Name John Rauh
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Margaret Bigger
15. Birthplace Balto Md.

16 (a) Informant Emma Rauh
(b) Address 1384 N Elwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3 '40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Tilley & Zeasler
(b) Address 403 S Wolfe St

19 (a) (Date rec'd) FEB 3 1940 (Registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/1 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Cerebral hemorrhage
Due to: Arteriosclerosis with acute insufficiency
Due to:
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Landefeld M.D. Medical Examiner.
Date signed 2/2/40

F 65729

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91-13 Registered No. F 65729

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 737 Forest St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 737 Forest St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife Richard Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1879

8. AGE: Years	Months	Days	If less than one day
60	4		hr. min.

9. Birthplace West River St. Marys County
(Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant David Johnson
(b) Address 1027 Bennett Place

17 (a) Burial (b) Date thereof Feb. 8, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A.A. County Md.

18 (a) Funeral director Mrs. R. A. Elliott - Daughter
(b) Address 1129 N. Caroline St.

19 (a) FEB 3 - 1940 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-31 1940, at 2.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/27 1940 to 1/31 1940 and that I last saw h[illegible] alive on 1/31 1940.

Immediate cause of death: Acute Myocarditis and Acute Bronchitis — Duration: 4 days / 4 days

Due to neurasthenia & work

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jas. R. Blake M. D.
Address 1327 N. Central Date signed

VS 3

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

65730

CERTIFICATE OF DEATH

131-a F 65730

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1220 N. Caroline St. 10-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. 10 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Williamson

(a) Residence: No. 1220 N. Caroline St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fishue Williamson

6. DATE OF BIRTH (month, day, year) ? ? 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60 59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Church

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Danville Va

FATHER

13. NAME Simon Williamson

14. BIRTHPLACE (city or town) (State or country) Danville Va

MOTHER

15. MAIDEN NAME Caroline Bethel

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Rev. Simon Williamson (Brother)

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Danville Va. Date 2-3- 1940

19. UNDERTAKER Mrs R. E. Elliott-Daughter

(Address) 1220 N. Caroline St

3-1940 Huntington Williams MD

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1, 1940

22. I HEREBY CERTIFY, That I attended deceased from August 10, 1939 to Feb 1 1940

I last saw him alive on Jan 31 1940 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Disease	8-10-39
Other contributory causes of importance: Arteriosclerosis	?
Chronic nephritis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 —

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. K. Davis M. D.

(Address) 1222 N. Caroline St.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

65731 ✓ F 65731

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 32

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 107 E Lafayette Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William E Sonnenborn (EDWARD)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6-(a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/3/08

8. AGE: Years 32 | Months 10 | Days 29 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Automobile mon
11. Industry or business

FATHER
12. Name Louis B Sonnenborn
13. Birthplace Md

MOTHER
14. Maiden Name Emma Peterson
15. Birthplace Md

16 (a) Informant Hosp Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md

18 (a) Funeral director Henry W Kerbaugh Sons Co
(b) Address McCulloh & Richard Sts

Filed Feb 3 1940 (Date received by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/2/40 19 , at 10:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/31/40 19 , to 2/2/40 19 , and that I last saw him alive on 2/2/40 19 .

Immediate cause of death Toxic Hepatitis — Duration 1 wk
Due to ? —
Due to —
Other Conditions Diabetes mellitus — ?
Chronic nephritis — ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philip J Monroe M.D.
Address Mercy Hospital Date signed 2/4/40

F 65732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 65732

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 270 S. Robinson st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto City (If outside city or town limits, write RURAL and give town)
(d) Street No. 270 S. Robinson st (If rural give location)
(e) If foreign born, how long in U. S. A.? 46 years

3 (a) FULL NAME Raphael Mazziotte

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Palma Mazziotte
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12 1859

8. AGE: Years	Months	Days	If less than one day
80	6	20	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business City Employ

FATHER
12. Name Michael Mazziotte
13. Birthplace Italy

MOTHER
14. Maiden Name
15. Birthplace Italy

16 (a) Informant Joe Mazziotte
(b) Address 270 S. Robinson st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Frank V. Capitone
(b) Address 2818 E. Balto
(c) Date rec'd by registrar FEB 3 - 1940 (d) Registrar Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2 1940, at 3 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1939 to Feb 2 1940, and that I last saw him alive on Feb 2 1940.

Immediate cause of death: Chronic myo Carditis — Duration: 5 yrs.
Due to: Arteriosclerosis — Duration: ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John L. Valentine M.D.
Address 6 N. Broadway Date signed 2/3/40

F 65733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-G Registered No. F 65733

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp. 7
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5311 Maple Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gilbert Love

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 217-07-0766

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Gertrude F. Love
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) 5-26-99

8. AGE: Years	Months	Days	If less than one day
40	8	6	hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Plumber
11. Industry or business: Plumbing

FATHER
12. Name: Thomas Love
13. Birthplace: Baltimore, (LYON)

MOTHER
14. Maiden Name: Matilda Lyons
15. Birthplace: Baltimore, Md.

16 (a) Informant: Mrs. Gertrude Love
(b) Address: 5311 Maple ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/40 (month) (day) (year)
(c) Cemetery or crematory: Cathedral Cem.
Location: Baltimore City

18 (a) Funeral director: C. Vernon Lehmann
(b) Address: Wolf Park Heights

19 FEB 3 - 1940 (Date received by registrar) Huntingtown, Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2 1940, at 5 55/a M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-6 1940, to 2-2 1940 and that I last saw h in alive on 2-2 1940.

Immediate cause of death	Duration
Hypertensive arteriosclerotic heart disease c	
Due to Congestive failure	15 mo.
Due to	
Other Conditions Syphilis	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: William J. McClafferty M. D.
Address: Bon Secours Hosp Date signed 2-2-40

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

65734 | 108 | Registered No. F 65734

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Walbrook & Eastern Aves.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Howard Co., Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. Fairview Farm (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Erskine M. Sunderland

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years 67 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace N. Y. (Town, county, and state)

10. Usual Occupation Civil engineer

11. Industry or business

MOTHER / FATHER
12. Name Erskine M. Sunderland
13. Birthplace Wash. D. C.

MOTHER
14. Maiden Name Abbie Redfield
15. Birthplace N. Y. State

16 (a) Informant Dr. Rathvon
(b) Address Crutfield, Md.

17 (a) ... (Burial, cremation, or removal) (b) Date thereof Feb 5, 40 (month) (day) (year)
(c) Cemetery or crematory Laurel Md
Location
18 (a) Funeral director Floyd Kaiser
(b) Address Laurel Md.
19 FEB 3 1940 (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 3, 1940, at 10 40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1940, to Feb 3 1940, and that I last saw him alive on Feb 3 1940.

Immediate cause of death Lobar Pneumonia — Duration 7 hr

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James N. Evans M. D.
Address Laurel Md. Date signed 2/4/40

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65735

CERTIFICATE OF DEATH

✓ 134-a F 65735

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Laurie Weber

If U. S. Veteran specify WAR

(a) Residence: No. 2005 Oakland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Weber

6. DATE OF BIRTH (month, day, year) Sept 23-1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Anton Valentine

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Jacob

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Valentine

(Address) 2005 Oakland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Date Feby 5, 1940

19. UNDERTAKER John Wenstz

(Address) 2007 Arlington Ave

20. FILED FEB 3- 1940 19 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1940 to Feb. 2, 1940

I last saw her alive on Feb. 2, 1940 Death is said to have occurred on the date stated above, at 12:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid hemorrhage	Jan. 27 '40
Uremia	2.

Other contributory causes of importance:

Calculus rt Kidney	1930?
Nephrectomy left	1930

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Spinal puncture Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) B. D. Thomas Jr. M. D.

(Address) University Hospital

VS 5

52436 - RB

65736

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

114-a Registered No. F 65736

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Belto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1728 N. Wolfe St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

8 sla

3 (a) FULL NAME Benjamin Leddon

X

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25, 1939

8. AGE: Years | Months: 10 | Days: 7 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Benjamin Leddon
13. Birthplace Md.

MOTHER
14. Maiden Name Henrietta Nolka
15. Birthplace Md.

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feby 5-40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem.
Location Baltimore

18 (a) Funeral director John Lees & Co.
(b) Address 200 E Pleasant St

19 FEB 3-1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/2/40 19 at 11:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/30/40 19 to 2/2/40 19
and that I last saw h alive on 2/2/40 19

Immediate cause of death: Enter-colitis — Duration: 5 days

Due to

Due to

Other Conditions Acidosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H Campbell Rondeau M. D.
Address Balt City Hosps Date signed 2/3/40

F 65737

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 65737

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.
(c) Hospital or institution: Edgewood Nursing Home.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6000 Bellona Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FANNIE FLEISHMAN GREENWALD.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband ~~or wife~~ Julius Greenwald,
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feby. 26, 1863

8. AGE: Years	Months	Days	If less than one day
76	11	6	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Solomon Kann,
13. Birthplace Germany.

MOTHER
14. Maiden Name Unknown,
15. Birthplace Germany.

16 (a) Informant Dr. Joel Fleishman,
(b) Address 5420 Green Spring Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/40. (month) (day) (year)
(c) Cemetery ~~or crematory~~ Baltimore Hebrew.
Location Baltimore, Md.

18 (a) Funeral director David Sonneborn & Son
(b) Address 1803 Eutaw Place.

19 (Date rec'd by registrar) FEB 3- 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby. 1st. 1940. at 1.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1937 to Feb. 1 1940 and that I last saw h 21 alive on Feb. 1 1940.

Immediate cause of death: Hypocardial Insufficiency Coronary Artery Sclerosis — Duration 6 wks

Due to

Due to

Other Conditions: Generalized Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leon Rimokoff M. D.
Address Temple Garden Apts Date signed

V8 3

65738

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 Registered No. F 65738

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5629 Greenhill Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5629 Greenhill Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Agnes Viola Linzey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Wm. H. Linzey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 11, 1873

8. AGE: Years	Months	Days	If less than one day
66 73	10	22 20	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Housewife-retired
11. Industry or business

FATHER
12. Name George Angel
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Sophie W. Witzelberger
15. Birthplace England

16 (a) Informant Mrs. Henry Strocker
(b) Address 4304 Wilshire Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/40 (month) (day) (year)
(c) Cemetery or crematory Balto
Location Balto. City Md

18 (a) Funeral director L. Lauchheimer & Son
(b) Address 2400 Belair Rd.

19 (a) FEB 3 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. REGISTRAR

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 1, 1940, at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 28 1940, to Feb. 1, 1940, and that I last saw her alive on Feb. 1, 1940.

Immediate cause of death	Duration
Coronary Thrombosis	5 days
Due to	
Due to	
Other Conditions Broncho-pneumonia	3 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. L. Wilkinson
A. L. Wilkinson, M. D.
Address 5713 Bel Air Rd. Date signed 2-2-40

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65739 9th a

Registered No. F 65739

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1614 St. Paul Street
2064 S. FRAZIER (If rural give location) W.PHILA PA
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Eli Hamilton

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Vola

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 6 1876

8. AGE: Years	Months	Days	If less than one day
63	89	27	hr. ..... min.

9. Birthplace Bridgeton NJ
(Town, county, and state)

10. Usual Occupation Railroad conductor

11. Industry or business PRR.

FATHER
12. Name William Hamilton
13. Birthplace NJ

MOTHER
14. Maiden Name Alice J Stitchnes
15. Birthplace NJ

16 (a) Informant Mr George C Hamilton
(b) Address 334 York St Camden NJ

17 (a) Removal (b) Date thereof Feb 3 1940
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Philadelphia

18 (a) Funeral director Wellington Deckman & Sons
(b) Address North Pennsylvania Ave

19 FEB 3- 1940 (Date rec'd by registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 - 3 - 1940, at 2.50 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence / /
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ← (Specify type of place) While at work? ←
(e) Means of injury ←

23. Signature Howard J. Clothier M.D.
Medical Examiner
Date signed 2-3-40

VS 6

F 65740

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A Registered No. F 65740

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 656 W Saratoga St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Life

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 656 W Saratoga St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME AGNES BUCHANAN

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Sheriff Buchanan

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years 69 | Months | Days | If less than one day hr. min.

9. Birthplace Calvert Co. Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name unknown

13. Birthplace

MOTHER 14. Maiden Name unknown

15. Birthplace

16 (a) Informant Laura Anderson (daughter)

(b) Address 656 W Saratoga St

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb 6, 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion

Location

18 (a) Funeral director Mrs Katie R Williams

(b) Address 332 N. Schroeder St.

19 (a) FEB 3 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 1st 1940, at 10 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Autopsy or Inquiry)
to death on the day stated above.

Immediate cause of death Cardiovascular renal disease — Duration

Due to

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Lee Wallenmeyer M.D.
Asst Medical Examiner.
Date signed Feb 1st, 1940

VS 6

F 65741

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-W Registered No. F 65741

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 309 N. Poppleton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt. (If outside city or town limits, write RURAL and give town)
(d) Street No. 309 N. Poppleton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Woods

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife George Woods

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 50 | Months | Days | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Braxton Minor
13. Birthplace Virginia

MOTHER 14. Maiden Name Elizabeth ?
15. Birthplace Virginia

16 (a) Informant Gertrude Alexander, daughter
(b) Address 1600 N. Lanvale Street

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Feb 6, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mrs Katie R Williams

18 (a) Funeral director Mrs. Katie Williams
(b) Address 322 N. Schroeder Street.

19 (a) FEB 9 1940 (Date received) Huntington Williams M.D. (Registrar)

VS 6

MEDICAL CERTIFICATION 730a

20. DATE OF DEATH 2/1 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Cardio-vascular-renal disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Vandegrift M.D. Medical Examiner

Date signed 2/2/40

F 65742

SARAH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. F 65742

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 624 N Stockston
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 624 N Stockston (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Susan Louisa Hall Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem	Col	Widow.

6 (b) Name of husband or wife William Jackson.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day
46 45			hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation House Wak.
11. Industry or business

FATHER
12. Name William H. Hall.
13. Birthplace Ellicott City Md.

MOTHER
14. Maiden Name Sarah Fisher.
15. Birthplace Catonsville Md.

16 (a) Informant Sarah Hall
(b) Address 624 N. Stockton St.

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb 3, 1944 (month) (day) (year)
(c) Cemetery or crematory Ellicott City, Md.
Location Howard Co.

18 (a) Funeral director Mrs Kates R. Williams
(b) Address 327 N Schroeder St

19 (a) Filed (by registrar) Feb 3 1944 (b) Registrar Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1944 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 26 1944 to Jan 30 1944. and that I last saw h[illegible] alive on Jan 30 1944.

Immediate cause of death: Lobar Pneumonia — Duration: 4 Days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Address 624 N Stockton St Date signed Feb 3 1944

VS 3

F 373926
F 65743

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1950 Registered No. F 65743

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs.) 1 mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 820 N Eden
(If rural give location)
(e) If foreign born, how long in U. S. A.? 10 years

3 (a) FULL NAME Robert McMillin
3 (b) If veteran, name war World War
3 (c) Social Security Account No.
4. Sex Male
5. Color or race BLACK
6 (a) Single, married, widowed, or divorced. MARRIED
6 (b) Name of husband or wife HARRIET
6 (c) If alive, give age 49 years
7. Birth date of deceased (mo., day, yr.) 11-23-87
8. AGE: Years 52 Months 2 Days 9 If less than one day ..... hr. ..... min.
9. Birthplace Ky (Town, county, and state)
10. Usual Occupation WAITER
11. Industry or business
FATHER 12. Name LUCIAN McMILLIN
13. Birthplace Ky
MOTHER 14. Maiden Name LYDIA DICKENS
15. Birthplace Ky
16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 2 (month) 3 (day) 1940 (year)
(c) Cemetery or crematory
Location Marion Lodge
18 (a) Funeral director Mrs Lottie Gross
(b) Address 1418 Ashland Ave.
19 (a) FEB 3 - 1940 (Date of death registered) Hunting ton Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2 1940, at 1.10 AM
21. I certify that death occurred on the date above stated; that I attended deceased from JAN 9 1940 to Feb 2 1940 and that I last saw him alive on Feb 2 1940.

	Duration
Immediate cause of death: Acute Glomerulonephritis	7 mos
Due to ? Subacute bacterial endocarditis	11
Due to	
Other Conditions: Chronic rheumatic heart disease - Uremia (Include pregnancy within 3 months of death)	20 yr.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature W D McAllister Jr M. D.
Address Date signed 2-2-40

VS 3

F 65744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 122-a # 65744 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 min
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll Co.
(c) City or town Westminster (If outside city or town limits, write RURAL and give town)
(d) Street No. 69 Union St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

Treatment

3 (a) FULL NAME Jessie M. Eckard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Edna Eckard

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years 54 Months X Days X If less than one day hr. min.

9. Birthplace Westminster, Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name John E. Eckard

13. Birthplace Westminster, Md.

MOTHER 14. Maiden Name Alice (?)

15. Birthplace Westminster, Md.

16 (a) Informant Edna Eckard

(b) Address 69 Union St. Westminster

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 6 1940 (month) (day) (year)

(c) Cemetery or crematory Ellerslie

Location Westminster Md.

18 (a) Funeral director J. E. Myers Jr.

(b) Address Westminster, Md.

19 (a) FEB 4 1940 (Local Registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/3/1940 at 1 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-3 1940 at 12 P.M. to 1 P.M. 19

and that I last saw h alive on 19

Immediate cause of death: Cardiovascular

Due to: Disease

Due to: Strang. Inguinal Hernia

Other Conditions: 2 days

(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. A. Welcome M. D.

Address Providence Hosp. Date signed 2/3/40

F 65745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 65745 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 714 Druid Hill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 714 Druid Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harriet Ann Whitaker

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Lee Whitaker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?? 1877

8. AGE: Years 63 | Months 7 | Days 7 | If less than one day hr. min.

9. Birthplace Matthews Co Va (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name John Forest
13. Birthplace Va

MOTHER
14. Maiden Name Not Known
15. Birthplace

16 (a) Informant Hattie Davenport
(b) Address 1740 Druid Hill Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-4-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn

18 (a) Funeral director Adolphus Habel
(b) Address 96 & 98 Druid Hill Ave

19 (a) 2-4 1940 (Date rec'd by Registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1 1940 9:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/28 1940 to 2/1 1940 and that I last saw h alive on 2/1/40 19

Immediate cause of death Lobar Pneumonia — Duration 4 days

Due to

Due to

Other Conditions Mitral regurgitation Arteriosclerosis (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. F. Revell M. D.
Address 601 Carrollton Ave Date signed 2/9/40

VS 3

F 65746

F 65746

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-C Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd and Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford.
(c) City or town Fallston (If outside city or town limits, write RURAL and give town)
(d) Street No. R (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Stanley A. Riley.

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. 214-28-7788

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife ✓
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 13, 1918

8. AGE: Years 21 | Months 4 | Days 17 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Farmer (Fallston)
11. Industry or business ✓

FATHER
12. Name Wilmer Riley
13. Birthplace Ohio.

MOTHER
14. Maiden Name Beatrice Brewer
15. Birthplace Ohio.

16 (a) Informant Mrs. Wilmer Riley
(b) Address Fallston Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb. 6, 1940 (month) (day) (year)
(c) Cemetery or crematory Friendship
Location ✓

18 (a) Funeral director Harry Hughes & Son
(b) Address Bel Air Md.

19 (a) FEB 4 - 1940 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 3, 1940, at 11:15 AM.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 7 1940, to Feb. 3, 1940, and that I last saw him alive on Feb. 3, 1940.

	Duration
Immediate cause of death Metastatic Carcinoma	
Due to Carcinoma of Thyroid.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of Thyroid.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William F. Pearce M. D.
Address Union Memorial Date signed 2/4/40

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65747

65747

CERTIFICATE OF DEATH

V83a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. S.E. Cor. Chrles St Ave and Lake Ave. Ward 27+12)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 5 mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ....

2. FULL NAME Edgar G. Miller Jr.

(a) Residence: No. S.E. Cor. Charles St. Ave and Lake Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 22, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Edgar G. Miller

14. BIRTHPLACE (city or town) Philadelphia (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Eliza Bevan

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Miss Ethel M. Miller

(Address) Charles St. and Lake Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loraine Cem. Date 2/5 1940

19. UNDERTAKER Henry H. Meaks & Son

(Address) 805 N. Calvert St.

20. FILED .... 19....

Registrar.

FEB 4 - 1940

MEDICAL CERTIFICATE OF DEATH

X

21. DATE OF DEATH (month, day, year) 2/3 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 28 to 2/3 1940

I last saw him alive on 2/1 1940 Death is said to have occurred on the date stated above, at 4:05 P.M.

The principal cause of death and related causes of importance are as follows:

	Duration of disease
Senile Dementia	1938
Influenza ?	1/29/40
Lobar Pneumonia ?	2/1/40

Other contributory causes of importance:

Was an operation performed? .... Date of ....

For what disease or injury? ....

Name of operation ....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury .... 19....

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) Geo. H. Yeatman M. D.

(Address) 5826 York Rd.

F 65748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a

F 65748 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1410 Fulton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME EDWARD M SCHWARTZ

3 (b) If veteran, name war: U.S.A. 1917 Maryland Border
3 (c) Social Security Account No. 212-05-6328

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife: Margaret E. Schwartz
6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) March 19, 1895

8. AGE: Years	Months	Days	If less than one day
44	10	14	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation China Furniture Packer
11. Industry or business Security Storage Co

FATHER
12. Name John S. Schwartz
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Isabella McCalister
15. Birthplace District Columbia

16 (a) Informant Mrs Margaret E Schwartz
(b) Address 1410 N Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City

18 (a) Funeral director Geo W Little
(b) Address 2700 Edmondson Ave

19 (a) Date received FEB 4 1940 (Registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 5 1940, at 11 40 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration: sudden
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H L Wollamuehan M.D. Asst Medical Examiner.
Date signed Feb 3, 1940

F 65749

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P Registered No. F 65749

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2401 Harlem Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2401 Harlem Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis Warkmeister.

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-0098

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Annie E. Warkmeister

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 12, 1883

8. AGE: Years	Months	Days	If less than one day
56	3	19	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Retired Inspector

11. Industry or business Baltimore Transit Co.

FATHER
12. Name Louis Warkmeister,
13. Birthplace Germany

MOTHER
14. Maiden Name Ametia Bichy,
15. Birthplace Baltimore Md.

16 (a) Informant Mrs Edna M. Seibold,
(b) Address 2401 Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City

18 (a) Funeral director Geo. W. Little
(b) Address 2700 Edmondson Ave.

19 (a) 2-4-1940 (Date received by Registrar) (b) [illegible] Registrar

VS 8

MEDICAL CERTIFICATION P

20. DATE OF DEATH February 2 1940, at 11.40 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1938, to Feb 2 1940 and that I last saw h alive on Feb 2 1940.

Immediate cause of death	Duration
Coronary Thrombosis.	Nov 1938
Due to Arteriosclerotic Heart Disease	?
Due to Essential Hypertension	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert J. Steinhart M. D.
Address 2302 Edmondson Ave Date signed 2/3/40

F 65750

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 65750

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1829 N. Calvert St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
2-5 (d) Street No. 1829 N. Calvert St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martha J. Martin

3 (b) If veteran, name war — no
3 (c) Social Security Account No. — none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Mulatto	Widow

6 (b) Name of husband or wife William J. Martin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17, 1852

8. AGE: Years	Months	Days	If less than one day
87	10	15	hr. min.

9. Birthplace Dorchester Co. Maryland
(Town, county, and state)
10. Usual Occupation Housewife (Laundress)
11. Industry or business (Home

FATHER
12. Name Alfred Hubbly
13. Birthplace England

MOTHER
14. Maiden Name Sally Van Sickle
15. Birthplace Unknown

16 (a) Informant Mrs. Dora Ball
(b) Address 1829 N. Calvert St

17 (a) Burial (b) Date thereof Feb. 5, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Shrewsbury Cemetery
Location Shrewsbury Md.

18 (a) Funeral director W. H. Cook
(b) Address 1217 St. Paul St.

FEB 4 - 1940 Horatio J. Williams M.D.
(Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-2- 1940, at 5:30 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Autopsy~~ Inquest thereon and from the evidence obtained by said ~~Autopsy~~ Inquest find that said deceased came to ~~her~~ death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Arterio-Sclerotic Heart Disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature Howard J. Malden M.D.
Medical Examiner.
Date signed 2-3-40

F 65751

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 65751

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4702 Fernwood Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo
(e) Length of stay in Baltimore (yrs., ~~mos.~~ or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4702 Fernwood Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Elmore T. Owens

3 (b) If veteran, name war ....

3 (c) Social Security Account No. 1000E

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mrs. E. Owens

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 22 1862

8. AGE: Years 77 | Months 8 | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace Calvert Co Md
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business ....

FATHER 12. Name Thomas T. Wood

13. Birthplace Calvert Co Md

MOTHER 14. Maiden Name Harriet Howell

15. Birthplace Md

16 (a) Informant Mrs. E. Owens

(b) Address 4702 Fernwood Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 9, 40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park, Cathedral

Location Fernwood Rd. Md

18 (a) Funeral director Hudson Co.

(b) Address 1217 W. Lanvale St

19 (a) (Date received by local registrar) (Registrar's signature) Registrar

FR 4—1940 VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 1940, at 1:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 5 1939 to Feb 3 1940, and that I last saw h[illegible] alive on Feb 3 1940.

Immediate cause of death
Arteriosclerosis
Chron Myocarditis

Due to Chron Myocarditis

Due to .....

Other Conditions Senile Dementia

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration
1936
1940

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury .....

23. Signature D. H. Bishop M. D.

Address 524-527 Rhode Date signed Feb 7 1940

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65752 — CERTIFICATE OF DEATH — ✓115-B — # 65752

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 9-9 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME George W. Waltjen — If U. S. Veteran specify WAR —

(a) Residence: No. 917 E Preston St St., Ward. (If non-resident give city or town and State) (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 11 1883

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
56	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X — 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John V. Waltjen

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary E. Kurby

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Nellie Quigley

(Address) 918 E Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 5 1940

19. UNDERTAKER Wm Cook

(Address) 7217 St Paul St

20. FILED 19 Registrar.

FEB 4- 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-3, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-31, 1940 to 2-3, 1940

I last saw him alive on 2-3, 1940 Death is said to have occurred on the date stated above, at 5:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	2-2-40
Other contributory causes of importance: Hypertensive heart disease	
Acute tonsillitis: septic sore throat	1/31/40

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. R. Turnquist M. D.

(Address) St. Joseph Hosp

F 65753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1940 Registered No. F 65753

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2005 E Chase Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? —— years

3 (a) FULL NAME ANNIE HEINTZ

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 6 1857

8. AGE: Years 83 | Months 11 | Days 28 | If less than one day: hr min

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation housewife (Has old own home

11. Industry or business

FATHER
12. Name George Heintz
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Koehler
15. Birthplace Germany

16 (a) Informant Gladys Kibon
(b) Address 2005 E Chase Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) **(b) Date thereof** 2/5/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) FEB 4 1940 **(b)** [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 3 1940, at 7 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death Pulmonary embolism — **Duration** Feb 3rd

Due to Fracture of right humerus + adhesion — Jan 28 1940

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence February 3, 1940
(c) Where did injury occur? 2005 E Chase Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? —
(e) Means of injury fall down steps

23. Signature H L Wallenmeier M.D.
Asst Medical Examiner.

Date signed Feb 3 1940

F 65754

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No.

F 65754

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1906 Kennedy Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1906 Kennedy Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) **FULL NAME** Ellen McQuaid (MARY E McQUAID)

3 (b) If veteran, name war: Nil

3 (c) Social Security Account No. NONE

4. Sex: Fe

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: James H. McQuaid

6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Jan 24 1873

8. AGE: Years 68 | Months 6 | Days 1 | If less than one day ... hr. ... min.

9. Birthplace Scotland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Patrick Kilpatrick

13. Birthplace Scotland

MOTHER 14. Maiden Name Margaret Carey

15. Birthplace Scotland

16 (a) Informant Anne M. McQuaid

(b) Address 1906 Kennedy Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 5 1940 (month) (day) (year)

(c) Cemetery or crematory St Peters

Location Baltimore

18 (a) Funeral director Wm Cole

(b) Address 1219 E Fort Ave

19 (a) Feb 4 1940 (Date received by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION 11.5a

20. DATE OF DEATH Feb 2 1940, at ... M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said ... (Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. M. Vanderwerth M.D. Medical Examiner.

Date signed 2/3/40

VS 6

M. D. B. 1268-0

F 65755 HEALTH DEPARTMENT—CITY OF BALTIMORE F 65755

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1801 Ashburton St. 15-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick B.S.Bowles Not a Veteran

(a) Residence: No. 1801 Ashburton St. St., ... Ward. No S.S. Number

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline R.Bowles

6. DATE OF BIRTH (month, day, year) June 14, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saleman

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

FATHER

13. NAME UnKnown

14. BIRTHPLACE (city or town) (State or country) Phila, Pa.

MOTHER

15. MAIDEN NAME Unknown Shipley

16. BIRTHPLACE (city or town) (State or country) Phila, Pa.

17. INFORMANT Betty Bowles

(Address) 1801 Ashburton As,

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 2/5 19 40

19. UNDERTAKER Wm Cook

(Address) 1219 E Fort Ave

20. FILED FEB 4 - 1940 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3, 1940 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1935 19..., to Feb. 3, 1940 19...

I last saw h... alive on Feb. 2, 1940 Death is said to have occurred on the date stated above, at 3.00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis 10 Yrd.	
Chronic Myocarditis 4 Yrd.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A.R. Scallen M. D.

(Address) 3737 N Monroe

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

65756

HEALTH DEPARTMENT—CITY OF BALTIMORE F 65756

CERTIFICATE OF DEATH

122-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4 W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Cox

If U. S. Veteran specify WAR

(a) Residence: No. Rosewood Training School St., Owings Mills, Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	SINGLE

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 17 1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) U
(State or country)

MOTHER

15. MAIDEN NAME Annie Loy

16. BIRTHPLACE (city or town) unknown
(State or country)

17. INFORMANT Rosewood School
(Address) Owings Mills Md

18. BURIAL, CREMATION OR REMOVAL
Place Rosewood Cem Date Feb 5, 1940

19. UNDERTAKER J. F. Ellen. Sons
(Address) Westminster Md.

20. FILED 19

Registrar.

FEB 4- 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-4, 1940

22. I HEREBY CERTIFY, That I attended deceased from 2-3-, 1940 to 2-4, 1940

I last saw him alive on 2-4, 1940 Death is said to have occurred on the date stated above, at 7 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Strangulated inguinal hernia	2-2-40
Obstruction middle ileum	
Gangrene of Gt. omentum	

Other contributory causes of importance:

Surgical shock

Was an operation performed? Yes Date of 2-3-40

For what disease or injury? Resection of mid ileum - end to end anastomosis

Name of operation Resection of omentum. Rt. hemicolectomy

What test confirmed diagnosis? Operation Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Stephen Lee Hagness M. D.

(Address) University Hospital

H I Wollenweber MD Balto.
Asst medical Examiner

F 65737

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A

F 65737 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4105 Liberty Heights Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city limits, write RURAL and give town)
(d) Street No. 4105 Liberty Heights Ave (If rural, give location)
(e) If foreign born, how long in U. S.A.? 36 years

3 (a) FULL NAME Fannie L. Williams

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Abraham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
56			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Aria — Chia
13. Birthplace Russia

MOTHER
14. Maiden Name Chasis —
15. Birthplace Russia

16 (a) Informant Abraham Williams
(b) Address 4105 LIBERTY Hgts Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herrig Cem
Location Pikesville Md.

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto. St

19 (a) (Date received by registrar) (b) [illegible] Registrar

B 4 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/3 1940 at 9:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1938 to Feb. 3, 1940 and that I last saw h[illegible] alive on Feb. 2, 1940.

Immediate cause of death	Duration
Arteriosclerotic Cardio-vascular-renal Disease with Hypertension	Few years
Due to	
Due to	
Other Conditions Apoplexy Pulmonary Embolism	few minutes

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Abrahamson M.D.
Address 2340 Eutaw Pl. Date signed Feb. 3, 1940

F 65758 Cushner

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 65758 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 Christian St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County 4C4
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2025 Christian St
(If rural give location)
(e) If foreign born, how long in U. S. A.) 45 years

3 (a) FULL NAME David Cushner
3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Esther Cia
6 (c) If alive, give age 58 years
7. Birth date of deceased (mo., day, yr.) 3-26-1875
8. AGE: Years 64 Months 10 Days 7 If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Miner
11. Industry or business

FATHER
12. Name Moses Cushner
13. Birthplace Russia

MOTHER
14. Maiden Name Annie
15. Birthplace Russia

16 (a) Informant Esther
(b) Address

17 (a) Burial (burial, cremation, removal) (b) Date thereof 2-4-40 (month) (day) (year)
(c) Cemetery Mount Auburn
Location Mark Rd

18 (a) Funeral director Jacob Davis Inc
(b) Address 1739 E. Balto St

19 (a) Date received by Registrar D 4 1940 (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 3 1940 at 3.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1939 to Feb. 3 1940.
and that I last saw h[illegible] alive on Feb. 3 1940

Immediate cause of death Carcinoma? Stomach? Renal Effusion (Left) (Malignant [illegible]) — Duration 3 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. Harry Cushman
Address 1924 W North Ave Date signed 2/3/40

65759 HEALTH DEPARTMENT—CITY OF BALTIMORE 65759

S.S.# 216-03-3425 Soc. Sec. # 216-03-3425

CERTIFICATE OF DEATH

48-a Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 5-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? 25 yrs. mos. da.

2. FULL NAME Mrs. Jean Silverman

If U. S. Veteran specify WAR

(a) Residence: No. 4003 Bonner Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) May 31-1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Henry Belzer

14. BIRTHPLACE (city or town) (State or country) New Orleans, La.

MOTHER

15. MAIDEN NAME Bessie —

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Bessie Belzer

(Address) 4001 Bonner Road

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date 2-4-40 19

19. UNDERTAKER Jack Levin Inc.

(Address) 1439 E. Preston St.

20. FILED FEB 4 - 1940 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-3-40, 19

22. I HEREBY CERTIFY, That I attended deceased from August 2, 1939 to Feb. 3, 1940

I last saw her alive on Feb. 3, 1940 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of cervix	June 1939
Metastasis, generalized	
Anemia	

Other contributory causes of importance:

Was an operation performed? Yes Date of 8-9-39

For what disease or injury? Sarcoma of cervix

Name of operation Wertheim

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. P. Ernst M. D.

(Address) St. Joseph's Hosp.

F 65760

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-a F 65760 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3924 Fairview Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) √ yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3924 Fairview Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Kate Rothman

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Samuel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
48	-		hr. min.

9. Birthplace Russia
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Mordecai Kleiterman
13. Birthplace Russia

MOTHER
14. Maiden Name Bernie
15. Birthplace Russia

16 (a) Informant Samuel Rothman
(b) Address 3924 Fairview Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-40 (month) (day) (year)
(c) Cemetery or crematory Wahrsen Gang Mem
Location Windsor Mill Rd

18 (a) Funeral director Jack Sears Inc.
(b) Address 1439 E. Balto. St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION MIDNIGHT

20. DATE OF DEATH 2-3-40 19 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from — 19 to — 19 and that I last saw h— alive on — 19

Immediate cause of death Death on arrival. — Duration

Due to Coronary occlusion — 15 min.

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature Isaac Sauber M. D.
Address 306 Garrison Blvd Date signed 2-3-40

Howard Kleiterman M.D.
Chief Deputy Coroner

3 4vs 1940

65761

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 65761 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 800 E Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 57

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 800 E Lafayette Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Rosa M. Hanselmann Benser

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Reinhold Benser
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 2/7/1881

8. AGE: Years 58 | Months 57 | Days 11 | If less than one day hr. 24 min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER 12. Name Louis C. Hanselmann
13. Birthplace Germany

MOTHER 14. Maiden Name Marie P. Jordan
15. Birthplace Germany

16 (a) Informant Karl C. Hanselmann
(b) Address 800 E Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 5/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director John Uhl
(b) Address 2008 Orleans St

FEB 1 1940 (Date rec'd by Registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 1 1940, at 7 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 15 1934, to Feb 1 1940 and that I last saw h[illegible] alive on Feb 1 1940.

Immediate cause of death Cardiac Asthenia, Endocarditis — Duration 6 years

Due to Chronic Nephritis — 6 yrs

Due to Arteriosclerosis — 20 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Thomas M. D.
Address 3136 Hereford Rd Date signed 2/9/40

F 65762

F 65762

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

172-D Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 508 S. Castle Street

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 49 Yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 508 S. Castle St (If rural give location)

(e) If foreign born, how long in U. S. A.? 49 Yrs years

3 (a) FULL NAME Josephine Szczesniak

(b) If veteran, name war —

3 (c) Social Security Account No. 213-18-6991

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Antoni

6 (c) If alive, give age deceased years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
67 66			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Haraj

13. Birthplace Poland

MOTHER 14. Maiden Name Ambamann

15. Birthplace Poland

16 (a) Informant Frances Jarzynski (Daughter)

(b) Address 506 S. Castle Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 5 1940 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary

Location Balto. County

18 (a) Funeral director John M. Welsh

(b) Address 409 S. Chester Street

19 (a) Date received FEB 4 1940 (b) Registrar Hunterstown Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1940, at 1:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 29 1940 to Jan 31 1940, and that I last saw h. S. alive on Jan 31 1940.

Immediate cause of death Lobar Pneumonia — Duration 3 Days

Due to Septicemia — 4 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature William J. Rosner M.D.

Address 901 S. Kenwood Ave Date signed 2/1/40

F 65763

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65763

CERTIFICATE OF DEATH

46-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St.) 11-3 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2½ dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

2. FULL NAME Mrs. Frank J. Byron

If U. S. Veteran specify WAR

(a) Residence: No. 401 W. Penna Ave St., Towson Ward. Md Baltimore Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Blanche King Byron

6. DATE OF BIRTH (month, day, year) Mar 17 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	2	18	17

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portlaw Ireland

FATHER

13. NAME Thomas Byron

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Blanche King Byron

(Address) 401 W. Penna. Ave. Towson

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Feb 7 1940

19. UNDERTAKER John Bourne's Sons

(Address) Towson, Md.

20. FILED Feb 4 1940 Thos. J. Wisner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-4-, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1/6, 1940 to 2/4, 1940

I last saw him alive on 2/3, 1940 Death is said to have occurred on the date stated above, at 8:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Oesophagus	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Oesophagoscopy + biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edward E. Gladmon M. D.

(Address) Md. Gen. Hosp.

F 65764

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 65764 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens + Caton Aves.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or town Emmitsburg (If outside city or town limits, write RURAL and give town)
(d) Street No. Treatment (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Georgia Moore

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1858
8. AGE: Years 72 | Months | Days | If less than one day: hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Ignatius Moore
13. Birthplace Boston, Mass

MOTHER
14. Maiden Name Rebecca Drelman
15. Birthplace Washington, D. C.

16 (a) Informant Miss Emma Moore
(b) Address Emmitsburg, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 4/40 (month) (day) (year)
(c) Cemetery or crematory St Anthony Cemetery
Location Emmitsburg Md.

18 (a) Funeral director Sol Guinand & Son
(b) Address 124-26 W. North Ave Baltimore, Md.

19 (a) 1940 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 4 1940, at 9 35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-30-1940 to 2-4-1940, and that I last saw h[illegible] alive on Feb. 4 1940

Immediate cause of death: Lobar pneumonia — Duration: 5 days
Due to Type 7
Due to
Other Conditions Arteriosclerosis (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stanley N. Lewis M. D.
Address St. Agnes Hosp. Date signed 2-7-40

Hunter for Williams, M.D. Registrar

VS 3

65765

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 65765

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3017 Wood Home Ave.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3017 Wood Home Ave.,
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma V. Bell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife George A. Bell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 27, 1856

8. AGE: Years	Months	Days	If less than one day
83	2	5	hr. min.

9. Birthplace Carroll Co., Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Abraham Long
13. Birthplace Md.

MOTHER
14. Maiden Name Joanna Lantz
15. Birthplace Md.

16 (a) Informant Mrs. Harry O. Darling (Daughter)
(b) Address 3017 Wood Home Ave.,

17 (a) Burial (b) Date thereof Feb. 5, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave.,

18 (a) Funeral director W. Howard Strong
(b) Address 715 Light St.,

19 (a) (b)

Date rec'd Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 1, 1940 at 4.11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to 2/1 1940
and that I last saw her alive on 2/1 1940.

Immediate cause of death Hypertension Cardio-Vascular Disease — Duration

Due to

Due to

Other Conditions Hypostatic Pneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hyland Kelly M. D.
Address 5703 Harford Rd Date signed 2/11/40

F 65766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65766 Registered No. 44-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3715 6th St Brooklyn
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 62

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Brooklyn (If outside city or town limits, write RURAL and give town)
(d) Street No. 3715 6th st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie May Miller

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	married

6 (b) Name of husband or wife G. Howard Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 27 1878

8. AGE: Years	Months	Days	If less than one day
62	-	5 4	[illegible] hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Utz
13. Birthplace Adams Co Pa

MOTHER
14. Maiden Name Charlotte Brown
15. Birthplace Baltimore

16 (a) Informant G. Howard Miller
(b) Address 3715 6th st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 5 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 Filed FEB 4 - 1940 (Date rec'd by Registrar) Burying to Hillsdale

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1 1940 at 4:22 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct-10 1939 to Jan-31 1940 and that I last saw h[illegible] alive on Jan 31 1940

Immediate cause of death Bilateral Cerebral Hemorrhage — Duration 3 days
Due to —
Due to —
Other Conditions Carcinoma of Uterus Ca. Ovary metastasis Metastasis — 4 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas Lubin
Address 320 Patapsco Ave Date signed 2/2/40

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65767

F 65767

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 663 Barre St. 22-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Wm. H. Mores

If U. S. Veteran specify WAR .....

(a) Residence: No. 663 Barre St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M | 4. Color or Race: C | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Dec 22, 1889

7. AGE: Years 50 | Months 1 | Days 10 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Addie Johnson

(Address) 663 W Barre St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary Date Feb 5 1940

19. UNDERTAKER Jos. A. Sagely

(Address) 609 N Mount St

20. FILED ..... 19... Registrar.

Written in Indiana 4-P

Feb 4 - 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/1 1940

22. I HEREBY CERTIFY, That I attended deceased from 1/6 1940 to 2/1 1940

I last saw h... alive on 1/31 1940. Death is said to have occurred on the date stated above, at 2:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchopneumonia Influenza -	Feb. 1939
Other contributory causes of importance:	
Arteriosclerosis	1938

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) J. Robert Lewis M. D.

(Address) 1600 W. Lanvale St

M. D. B. 1208-b

F 65768

F-65768

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 324 S. Stricker St., 19-2 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Oscar Lee Cave

(a) Residence: No. 324 S Stricker St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha L. Martin Cave

6. DATE OF BIRTH (month, day, year) Dec 11, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Bertha L. Cave
(Address) 324 So. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mitchell Va. Date 2/6/40 19

19. UNDERTAKER Leonard J Rack
(Address) 5305 Harford Road

20. FILED FEB 4 1940 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1940 to Feb 3, 1940

I last saw him alive on Feb. 3 1940 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Coronary Occlusion	2/2/40
Heart failure	2/3/40

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Abram Goldman M. D.
(Address) 2313 W. North Ave.

OBSERVATION IS very important. See instructions on back of certificate.

65769

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 65769

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

99

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Parkville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3034 California Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Charles HERBERT KREBS JR.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16 1936

8. AGE: Years	Months	Days	If less than one day
3	7	17	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles Herbert Krebs Sr.
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Elizabeth L. Meyers
15. Birthplace Baltimore, Maryland.

16 (a) Informant Charles H. Krebs
(b) Address 3034 California Ave.

17 (a) Burial (b) Date thereof June 6, 1940
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Balto. Md.

18 (a) Funeral director Leonard J Rach
(b) Address 5305 Harford Road.

19 (a) 1940 (b) [illegible]
(Date received by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 3 1940, at 4 10 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence
(Autopsy or Inquiry)
obtained by said inquest find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Pneumonia, Lobar right. — Duration unknown

Due to

Due to

Other Conditions no history
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. T. Wollenweber M.D.
Medical Examiner.
Date signed Feb 3, 1940

65770

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61

F 65770 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive
(c) Hospital or institution:
U.S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mo same

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County —
(c) City or town Washington D.C.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2726 Connecticut Ave. —
(If rural give location)
Treatment
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Van Doren, Mrs Alice B.

3 (b) If veteran, name war

3 (c) Social Security Account No. none.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married.

6 (b) Name of husband or wife Theodore J. Van Doren.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 11, 1869.

8. AGE: Years	Months	Days	If less than one day
70	5	24	23 hr. min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name Joseph H. Krage.
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Sarah Ann Buckley
15. Birthplace Baltimore, Maryland.

16 (a) Informant Mrs Alice Van Doren.
(b) Address Washington D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-40 (month) (day) (year)
(c) Cemetery or crematory Removal
Location Washington D.C.

18 (a) Funeral director J. H. Hines & Co.
(b) Address 2901 14th St. N.W.

19 (a) Feb 6 1940 (b) Registered Feb 6 1940 Registrar Washington, D.C.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 4. 1940 at 1:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-6 1939 to 2-4 1940 and that I last saw her alive on 2-4 1940.

Immediate cause of death	Duration
Cardio renal vascular disease	
Due to Arteriosclerosis generalized	
Due to Diabetes millitus	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr J B N Anderson / A R Smith M.D.
Address U.S. Marine Hospital Date signed 2-5-40

F 65771

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 65771 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland ✓
(b) Street address 4509 Spring dale Ave
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 18 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ✓
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4509 Spring dale Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

28

3 (a) FULL NAME Stella May Young

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single ✓

6 (b) Name of husband or wife

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) June 15-1871

8. AGE: Years 68 | Months 7 | Days 17 | If less than one day: hr. min.

9. Birthplace Orange County, N.Y. (Town, county, and state)

10. Usual Occupation None ✓

11. Industry or business

FATHER
12. Name Jacob Young
13. Birthplace New York

MOTHER
14. Maiden Name Catharine M. Brown
15. Birthplace New York

16 (a) Informant Mrs Frances A. Young
(b) Address 4509 Springdale Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Feb 3-1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore County, Md

18 (a) Funeral director J. M. Fleckenstein & Son
(b) Address 4 Pa Ave

19 (a) (Date received by registrar) Feb 1 1940 (b) Registrar

Burial Permit Issued, Feb 1, 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2nd 1940, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 28 1940 to Feb 2 1940 and that I last saw her alive on Feb 1 1940.

Immediate cause of death
Lobar Pneumonia
Due to Arteriosclerosis, Chronic Infectious arthritis 2m

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
7 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alma B Lennan M. D.
Address 718 N Patterson Pk Ave Date signed

65772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

✓ F 65772 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 122-24 W Franklin St (If rural give location)
(e) If foreign born, how long in U. S. A.? - years

3 (a) FULL NAME WILLIAM Hamilton CHAFFE Jr

3 (b) If veteran, name war: Spanish American
3 (c) Social Security Account No.: None

4 Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Sing'd

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 22 1876

8. AGE: Years 64 | Months 0 | Days 10 | If less than one day: hr. min.

9. Birthplace New Orleans La (Town, county, and state)

10. Usual Occupation Retired-
11. Industry or business

FATHER 12. Name William H Chaffe
13. Birthplace Louisiana

MOTHER 14. Maiden Name Ellen Hansell
15. Birthplace Philadelphia

16 (a) Informant Mrs. Muriel A Grant
(b) Address 316 Saratoga St

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb 6 1940 (month) (day) (year)
(c) Cemetery or crematory Reserve Vault Woodlawn Cem
Location Woodlawn Md

18 (a) Funeral director William J Dukes & Son
(b) Address North & Pennsylvania Aves

19 (a) FEB 4 1940 (Date rec'd by registrar) (b) [signature] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 3 1940, at 12 45 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Coronary sclerosis	sudden
Due to: Myocardial failure	
Due to: Searing	
Other Conditions: Chronic Nephritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 2-3-40

F 65773 HEALTH DEPARTMENT—CITY OF BALTIMORE F 65773

CERTIFICATE OF DEATH

93-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St. 28-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 7 mos. 3 ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Sister M. Callista Nonnabacher O. S. F. If U. S. Veteran specify WAR

(a) Residence: No. 157 Graham St. Brooklyn N.Y. St., ___ Ward. Brooklyn, N.Y.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) October 29-1899

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	40	3	65	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brooklyn. (State or country) New York

FATHER

13. NAME Peter Nonnabacher

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Maria Schuck

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Records of Mount Hope (Address) Mount Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL Place Amityville N.Y. Date Feb 6/40

19. UNDERTAKER STEWART & MOWEN COMPANY (Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

20. FILED ___, 19___ Registrar

Feb 4 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939 to February 3, 1940

I last saw h.e alive on February 3, 1940. Death is said to have occurred on the date stated above, at 12.07 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Vegetative Endocarditis with myocardial decompensation	10 days
Rhizopharynx - Catalonuk type	2 years

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Finding Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Duncan L. Olaya M. D.

(Address) 336 Fort Hamilton Pkwy

65774

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65774
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Catonsville
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2516 Lansdetta Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. William Parks

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband ~~or wife~~: Mary M. Parks
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 11th 1872

8. AGE: Years	Months	Days	If less than one day
67	5	23	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Poultry Business
11. Industry or business Self

FATHER
12. Name Wm. E.
13. Birthplace Va.

MOTHER
14. Maiden Name Margaret Crockett
15. Birthplace Va.

16 (a) Informant Mary M. Parks
(b) Address 2516 Lauretta Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Feb 7th 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md

18 (a) Funeral director W.m Cook
(b) Address 1217 St. Paul St

(c) Date received by registrar 1940 (b) [illegible] by Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 4, 1940, at 11 30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-2-1940, to 2-4-1940, and that I last saw h. alive on 2-4 1940.

Immediate cause of death: Influenzal pneumonia — Duration: 3 days

Due to:

Due to:

Other Conditions: Diabetes mellitus (cured); Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address St Agnes Hosp Date signed 2-4-40

65775 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 65775

CERTIFICATE OF DEATH ✓ 93-D

1. **PLACE OF DEATH**

CITY OF BALTIMORE: (No. University Hospital St., 18-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. **FULL NAME** Alexander Schmidt

If U. S. Veteran specify WAR .....

(a) Residence: No. 846 W Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) April 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bookbinder

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME William Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Maria Wolff

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Alice P. Schmidt
(Address) 700 N. Wilton St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date 2/6 19...

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED ... 19... Wm. H. ... Registrar.

FEB 5 - 1940

Hastings 6/L

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 3, 1940

22. I HEREBY CERTIFY, That I attended deceased from February 3, 1940, to February 3, 1940

I last saw him alive on February 3, 1940 Death is said to have occurred on the date stated above, at 9 35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2/2/40
Other contributory causes of importance: Arteriosclerotic Cardiovascular disease	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph W. George Jr. M. D.

(Address) University Hospital

F 65776

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59-B

F 65776 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 Eaton Ave.
(c) Hospital or institution: Jenkins Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1418 Hull Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 yrs. years

3 (a) FULL NAME Mrs. Mary Mackwicz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Bonaventure

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8 1879

8. AGE: Years	Months	Days	If less than one day
60 yrs.	3		hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Bonaventure Kosawaska
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Kostrowa
15. Birthplace " "

16 (a) Informant Jenkins Mem. Hospt.
(b) Address 1000 Eaton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/6/40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross R. A.
Location Annapolis Blvd.

18 (a) Funeral director Maynard E. Flynn
(b) Address 1422 Light St.

19 (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 3rd 1940, at 6 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 25 1940 to Feb. 3 1940 and that I last saw her alive on Feb 2nd 1940.

Immediate cause of death	Duration
Cardiac failure	
Due to Arteriosclerosis	
Due to	
Other Conditions Hypertrophic arthritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations -
Of autopsy -

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles V. Sweet M. D.
Address Jenkins Memorial Date signed 2-3-40

VS 3

Carden

F 65777

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 65777 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3625 Gelston Drive (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Mrs. Mary Carden

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	Married

6 (b) Name of husband or wife John Carden (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) March 12, 1875

8. AGE: Years	Months	Days	If less than one day
66	10	21	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Wm. Durkan
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary
15. Birthplace Ireland

16 (a) Informant Mrs. George Oelzner
(b) Address 208 Lyndhurst St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 6/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Frederick Rd.

18 (a) Funeral director Margaret G. Flynn
(b) Address 1422 Light St

19 (a) (Date filed by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-3- 1940, at 7:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-2- 1940 to 2-3- 1940, and that I last saw h~~e~~ alive on 2-3- 1940.

Immediate cause of death	Duration
Lobar pneumonia	
Due to Pneumococcus Type III	4-5 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. McCafferty M. D.
Address Bon Secours Hosp. Date signed 2-3-41

F 65778

65778 4 5 51

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157-E Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 705 N. Collington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days).

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 705 N. Collington Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Hunted

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 7, 1926

8. AGE: Years	Months	Days	If less than one day
			hr min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Conrad Hunted
13. Birthplace Baltimore

MOTHER
14. Maiden Name Lillian Horky
15. Birthplace Baltimore

16 (a) Informant Conrad Hunted
(b) Address 705 N. Collington Ave

17 (a) Burial (b) Date thereof Feb 5 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Frank Grech & Son
(b) Address 1906 Eastwood Ave

19 (a) (b) John Williams, M.D.
(Date received by registrar) Registrar

Feb 5 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4 1940, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 4 1940 to Feb 4 1940 and that I last saw her alive on Feb 4 1940 (at)

Immediate cause of death: Congenital Heart Trouble — Duration: 12 hours

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William J. Roane M.D.
Address 501 E. Lexington St Date signed 2/4/40

65779

HEALTH DEPARTMENT—CITY OF BALTIMORE

65779

CERTIFICATE OF DEATH

92-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3327 Mondawmin Ave Ward) 5-7

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME Frederick J Miller

If U. S. Veteran specify WAR _____

(a) Residence: No. 3327 Mondawmin Ave St., _____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary J Miller

6. DATE OF BIRTH (month, day, year) May 7-1878

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	61	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pump Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Balto

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jacob Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Rev. Vernon Miller

(Address) 1614 N Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date 2-5-40

19. UNDERTAKER Geo P Bauer Jr

(Address) 15 E Lafayette Ave

20. FILED 2-5-1940 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-2, 1940

22. I HEREBY CERTIFY, That I attended deceased from 9/16, 1939, to 2-2, 1940

I last saw him alive on 2-2, 1940 Death is said to have occurred on the date stated above, at 6:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	9-10-39
Other contributory causes of importance	
Myocardial Degeneration	2-1-40

Was an operation performed? No Date of _____

For what disease or injury? No

Name of operation None

What test confirmed diagnosis? Clinical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury _____, 19____

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Daniel Miller M. D.

(Address) 1500 N Edwards

Spec—12-23-21—S.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65780

65780

CERTIFICATE OF DEATH.

93-D

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. 2035 Guilford Ave. 42-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ellen Ward

(a) Residence No. 2035 Guilford Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: H. Clay Ward Sr.

6-DATE OF BIRTH (month, day and year): Mar. 22-1859

7-AGE: 80 yrs. 10 mos. 11 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore, Md.

PARENTS.

10-NAME OF FATHER: John Hirle

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: ? Robinson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Unknown

14- (Informant) H. Clay Ward Jr.

(Address) 2035 Guilford Ave.

15- Filed 5-1940 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb. 2-1940

17- I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1939 to Feb 2, 1940 that I last saw h[illegible] alive on Feb 2, 1940 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic Myocardial disease

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. 3 mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Chas. Strachen M. D.

2/4, 1940 (Address) 4116 Northern Parkway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: Feb. 5, 1940

20-UNDERTAKER: Chas. S. Black

ADDRESS: 742 W. North Ave

65781 374457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65781 / 131-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1214 N Eden (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Prisock
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Married

6 (b) Name of husband or wife Mazie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-14-01

8. AGE: Years	Months	Days	If less than one day
38	4	18	hr. min.

9. Birthplace S.C. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Cornelius J Prisock
13. Birthplace S.C.

MOTHER
14. Maiden Name Kathryn Ellis
15. Birthplace S.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-6-1940 (month) (day) (year)
(c) Cemetery or crematory
Location Union South Carolina

18 (a) Funeral director Mrs R. A. Elliott-Dr
(b) Address 112 W. Caroline St

19 (a) Date received by registrar 2-5-1940 Hunter, Tom Williams M.D. Registrar

0 .vs 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2 1940, at 7.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 20 1940 to Feb 2 1940, and that I last saw HIM alive on Feb 2 1940.

Immediate cause of death	Duration
Hypertensive Cardio-Vascular disease	3 yrs
Due to	
Due to Arteriolarsclerotic nephrosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature WM McAllister Jr
Address Date signed 2-2-40 M. D.

65782
374947

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1-13 Registered No. E 65782

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Johns Hopkins Hosp. 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Queen Anne's
(c) City or town Centreville
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hallie Burke

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
28			hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name —
13. Birthplace

MOTHER
14. Maiden Name Bessie —
15. Birthplace —

16 (a) Informant Records.
(b) Address

17 (a) Removal (b) Date thereof 2-5-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery Ft. Lincoln
Location Rhode Island Point-md.

18 (a) Funeral director Miss Frances A. Hensley
(b) Address 578 W. Biddle St.

19 (a) [illegible] Huntingtown Millicent M.P.
(Date received by registrar) (Registrar)

FEB 5 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3, 1940, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 31 1940 to Feb 3 1940 and that I last saw h[illegible] alive on Feb. 3 1940.

Immediate cause of death Pul. Edema with Cardiac Enlargement and Incompetency — Duration

Due to Sickle-Cell Anemia

Due to and Chronic Glomerular Nephritis

Other Conditions Bronchopneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D. M. Welty M. D.
Address Johns Hopkins Hospital Date signed 2-4-40

65783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-D

F 65783
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1633 N. Montford Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1633 N. Montford Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Appel

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-4461

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Wh	

6 (b) Name of husband or wife Rose A Appel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6/1880

8. AGE: Years	Months	Days	If less than one day
59	10	27	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation
11. Industry or business Home Laundry Co

FATHER
12. Name Edw Appel
13. Birthplace Md

MOTHER
14. Maiden Name May
15. Birthplace Md

16 (a) Informant Rose A Appel
(b) Address 1633 N. Montford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/40 (month) (day) (year)
(c) Cemetery or crematory Bolt
Location Baltimore

18 (a) Funeral director Philip Henry Sons
(b) Address 1616 Orleans St

FEB 5 - 1940
(Date rec'd by registrar) (b) H. Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/2 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Pulmonary tuberculosis with hemoptysis — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. B. Vandeloft M.D.
Medical Examiner.
Date signed 2/3/40

F 65784

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 65784

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1006 E. Preston st.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1006 E. Preston st.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lyman L. Bandel

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 1857

8. AGE: Years 82 | Months 7 | Days | If less than one day ... hr. ... min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business —

FATHER 12. Name Philip Bandell
13. Birthplace Baltimore

MOTHER 14. Maiden Name Araminta Hartt
15. Birthplace Baltimore

16 (a) Informant Mrs. Eda Hall
(b) Address 1016 E. Preston st

17 (a) Burial (b) Date thereof 2 6 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location

18 (a) Funeral director Philip Herwig Sons
(b) Address 2016 Orleans st

19 (a) (Date received by Registrar) (b) Signature of Registrar

FFB 5 1940

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 1940 at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jany 3 1940 to Feb 3 1940, and that I last saw h alive on Feb 3 1940.

Immediate cause of death Cardiac decompensation
Endocarditis, Chronic

Duration 4 wks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Walter Thomas M.D.
Address 3136 Hanford Rd Date signed 2/4/40
M. D.

F 65785

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D SD

F 65785 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1928 Ashland Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George W. Bowling

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Mary Bowling

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/1/1854 or 1856

8. AGE: Years 83 or 85 | Months 9 | Days 2 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Deshields
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Buried (Burial, cremation, or removal) **(b) Date thereof** 2/6/40 (month) (day) (year)
(c) Cemetery or crematory Balto
Location Balto

18 (a) Funeral director Philip Henry Ford
(b) Address 2006 Eutaw St

19 (a) (Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 3 1940, at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 5 1939 to Feb 3 1940, and that I last saw h[illegible] alive on Feb. 3 1940.

Immediate cause of death Pulmonary Edema — Duration: unknown.

Due to Arteriosclerotic Heart Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Arteriosclerosis, pulm. edema.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Balto City Hosp Date signed 2-4-40

FEB 5 1940

65786 LB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 65786

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2336 N. Stockton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Barnes

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	married

6 (b) Name of husband or wife James

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/16/1890

8. AGE: Years	Months	Days	If less than one day
49	2	16	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER
12. Name Charles David (d)
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Creek (d)
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/40 (month) (day) (year)
(c) Cemetery or crematory St. Peters
Location

18 (a) Funeral director Thos. E. Kelsone
(b) Address 1303 Presstman

19 (a) FEB 5 - 1940 (Date rec'd by Registrar) (b) Huntington White Plains M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2 1940, at 3:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 25 1940 to Feb. 2 1940, and that I last saw her alive on Feb 2 1940.

Immediate cause of death: Arteriolar nephrosclerosis — Duration between onset and death

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Theresa Lobstein M. D.
Address Balto City Hosp. Date signed 2-2-40

65787

F 65787

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B Registered No. 3698

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1141 Stockton St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16

(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1141 Stockton St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harriett Watkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Isiah Watkins

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Kent Island Md (Town, county, and state)

10. Usual Occupation House Work

11. Industry or business Own home

FATHER

12. Name Jacob Carroll

13. Birthplace Kent Island

MOTHER

14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Isiah Watkins

(b) Address 925 Woodyear St.

17 (a) Burial (b) Date thereof 2-5-40 (month) (day) (year)

(c) Cemetery or crematory Greenlawn Memorial Park

Location

18 (a) Funeral director Thos. E. Kelson

(b) Address 1303 Freastman St

19 (a) 2-5-1940 (Date received by registrar) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-1-1940, at 12:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-23-1939, to 2-1-1940 and that I last saw her alive on 1-31-1940.

	Duration
Immediate cause of death Myocarditis	Unknown
Due to Unknown	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Dilated heart with Mitral insufficiency

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Frank A. Saunders M. D.

Address 1029 Stricker Date signed 2-1-40

VS 3

F 65788

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 65788

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 506 N Fayette St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 506 N Fayette St

(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Sophia L. Talbott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Reuben H. Talbott

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Dec 1- 1860

8. AGE: Years	Months	Days	If less than one day
79	2	1	hr. ..... min.

9. Birthplace Baltimore, Md

(Town, county, and state)

10. Usual Occupation Rooming House

11. Industry or business Lady

FATHER

12. Name William H. Griffith

13. Birthplace Anne Arundel County, Md

MOTHER

14. Maiden Name Elizabeth Ritter

15. Birthplace Baltimore, Md

16 (a) Informant Mrs Edgar Knapp

(b) Address 749 N Monroe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 5-1940 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location Baltimore, Md

18 (a) Funeral director Wm J Buckner & Sons

(b) Address Mt Pa Ave

19 (c) Date received by local registrar FEB 5 1940 Attesting for Williams, Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2- 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 30 1940 to Feb 2 1940, and that I last saw h[illegible] alive on Feb 2, 1940.

Immediate cause of death Bronchopneumonia

Due to

Due to

Other Conditions Arteriosclerosis C.V.D. anuria. Phlebitis

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

Duration 5 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Paul Schmidt M. D.

Address 2124 Linkers Date signed 2/4/40

M. D. B. 1200-9

F 65789 HEALTH DEPARTMENT—CITY OF BALTIMORE F 65789

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5115 Gwynn Oak Avenue St., 40 5 3 W~~ard~~)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Andrew Jackson Dietrich, Jr.

(a) Residence: No. 5115 Gwynn Oak Avenue St., S. S. No. 213-09-8234

(Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Marie Pfaff Dietrich

6. DATE OF BIRTH (month, day, year): August 29, 1899.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Steel Constructor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: A. J. Dietrich Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Andrew J. Dietrich, Sr,

14. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

MOTHER

15. MAIDEN NAME: Susannah Wilcox.

16. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

17. INFORMANT: Mrs. A. J. Dietrich, Jr.
(Address) 5115 Gwynn Oak Avenue.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place: Lorraine Cemetery Date: 2/5/40 19

19. UNDERTAKER: Wm. J. Tickner & Sons,
(Address) North & Pa. Aves.

20. FILED FEB 5 1940 Hunter Williams, M.D.
19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 2, 1940

22. I HEREBY CERTIFY, That I attended deceased from February 2, 1936 to February 2, 1940

I last saw him alive on February 2, 1940 Death is said to have occurred on the date stated above, at 7:05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2/2/40

Other contributory causes of importance:

Name of operation: None Date of:

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

~~Manner of injury~~

~~Nature of injury~~ H. L. Wallenmeyer, M.D. Asst. Medical Examiner

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hunter Edel M. D.

(Address) 3403 Garrison Blvd

F 65790

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 65790 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5008 Beaufort Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 48
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5008 Beaufort Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alfred M. Peate

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Martha J. Peate

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 5, 1869

8. AGE: Years 70 | Months 3 | Days 27 | If less than one day hr. min.

9. Birthplace Canada
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER:
12. Name Richard Peate
13. Birthplace Devonshire, England

MOTHER:
14. Maiden Name Johanna Morris
15. Birthplace England

16 (a) Informant Mrs. Martha J. Peate
(b) Address 5008 Beaufort Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues.

19 (a) Filed FEB 5 1940 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2, 1940, at 11:P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1940 to Feb 2nd 1940, and that I last saw him alive on Feb 2nd 1940.

Immediate cause of death: Coronary occlusion — Duration

Due to: Diabetes Mellitus

Due to: Generalized Atherosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallamaker M D

Address 3009 W North Ave Date signed 2/5/40

FEB 5 1940

H. L. Wallamaker M D
Att'd Medical Records

F 65791

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65791 Registered No. 186 of

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1806 E Oliver St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City ~~or town~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No 1806 E. Oliver St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martha J Shinnick

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, widowed, or ~~divorced~~
Female	White	Widow

6 (b) Name of husband or wife Ormsby Shinnick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2nd 1848

8. AGE: Years	Months	Days	If less than one day
92	7		hr. min.

9. Birthplace Md
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Wolford Eskridge
13. Birthplace

MOTHER
14. Maiden Name Mary Hipkins
15. Birthplace Md

16 (a) Informant O. W. Shinnick
(b) Address 1516 N Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 5 1940 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Baltimore Lyon
Location North Ave Extended

18 (a) Funeral director Leo G. Brook
(b) Address 2043 N. Patt Park Ave

19 (Date rec'd by registrar) FEB 5 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2 1940 at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2d 1940. to Feb 2 1940.
and that I last saw h W alive on Feb 2 1940.

Immediate cause of death Broncho Pneumonia
Following surgery
Due to Contusion of left chest.
Due to
Other Conditions senility

Duration
2 days

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Fell downstairs
(b) Date of occurrence Jan 20 1940
(c) Where did injury occur? 1806 E Oliver St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work?
(Specify type of place)
(e) Means of injury fell down stairs
23. Signature Edward Franke M.D.
Address 1828 N. Broadway Date signed Feb 5/40

H. L. Williamson M.D. not present

VS 3

65792

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65792
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address - - -
(c) Hospital or institution: So. Balt. Gen. Hosp. 2493
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 12 dys
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Millersville (If outside city or town limits, write RURAL and give town)
(d) Street No. P. O. Box 69 (If rural give location)
(e) If foreign born, how long in U. S. A.) 35yrs years

3 (a) FULL NAME Hjalmar Fondila (HJALMAR FONDILA)

3 (b) If veteran, name war no.

3 (c) Social Security Account No. 213-09-3392

4. Sex M

5. Color or race Wh

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Amanda Fondila

6 (c) If alive, give age 50? years

7. Birth date of deceased (mo., day, yr.) Nov. 1883

8. AGE: Years 56 | Months 3 | Days ? | If less than one day hr. min.

9. Birthplace Finland (Town, county, and state)

10. Usual Occupation Tin Mill, Beth. Steel Co.

11. Industry or business

FATHER
12. Name Oscar Fondila
13. Birthplace Finland

MOTHER
14. Maiden Name Freda Fald
15. Birthplace Sweeden

16 (a) Informant Mrs. Amanda Fondila (Wife)
(b) Address Box 69 Millersville Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 5. 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Baltimore Md. Geo. F. Sander

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address Baltimore & Broadway.

19 (a) FEB 5 - 1940 (Date received by Registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/1 1940 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Burns.
Due to Gas: oxygen anesthesia
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 1/27/39
(c) Where did injury occur? Millersville (City or town) Anne Arundel (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Explosion of kerosene stove

23. Signature W. B. Vanderhoof M.D. Medical Examiner.
Date signed 2/2/40

VS 6

F 65793

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65793

CERTIFICATE OF DEATH

61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1440 Riverside Ave. Ward) 24-3

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME William Winfield Roberts.

If U.S. Veteran specify WAR ____

(a) Residence: No. 1440 Riverside aves. Ward. _____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Celia Jane Johnson

6. DATE OF BIRTH (month, day, year): Nov. 4, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
74	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Ship Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Thomas G.

14. BIRTHPLACE (city or town) (State or country): Balto.

MOTHER

15. MAIDEN NAME: Mary E. ?

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Mrs. Mildred Fitch

(Address): 1440 Riverside Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Lorraine Pk Date: 2/6 1940

19. UNDERTAKER: J. H. Cully

(Address): 130 E. 31st St.

20. FILED: FEB 5 - 1940 Hunter Stockton Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: February 3, 1940.

22. I HEREBY CERTIFY, That I attended deceased from September 10, 1939 to February 3, 1940.

I last saw him alive on February 3, 1940. Death is said to have occurred on the date stated above, at 12.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2.1.40.
Diabetes Mellitus, Myocarditis, Cardiac Hypertension, Cardiac asthma, Chronic Nephritis	Not Known

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury? _____

What test confirmed diagnosis? Physical + Laboratory Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) J. Edward Norris, M. D.

(Address) 107 East west street

F 65794

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 65794

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway.
(c) Hospital or institution:
CHURCH HOME
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1637 E Baltimore St 2nd fl. front. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME DAVID L. LEVITAS

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Minnie Freda Miller

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 80 | Months | Days | If less than one day: hr min

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Re Tailor

11. Industry or business

FATHER
12. Name Vitkraun
13. Birthplace Russia

MOTHER
14. Maiden Name Vitkraun
15. Birthplace Russia

16 (a) Informant Meyer Lamastein
(b) Address 1797 E. Fairmount

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-40 (month) (day) (year)

(c) Cemetery or crematory Brai Israel
Location Eastern Ave

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balt St

19 (a) FEB 5 - 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2nd 1940, at 7 40 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquest) thereon and from the evidence obtained by said inquest (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death: Arteriosclerotic heart disease — Duration

Due to

Due to

Other Conditions no history

(Include pregnancy within 3 months of death)

Major findings:
Of operations nma
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Sheridan M.D.
Medical Examiner.
Date signed 2-3-40

VS 6

65795

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65795

Registered No. 893

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6 E Lanvale St

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 d.

(e) Length of stay in Baltimore (yrs., mos., or days) 43

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

Street No. 2547 N Monta ave

(If rural give location)

(e) If foreign born, how long in U. S. A.? 43 years

3 (a) FULL NAME Fannie Garner

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Joseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years 71 | Months | Days | If less than one day: hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER

12. Name Van Kraun

13. Birthplace Poland

MOTHER

14. Maiden Name Van Kraun

15. Birthplace Poland

16 (a) Informant Meyer Garner

(b) Address 2547 N. Monta ave

17 (a) Burial (burial, cremation, or removal) (b) Date thereof 2-6-40 (month) (day) (year)

(c) Cemetery or crematory Lehnert Evergreen

Location Balto Md

18 (a) Funeral director Jack Sachs

(b) Address 1439 E. Balto St

19 (a) (Date received by registrar) (b) Registrar

FEB 5 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 4, 1940, at 6:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/28 1940 to 2/4 1940 and that I last saw her alive on 2/4 1940.

Immediate cause of death	Duration
Bronchopneumonia	2 days
Due to Mastoiditis	2 weeks
Due to Panophthalmitis	10 days
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Cyst in mastoid and eye totally destroyed

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Harold A. Gott M.D.

Address Sinai Hosp. Date signed 2/7/40

65796 F 65796

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1006 S. Hanover St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 23

(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County [illegible]
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1006 S. Hanover St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 20 years

3 (a) FULL NAME Fenina Kulishewsky

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years 73 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Russia (Town, county and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Olva Kulishewsky
13. Birthplace Russia

MOTHER
14. Maiden Name Kuedis —
15. Birthplace Russia

16 (a) Informant Joseph Klein
(b) Address 912 N. Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-40 (month) (day) (year)
(c) Cemetery or crematory Andrew Herring Run
Location Bowleys Lane

18 (a) Funeral director Jack Laura Inc
(b) Address 1439 E. Balto. St

19 (a) [illegible] (Date rec'd by registrar) [illegible] Registrar

Vs 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-4-40 19..... at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 7 1940 to Feb 4 1940 and that I last saw him alive on Feb. 4 1940.

Immediate cause of death Pulmonary Edema.

Due to Chronic Myocarditis

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Harold Engler M. D.
Address 1636 E. Baltimore Date signed 2-5-40

F 65797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 65797

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U S Marine Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 817 S. Broadway
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME RENO HUGHES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20, 1911

8. AGE: Years	Months	Days	If less than one day
28 ~~33~~	7	11	hr. min.

9. Birthplace Bellingham, Washington
(Town, county, and state)

10. Usual Occupation 3rd asst Engineer

11. Industry or business Steamship, Hampton Rds

FATHER
12. Name Paul Reno
13. Birthplace Vaacouver, B.C.

MOTHER
14. Maiden Name Vera eut
15. Birthplace Kansas City, Mo.

16 (a) Informant Mr. Robert W. A. Woods
(b) Address 151 S. Front St., Phila., Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 5, 1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Md.

18 (a) Funeral director E Nelles Lamacraft
(b) Address 1003 W. Baltimore St.

19 (a) FEB 5 1940 (Date received by Registrar) (b) [illegible] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH ~~January 31st~~ February 1st 1940, at 6 30 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquest) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Subdural hematoma — Duration 1 day

Due to Fracture, base of skull

Due to

Other Conditions no history

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence January 31st 1940
(c) Where did injury occur? U.S. Hampton Rds at dock shipyard (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial (Specify type of place) While at work? Yes
(e) Means of injury fell down hatchway 40 ft

23. Signature H E Wallenmeier M.D.
Medical Examiner.

Date signed Feb 1st 1940

65798

HEALTH DEPARTMENT—CITY OF BALTIMORE

65798

CERTIFICATE OF DEATH

83-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 116 W. Lexington St. (Street) (Ward) 8

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edwards Daniel Rogers

If U. S. Veteran specify WAR

(a) Residence: No. 116 W Lexington St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Not Known

6. DATE OF BIRTH (month, day, year): Sept 1888

7. AGE: Years 51; Months 5; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Commonwealth

10. Date deceased last worked at this occupation (month and year): Nov 1939

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Edwards Rogers

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Ellen Rogers

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Florence Taylor

(Address) 116 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Feb 5, 1940

19. UNDERTAKER: Mrs Katy R Williams

(Address) 322 N Arlington Ave

Feb 5 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/4/40, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1940 to Feb 4 1940

I last saw h[illegible] alive on Jan 31 1940. Death is said to have occurred on the date stated above, at 4:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/28/40
Other contributory causes of importance: Hemiplegia	2 yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. T. Ferguson M. D.

(Address) 532 N. Arlington Ave

65799 LB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-

F 65799 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days 9 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 527 S. Paca
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Ruhland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband or wife Jacob Ruhland
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1857

8. AGE: Years	Months	Days	If less than one day
82	7	22	hr. min.

9. Birthplace Del.
(Town, county, and state)
10. Usual Occupation unknown
11. Industry or business

MOTHER / FATHER
12. Name John Wagner
13. Birthplace Del.
14. Maiden Name Mary
15. Birthplace Balto.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb 5th 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location

18 (a) Funeral director L. Schloman & Son
(b) Address 839 Hanover St.

FEB 5 - 1940 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2 1940, at 2 55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 27 1939 to Feb 2 1940, and that I last saw h[illegible] alive on Feb 2 1940.

Immediate cause of death	Duration unknown.
Arteriosclerotic Heart Disease	
Due to	
Due to	
Other Conditions Terminal bronchopneumonia	1 week.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 2-2-40

VS 3

F 65800

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

F 65800 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — ROLAND PARK
(b) Street address 203 Longwood Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 1 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 203 Longwood Road (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME ARTHUR THOMPSON

3 (b) If veteran, name war: Spanish American
3 (c) Social Security Account No. 216-07-8434

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Frances M. Boughton
6 (c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.) Aug 23 1872

8. AGE: Years 67 | Months 5 | Days 11 | If less than one day — hr. — min.

9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual Occupation: Executive
11. Industry or business: Lithographing

FATHER
12. Name: John A B Thompson
13. Birthplace: Balto Md

MOTHER
14. Maiden Name: Mary Cecelia Wilds
15. Birthplace: Balto Md

16 (a) Informant: Donald A Thompson
(b) Address: 203 Longwood Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 6 40 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge
Location: Pikesville Md

18 (a) Funeral director: Henry W Jenkins Sons Co
(b) Address: McCulloh & Richards Sts

(a) 2-5-1940 (Date rec'd by Registrar) Huntington Williams, Mgr

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 4, 1940, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10, 1939 to Feb 4 1940 and that I last saw h in alive on Feb 2 1940.

Immediate cause of death: Carcinoma of Prostate with Metastases.
Duration: 1

Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings: Of operations: Carcinoma of prostate. May 20, 1939
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: —
(b) Date of occurrence: —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Howard C. Smith M. D.
Address: 218 Med. Arts Date signed: 2/5/40

VS 3

F 65801

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 65801

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33rd St & Calvert

(c) Hospital or institution: Union Memorial

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Sparks Md.

(If outside city or town limits, write RURAL and give town)

Street No. —

(If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME William Donald Stover

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-16-2258

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 28, 1912

8. AGE: Years	Months	Days	If less than one day
27	4	76	— hr. — min.

9. Birthplace Cockeysville Md (Town, county, and state)

10. Usual Occupation Veneer Factory worker

11. Industry or business —

FATHER

12. Name Clyde Stover

13. Birthplace Pa (Shrewsbury)

MOTHER

14. Maiden Name Bessie Bond

15. Birthplace Md. (Sparks)

16 (a) Informant Pt C. F. Stover,

(b) Address Sparks Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 7 1940 (month) (day) (year)

(c) Cemetery or crematory Bonlegs

Location Sparks

18 (a) Funeral director Lawrence M. Bowers

(b) Address Sparks, Md

19 (a) Feb 5 - 1940 (Date signed) (b) Hunt Valley for Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4, 1940, at 10 43 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-2- 1940 to 2-4- 1940, and that I last saw him alive on 2-4-40 10

Immediate cause of death Pneumonia — Duration 3 Days over

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings: Operations Consolidation of Rt Lower & Middle Lobes.

Of autopsy Miliary Lung abscesses

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury —

23. Signature Frank W. Sutterlein M. D.

Address Union Memorial Hosp. Date signed 2-4-40

VS 3

F 65802 50379-FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-04 Registered No.

F 65802

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos. 12 ds.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1325 W. Eden St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

9 9

3 (a) FULL NAME Lutie Putney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-11-1882

8. AGE: Years	Months	Days	If less than one day
57	9	23	hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name George Jarrell
13. Birthplace N.C.

MOTHER
14. Maiden Name Marilla Morris
15. Birthplace N.C.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/7/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A.A. County

18 (a) Funeral director Joseph B. Locke, Jr.
(b) Address 1304 N. Central Ave.

19 (a) FEB 5 - 1940 (Date rec'd by Registrar) (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 - 4 1940, at 6 50 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-22 1939, to 2-4 1940, and that I last saw her alive on 2-3 1940.

Immediate cause of death	Duration
Carcinoma Cervix	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. K. Woodward Jr. M. D.
Address Balto City Hosp. Date signed 2-4-40

VS 3

F 65803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65803 Registered No. 94-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2012 Ellsworth St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2012 Ellsworth St (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Leonhard Rollinghoffer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Maria Rollinghoffer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 9 - 1859

8. AGE: Years	Months	Days	If less than one day
80	1	26	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation
11. Industry or business Unemployed

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Mrs Riedel
15. Birthplace Germany

16 (a) Informant George Rollinghoffer
(b) Address 2012 E Ellsworth St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-40 (month) (day) (year)
(c) Cemetery or crematory Dunity Cem
Location Ponnell St

18 (a) Funeral director Paul E Miller Inc
(b) Address 2435 E Oliver St

FEB 5 - 1940 (Date received by Registrar) (b) Huntingdon Williamsport, Md. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4 1940, at 8:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 12 1939 to Feb 4 1940. and that I last saw him alive on Feb 4 1940.

Immediate cause of death

	Duration
Coronary Thrombosis	2 weeks
Due to arterio sclerosis generalized	?
Due to	
Other Conditions Gangrene left leg	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? no (Specify type of place) While at work?
(e) Means of injury ✓

23. Signature Joseph Pokorny M. D.
Address 2700 E. Madison Date signed 2/5/40

VS 3

65804 F 65804

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 131-A

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1927 Jefferson St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1927 Jefferson St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 58 years

3 (a) FULL NAME Ulrich Fuchslueger

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	widowed

6 (b) Name of husband or wife Catherine Fuchslueger
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 4, 1854

8. AGE: Years	Months	Days	If less than one day
85	6	29	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation shoe maker
11. Industry or business —

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Henry Fuchslueger
(b) Address 1927 Jefferson St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 2-6-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location German Hill Road

18 (a) Funeral director John E. Miller Inc
(b) Address 2425 E. Oliver St

19 (a) 2-5-40 (Date rec'd by registrar) (b) Huntington Woodlawn, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 5 1940 at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/19 1939 to Feb. 5 1940, and that I last saw him alive on Feb. 5 1940.

Immediate cause of death	Duration
uremia	1 day
acute cardiac dilatation	
Due to hypertension (arteriosclerosis)	
Due to chr. nephritis.	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. C. Hobital M. D.
Address 447 N. Kenwood Ave Date signed 2/6/40.

VS 3

65805

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106a

Registered No. F 65805

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 432 E Cross St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 432 E Cross St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

24

3 (a) FULL NAME Victoria Catterton

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F. M.	White	Married

6 (b) Name of husband or wife James E
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 28 1872

8. AGE: Years	Months	Days	If less than one day
67	11	5-4	hr. min.

9. Birthplace Calvert Co Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Wm Gibson
13. Birthplace Calvert Co Md

MOTHER
14. Maiden Name Mary E Catterton
15. Birthplace Calvert Co Md

16 (a) Informant Mr James E Catterton
(b) Address 432 E Cross St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 6 1940 (month) (day) (year)
(c) Cemetery or crematory Asbury M.E. Church Cem
Location Calvert Co Md

18 (a) Funeral director William M Mareck
(b) Address 1545 Light St

FEB 5 1940

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2 1940, at 2:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1940 to Feb 2 1940 and that I last saw h[illegible] alive on Feb 2 1940

Immediate cause of death	Duration
Acute Dilatation of Heart	1 day
Due to Arteriosclerosis	
Acute Bronchitis	18 days
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. E. Campbell M.D.
Address 1644 Hanover Date signed 2-4-40

65806

BALTIMORE CITY HEALTH DEPARTMENT ✓ 92-D F 65806
CERTIFICATE OF DEATH Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1707 Forest Park Ave.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1707 Forest Park Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joanna Lena Huse

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Rudolph Huse

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 23, 1851

8. AGE: Years 88 | Months 11 | Days 12 | If less than one day: hr. min.

9. Birthplace Baltimore Co., Md.
(Town, county, and state)

10. Usual Occupation House work

11. Industry or business

FATHER
12. Name Not KNOWN
13. Birthplace Not KNOWN

MOTHER
14. Maiden Name Not KNOWN
15. Birthplace Not KNOWN.

16 (a) Informant Charles F. Huse
(b) Address 1707 Forest Park Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 7, 1940 (month) (day) (year)
(c) Cemetery or crematory Salem Lutheran
Location Catonsville, Md.

18 (a) Funeral director S. Howard Strong
(b) Address 715 Light St.

19 (a) FEB 5 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 4, 1940, at 4.30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 29 1939 to Feb 4 1940, and that I last saw h alive on Feb 3 1940

Immediate cause of death Heart Trouble — Duration 3 years

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leo Y. Everhart M. D.

Address 100 Nineteen Hundred Blvd Date signed 2/5/40

VS 8

65807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-3

F 65807 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3003 Wayne Ave.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3003 Wayne Ave., (If rural give location)
(e) If foreign born, how long in U. S. A.? years

26-2

3 (a) FULL NAME John B. Falck

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Lavinia A. Falck
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16, 1877

8. AGE: Years	Months	Days	If less than one day
62	6	18	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Accountant
11. Industry or business U.S. Customs Service

FATHER
12. Name George M. Falck
13. Birthplace Germany

MOTHER
14. Maiden Name Jassie A. Miller
15. Birthplace Scotland

16 (a) Informant Mrs. Lavinia A. Falck
(b) Address 3003 Wayne Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 6, 1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn, Md.

18 (a) Funeral director H. Howard Strong
(b) Address 715 Light St.,

19 (a) (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

FEB 5 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 3, 1940, at 8.00 p.m.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-2 1940 to 2-7 1940, and that I last saw h[im] alive on 2-7 1940.

Immediate cause of death	Duration
(a) Acute Coronary Thrombosis	24 hr.
Due to (b) Angina Pectoris	5 yrs
Due to (c)	
Other Conditions Chr. Myocarditis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. F. Addoms M. D.
Address 450 Fidelity Bldg Date signed 2-5-40

65808

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 98

F 65808
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 15 8 N. Calvin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 15 8 N. Calvin St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Cutter

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1872

8. AGE: Years	Months	Days	If less than one day
67	1		hr. min.

9. Birthplace Balto, Md (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Ambrose Montell
(b) Address 158 Colvin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem.
Location Brooklyn A. A. Co. Md

18 (a) Funeral director Byron Dominic W. Knight
(b) Address 228 Am & Elderry St

(Date rec'd by Registrar) Registrar

FEB 5 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1940, at ? M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Generalized arteriosclerosis	
Arteriosclerotic apoplexy	
Due to L left Hemi	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Brandenburg M.D.
Medical Examiner.
Date signed 2/2/40

5809

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a ✓ Registered No. F 65809

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00 h
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1000 Low St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME MARY TRAVERS

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Widowed

6 (b) Name of husband or wife John Travers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/5/1883

8. AGE: Years	Months	Days	If less than one day
56	3		hr. min.

9. Birthplace Monkton Md (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant William Steward
(b) Address 303 Groom Alley

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 7th 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery Cem
Location Brooklyn A. A. Co. Md

18 (a) Funeral director Byron Frazier & Knight
(b) Address 1218 W Baltimore St

19 (a) — (Signature of registrar)
(b) Date received 1940 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 3 1940, at 10 20 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration sudden

Due to —

Due to —

Other Conditions no history

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H L Wolfenmeyer M.D. (Medical Examiner.)
Date signed Feb 4 1940

5810 F 65810

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-0 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2131 Penrose Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2131 Penrose Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

20

3 (a) FULL NAME George C. Klemme

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-5460

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W.	Married

6 (b) Name of husband or wife Elsie E. Klemme nee Schultz 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 25, 1882

8. AGE: Years	Months	Days	If less than one day
58		6	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business Gayety Theatre

FATHER
12. Name John B. Klemme
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Louise Aldridge
15. Birthplace Balto. Md.

16 (a) Informant Elsie E. Klemme
(b) Address 2131 Penrose Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 5-'40 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location 3801 Frederick Rd.

18 (a) Funeral director Harry H. Kittle
(b) Address 4101 E. Monument Ave

19 (a) FEB 5 1940 (Date received by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 1 1940, at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1940 to Feb 1 1940 and that I last saw him alive on Feb. 1 1940.

Immediate cause of death Bronchial Pneumonia — Duration 24 hrs.
Due to Cerebral Hemorrhage
Due to
Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. Morley Craig M. D.
Address 729 West. Blvd. Date signed 2/3/40

65811

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-7 ✓ 46068 ED 65811 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 829 Forrest Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

10 ✓

3 (a) FULL NAME George Bland

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Married

6 (b) Name of husband or wife Virginia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/9/86

8. AGE: Years	Months	Days	If less than one day
53	5	22	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Unemployed

FATHER
12. Name Alec Bland
13. Birthplace Virginia

MOTHER
14. Maiden Name Nannie Cramner
15. Birthplace Virginia

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 5-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Balto Md
(d) Funeral director Robert E Williams
Address 13-15 McElderry St

FEB 3-1940

19 (a) (Date rec'd by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 1 1940, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 28 1939 to Feb. 1 1940, and that I last saw him alive on Feb. 1 1940.

Immediate cause of death	Duration
(a) Hypertensive Cardiovascular disease	unknown
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 2-2-40

VS 8

65812

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 65812
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 331 N Calhoun St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 year
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 331 N Calhoun St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME JULIA PARIS

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col.	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation
11. Industry or business Unemployed

FATHER
12. Name not none
13. Birthplace " "

MOTHER
14. Maiden Name not none
15. Birthplace " "

16 (a) Informant Judie Scott
(b) Address 331 N Calhoun st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 5th 40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Mt Wilson

18 (a) Funeral director E & W Sloan
(b) Address 1500 Baltimore

19 (a) 2-5-1940 (Date rec'd by registrar) (b) Hunting for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2 1940, at 8 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Arteriosclerotic heart disease — Duration unknown

Due to

Due to

Other Conditions no history

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Mullen M.D.
Medical Examiner.
Date signed 2-3-40

VS 6

65813

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

14 F 65813 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1728 Orleans St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anderson, Rita

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17, 1934

8. AGE: Years	Months	Days	If less than one day
5	7	16	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Anderson, James
13. Birthplace Unknown

MOTHER
14. Maiden Name Foster, Margaret
15. Birthplace Farmville, Va.

16 (a) Informant Mother
(b) Address above

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 5 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemet
Location Brentland

18 (a) Funeral director E. D. Wilson
(b) Address 1020 Brantley Av

19 (a) 2-5-1940 (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 2 1940 at 10:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 25 1940 to Feb. 2 1940, and that I last saw her alive on Feb. 2 1940

Immediate cause of death: Meningitis — Duration: 1 month

Due to: Tubercle Bacillus

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jacob L. Light M. D.
Address Sydenham Hosp. Date signed 2-3-40

65814

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93 D

F 65814
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4402 Old York Road.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4402 Old York Rd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minnie Ohlgart.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 ~~Sex~~ Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife John Ohlgart
6 (c) If alive, give age— years

7. Birth date of deceased (mo., day, yr.) DEC 23rd 1864

8. AGE: Years 75 | Months 1 | Days 12 | If less than one day hr. min.

9. Birthplace Germany.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name George Raiber
13. Birthplace Germany.

MOTHER
14. Maiden Name Sophia Booker BROOKER
15. Birthplace Germany.

16 (a) Informant Mrs Edw Akers
(b) Address 4402 Old York Road

17 (a) Burial (b) Date thereof 2-6-1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Balto Md.

18 (a) Funeral director Mrs Theo A. G. Rohde
(b) Address 2317 Edmondson Ave

19 FEB 5- 1940 Huntington Williams M.D.
(Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4th 1940, at 7:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-4-1940 to 2-4-1940 and that I last saw h ~~e~~ r alive on 2-4 1940

Immediate cause of death Chronic myocarditis
Due to Acute myocardial failure

Due to

Other Conditions Chronic multiarticular arthritis 15 yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
1 day

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert F. Ohlgart M. D.
Address 1127 - St Paul Date signed 2-5-40

VS 3

F 65815

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

104-B

Registered No. F 65815

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Fairmount
(c) Hospital or institution:
Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 29 South Gay St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Kelly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret Kelly
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 2 1883

8. AGE: Years	Months	Days	If less than one day hr.	min.
56	23			

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation Lunch room proprietor
11. Industry or business Own lunch room

FATHER
12. Name Charles B. Kelly
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Annie Mueller
15. Birthplace Baltimore Md

16 (a) Informant Mrs. M. C. Kelly
(b) Address 29 S. Gay St

17 (a) (Burial, cremation, or removal) (b) Date thereof 2/5/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director J. J. Fahey & Son
(b) Address 1318 Light St.

19 (a) FEB 5 — 1940 Huntington Williams, M.D.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2 1940, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1940, to Feb 2 1940, and that I last saw him alive on Feb 2 1940.

Immediate cause of death	Duration
Asphyxia — under gas — ether Anaesthesia.	
Due to Cardiac failure??	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations — Died during radical Smith operation, Coronary Sclerosis & myocardial Scarring
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isabella Harrison M. D.
Address Church Home & Infirmary Date signed 2-2-40

VS 8

F 65816 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 F 65816

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 Druid Hill St. 17-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herman L. Hobbs

If U. S. Veteran specify WAR .....

(a) Residence: No. 1214 Druid Hill St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Apr 10 1895

7. AGE: Years 44; Months 10; Days ~~4~~ 1; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Jefferson Hobbs

14. BIRTHPLACE (city or town) (State or country): Essex Co. Va

MOTHER

15. MAIDEN NAME: Maggie Robinson

16. BIRTHPLACE (city or town) (State or country): Essex Co. Va

17. INFORMANT: Mildred Diggs

(Address) 932 Eutaw

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Feb 5, 1940

19. UNDERTAKER: Mrs Katie R Williams

(Address) 324 N Schroeder St.

20. FILED FEB 5 - 1940 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 1, 1940

22. I HEREBY CERTIFY, That I attended deceased from January 31, 1940 to Feb 1, 1940

I last saw h. alive on Feb 1, 1940 Death is said to have occurred on the date stated above, at 10.05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-26-40
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Phy. Examination

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. McKay, M. D.

(Address) 1126 Druid Hill

Instructions on back of certificate. See instructions on back of certificate.

65817

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 65817 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital - D.O.A.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 424 W Biddle St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Reddick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Unknown

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1910

8. AGE: Years	Months	Days	If less than one day
30			hr. min.

9. Birthplace N C. (Town, county, and state)

10. Usual Occupation None.

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Lula Hawkins
(b) Address 520 W Biddle St

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb 5 40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn.
Location

18 (a) Funeral director A Halstead
(b) Address 918 Bond St Balto.

19 (a) (Date received by registrar) (b) Registrar

FEB 5 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-28- 1940, at 8.10 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Acute Congestive Heart Failure.	
Edema. Congestion of Lungs and Brain	
Due to Lung wound Fibrosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Howard J. Mullen M.D. Medical Examiner.
Date signed 1-29-40

(amd)

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65818

CERTIFICATE OF DEATH

61

F 65818

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 539 W Hoffman St. 17-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Martha Brown

(a) Residence: No. 539 W Hoffman St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Brown

6. DATE OF BIRTH (month, day, year) Jan 15 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51		17.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Archer Williams

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Williams

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT James Brown

(Address) 539 W Hoffman St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 2/6 1940

19. UNDERTAKER Isaiah R Brown Son

(Address) 1018 W Monta ... St Baltimore, Md.

20. FEB 5 - 1940 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 2, 1940

22. I HEREBY CERTIFY, That I attended deceased from January 30, 1940, to Feb 2, 1940, that I last saw ... alive on Feb 2, 1940. Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma	3 Days
Other contributory causes of importance: Diabetes	—

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, how? .....

(Signed) Thos Woolridge M. D.

(Address) 703 N Hoffman ave

F 65819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C

F 65819

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2827 Hampden Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME DAVID GRIFFITH

3 (b) If veteran, name war -

3 (c) Social Security Account No. 218-03-1520

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17, 1917

8. AGE: Years	Months	Days	If less than one day
22	7	15	hr. min.

9. Birthplace Maryland (City, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER — **12. Name** Charles R. Griffith
13. Birthplace Md.

MOTHER — **14. Maiden Name** Rosie E. Hoffman
15. Birthplace Md.

16 (a) Informant Charles R. Griffith
(b) Address 2827 Hampden Ave

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Feb 6, 1940 (month) (day) (year)
(c) Cemetery or crematory St. Marys
Location Govans

18 (a) Funeral director Ehrenwerth & Donovan
(b) Address 3615-17 Huntington Ave

19 (a) (Date rec'd by registrar) Feb 5 1940 **(b)** Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2nd 1940, at 9 45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquest) thereon and from the evidence obtained by said autopsy (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Laceration of brain	3 hrs.
Due to Fracture, compound of skull, frontal bone	
Due to	
Other Conditions no history	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence February 2nd 1940
(c) Where did injury occur? Monument St. (City or town) Baltimore (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? no (Specify type of place)
(e) Means of injury auto collision fire car

23. Signature Howard J. Mullen M.D.
Medical Examiner.
Date signed 2-3-40

F 65820

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 65820 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3813 Hickory Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore.

(If outside city or town limits, write RURAL and give town)

Street No. 3813 Hickory Ave.

(If rural, give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas F. Greeley. Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-0884

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Lillie A. Greeley.

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Aug 7, 1882

8. AGE: Years	Months	Days	If less than one day: hr.	min.
57	5	27		

9. Birthplace Maryland. (Town, county, and state)

10. Usual Occupation Construction Supt.

11. Industry or business C & P. Telephone Co.

FATHER 12. Name Thomas F. Greeley.

13. Birthplace md.

MOTHER 14. Maiden Name Margaret Wrighton.

15. Birthplace md.

16 (a) Informant Lillie A. Greeley.

(b) Address 3813 Hickory Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 7, 1940 (month) (day) (year)

(c) Cemetery or crematory Loraine Cemetery

Location Windsor Mill Road.

18 (a) Funeral director Chenoweth & Donovan

(b) Address 3615-17 Gwynn Oak Ave.

19 (a) 1940 (Date received by registrar) (b) Harrington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4, 1940 at 4:50 A. M.

21. I certify that death occurred on the date above stated, that I attended deceased from Oct 1939 to Feb 4 1940. and that I last saw h (malive on Jan 30 1940.

Immediate cause of death Cardiac Failure — Duration: abt 4 mos.

Due to Chr. Myocarditis — Duration: apx 1 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Joseph V. Grande M. D.

Address 911 W. 39th St. Date signed 2-4-40

F 65821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164-C

F 65821 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dor
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5608 Reisterstown Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CLARENCE WILHELM

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	widower

6 (b) Name of husband or wife Maude M. Wilhelm
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct ? 1877

8. AGE: Years	Months	Days	If less than one day hr.	min.
62	4			

9. Birthplace Maryland (town, county, and state)
10. Usual Occupation Hucksters
11. Industry or business

FATHER
12. Name Eli F. Wilhelm.
13. Birthplace md.

MOTHER
14. Maiden Name Sarah ?
15. Birthplace Md.

16 (a) Informant Nellie P. Davies
(b) Address 3942 Hickory Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 6, 1940 (month) (day) (year)
(c) Cemetery or ~~crematory~~ St. Mary's
Location Hampden

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615-17 Eastern Ave

19 (a) (Date rec'd by registrar) (b) Registrar

F—VS 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH February 3 1940, at 5 17 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquest) thereon and from the evidence obtained by said inquest (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bullet wound of head	
Due to suicide due to mental depression	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence February 3, 1940
(c) Where did injury occur? 5608 Reisterstown Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury 32 cal pistol

23. Signature J. L. Wollenweber M.D.
Medical Examiner.
Date signed Feb 3, 1940

F 65822

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 65822

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1823 N Bond St
(c) Hospital or institution: ****************

(d) Length of stay in hospital or inst. (yrs., mos., or days) ***
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1823 N Bond St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ********** years

3 (a) FULL NAME Philip Christian Rebbel

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary E Rebbel (Brown)
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) October 4 1875

8. AGE: Years 64 | Months 3 | Days 30 | If less than one day: ** hr. **** min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Printer
11. Industry or business Can Business.

FATHER
12. Name LOUIS REBBEL
13. Birthplace Germany

MOTHER
14. Maiden Name ANNA ESTRUP
15. Birthplace Germany

16 (a) Informant Mary E Rebbel (Wife)
(b) Address 1823 N Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof February 6 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore Md.

18 (a) Funeral director J Melville Jenkins,
(b) Address 1625 Linden Ave

19 (a) Huntington Williams, M.D. (Date received by registrar) (b) Registrar

FEB 5 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 - 1940, at 1-30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 - 1940 to Feb 3 - 1940, and that I last saw him alive on Feb 2 - 1940.

	Duration
Immediate cause of death: Acute Dilatation of Heart	1 day
Due to: Chronic myocarditis	2 yrs
Due to:	
Other Conditions: Coronary - Thrombosis	7 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E Gill Hall M. D.
Address 1631 E North Av Date signed Feb 5-40

65823 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 65823

CERTIFICATE OF DEATH

83-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Hyg Lab Lot 28-1 St. 28-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Martha Ann Reid

If U. S. Veteran specify WAR _____

(a) Residence: No. Boyds, Md. St., _____ Ward. Montgomery Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 17 - 1862

7. AGE: Years 77 | Months 3 2 | Days 18 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boyds, Mont. Co. Md.

FATHER

13. NAME Aloysius Reid

14. BIRTHPLACE (city or town) (State or country) Boyds Md.

MOTHER

15. MAIDEN NAME Sara Ann Feaster

16. BIRTHPLACE (city or town) (State or country) Boyds, Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary's Cem Date 2-7 19 40

19. UNDERTAKER Barnesville Wm B Nelson

(Address) Barnesville, Md

20. FILED ___ 19___ ___ Registrar.

FEB 5 - 1940 Hearing for Williams, D

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 28 1936 to Feb 5 1940

I last saw her alive on Feb. 2 1940 Death is said to have occurred on the date stated above, at 11:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration of event
Psychosis with cerebral arteriosclerosis	3 yrs
Post-Cerebral Hemorrhage	2.
Other contributory causes of importance:	
Hemiplegia	2.
arteriosclerosis	2.

Was an operation performed? ___ Date of ___

For what disease or injury? ___

Name of operation ___ Findings

What test confirmed diagnosis? No Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ___

(Signed) Samuel P. Alagia M. D.

(Address) 3316 Juneau St

F 65824

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-3 Registered No. F 65824

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1304 Eutaw St (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 yrs. years

3 (a) FULL NAME Mrs Sarah Agnes Cattingham

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Patrick J. Cattingham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 21, 1876

8. AGE: Years	Months	Days	If less than one day
63	9	12	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Home work
11. Industry or business at home

FATHER
12. Name Thomas Holmes
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Mannion
15. Birthplace Ireland

16 (a) Informant Mrs Mary C. Radford
(b) Address 1304 Eutaw St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 6, 1940 (month) (day) (year)
(c) Cemetery or crematory Catholic Cemetery
Location 4300 Old Frederick Rd.

18 (a) Funeral director Edmund W. Conklin & Son
(b) Address 944 E. Eager St.

19 FEB 5 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 2 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1940, to Feb 2 1940, and that I last saw her alive on Feb 2 1940.

Immediate cause of death	Duration
Cardiac failure - left ventricular Colar and Bronchopneumonia	36 hrs
Due to Hypertension	
Arterio-sclerotic Heart disease	
Due to	
Other Conditions Postoperative Hysterectomy (Include pregnancy within 3 months of death)	8 days

Major findings:
Of operations Tumor Intramural
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Crawford M. D.
Address Union Memorial Hospital Date signed

VS 3

65825 F 4781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 65825 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Payson Sts
(c) Hospital or institution: Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 21 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2206 Booth St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby John Ernest Becker

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 13/40

8. AGE: Years	Months	Days	If less than one day
—	—	2/24	hr. min.

9. Birthplace Baltimore City (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name John Becker
13. Birthplace Germany

MOTHER
14. Maiden Name Lucadia Ann Eckhoff
15. Birthplace Baltimore Maryland

16 (a) Informant John Becker
(b) Address 2206 Booth St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Maryland

18 (a) Funeral director L. B. Weyforth & Son
(b) Address 1300 Eutaw Place

19 (a) FEB 5 - 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 1940 at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1940 to Feb 3 1940 and that I last saw h (illegible) alive on Feb 3 1940

Immediate cause of death pneumonia (over) — Duration 3 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J M Collins M.D. M. D.
Address Bon Secours Hospital Date signed 2-3-40

VS 3

F 65826 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-D

CERTIFICATE OF DEATH

F 65826

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3032 Guilford Ave St. 12-2 Ward) Lifetime

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Georgia DeSales McDaniel

(a) Residence: No. 3032 Guilford Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. Milton McDaniel

6. DATE OF BIRTH (month, day, year) December 25-1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) Feb 1940

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME John Ketzenberger

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Mary Jane McCoy

16. BIRTHPLACE (city or town) Jamaica L.I. (State or country) New York

17. INFORMANT Mr J. M. McDaniel

(Address) 3032 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Catedral Cem. Date Feb 7 1940

19. UNDERTAKER Chas. E. Enoch & Sons Inc

(Address) 18 W. Mount Royal Ave

20. FILED FEB 5 1940 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3, 1940

22. I HEREBY CERTIFY, That I attended deceased from January, 1934 to Feb 3, 1940

I last saw her alive on Feb 3, 1940 Death is said to have occurred on the date stated above, at 8:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
	about
Other contributory causes of importance: Acute Pulmonary Edema	2/3/40

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Francis W. Clark M. D.

(Address) 715 Park Ave.

65827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 65827

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 2820 Maryland Avenue
(c) Hospital or institution: -----
(d) Length of stay in hospital or inst. (yrs., mos., or days): --
(e) Length of stay in Baltimore (yrs., mos., or days): Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County: --
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 2820 Maryland Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? -- years

3 (a) FULL NAME: NICHOLAS ROGAN FORD

3 (b) If veteran, name war: ****
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife: Mary A. Ford
6 (c) If alive, give age: 77 years

7. Birth date of deceased (mo., day, yr.): Mar. 3, 1857

8. AGE: Years	Months	Days	If less than one day
82	11	--	..... hr. ..... min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Maritime Watchman Co.
11. Industry or business:

FATHER:
12. Name: Christopher Ford
13. Birthplace: Ireland

MOTHER:
14. Maiden Name: Elizabeth Cannon
15. Birthplace: Ireland

16 (a) Informant: Mrs. Mary A. Ford
(b) Address: 2820 Maryland Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 6/40 (month) (day) (year)
(c) Cemetery or crematory: St Josephs Catholic Cemetery
Location: Govanstown Md.

18 (a) Funeral director: Chas. H. Young Sons Inc
(b) Address: 1184 W. Mt. Royal Ave

19 (a) FEB 5 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 3 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 27 1940, to Feb 3 1940, and that I last saw him alive on Feb 3 1940.

Immediate cause of death: Pulmonary Edema
Myocardial insufficiency
Due to Fracture left Hip

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration
Jan 27
Jan 27

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Accident
(b) Date of occurrence: Jan 27 - 40
(c) Where did injury occur? Balto (City or town) Md (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? At Home (Specify type of place) While at work? no
(e) Means of injury: Fell up stairs

23. Signature: Abram B Freeman M. D.
Address: 715 N Patterson Park Ave Date signed: 2-8-40

H. J. Walters, M.D. Chief Medical Exam. per B Hilton

65828

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 65828

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 427 S Bond St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME HARRY HOLLAND

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years	Months	Days	If less than one day
43			hr. min.

9. Birthplace Washington D. C.
(Town, county, and state)

10. Usual Occupation Hunter

11. Industry or business

FATHER
12. Name
13. Birthplace Washington

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant ?
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Thos. E. Kelson
(b) Address 1203 Prestman St

19 (a) FEB 5 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 4 1940, at 7 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Coronary occlusion	sudden
Due to	
Due to	
Other Conditions No autopsy	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Williams M.D.
Medical Examiner.

Date signed Feb 4, 1940

65829

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 65829

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: W. Balt. Genl Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5203 Fern Park Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Harry Blatchley

3 (b) If veteran, name war No | 3 (c) Social Security Account No. 215-10-4463

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Elsie Blatchley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 29, 1905

8. AGE: Years	Months	Days	If less than one day
(34) 34	(4)	(4)	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Photo Engraver
11. Industry or business

FATHER
12. Name Robert G. Blatchley
13. Birthplace Baltimore
MOTHER
14. Maiden Name Elsie Buckingham
15. Birthplace Baltimore

16 (a) Informant Mrs. Elsie C. Blatchley
(b) Address 5203 Fernpark Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/6/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) FEB 6 1940 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-3 1940, at 2 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-1 1940 to 2-3 1940, and that I last saw h.im alive on 2-3 1940.

Immediate cause of death: Lobar pneumonia — Duration: 3 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. B. Dr. M. D. Shear M. D.
Address W. B. Dr. Date signed 2/3/40

65830 Ariel C McBee

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 65830

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: So. Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 83 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6101 Bellona Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Ariel Catherine McBee

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife J. F. McBee
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 2, 1856

8. AGE: Years	Months	Days	If less than one day
83	6	1	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own home

FATHER
12. Name George Lee
13. Birthplace Hanford Co. Md

MOTHER
14. Maiden Name Catherine Ford
15. Birthplace Md

16 (a) Informant Hospital Records
(b) Address So. Balto. Gen. Hosp.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/6/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 12 J. St. Paul St.

19 (a) (Date rec'd by registrar) (b) Hunting for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 1940, at 6 20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 27 1940, to Feb 3 1940, and that I last saw h her alive on Feb 3 1940.

Immediate cause of death	Duration
Bronchial Pneumonia	2 days
Due to	
Due to	over
Other Conditions Intertrochanteric Fracture of Rt. Femur	1 3 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Jan. 27, 1940
(c) Where did injury occur? Balto., Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fall down steps

23. Signature Samuel L. Lee M.D.
Address So Balto Gen Hosp Date signed 2/7/40

1940 DEC

Peter Allen Mumbrey, M.D. Coast Guard Academy

55831

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65831

83 W Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Baltimore Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1131 Brentwood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ? years

10

3 (a) FULL NAME John B Stotz

3 (b) If veteran, name war: W
3 (c) Social Security Account No. 217-01-1852

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Helen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 21 1874

8. AGE: Years 65 | Months 7 | Days 14 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Meat Cutter
11. Industry or business Triangle Food Mkt

FATHER
12. Name John Stotz
13. Birthplace Germany

MOTHER
14. Maiden Name Jane Bullock
15. Birthplace Virginia

16 (a) Informant Margaret E Stotz
(b) Address 1224½ N Calvert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 7/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director Wellington Coad
(b) Address 1217 St Paul St.

19 (a) FEB 6 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 5 1940, at 12 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1940, to Feb 1940 and that I last saw alive on Feb 1940.

Immediate cause of death	Duration
Cerebral hemorrhage (Int internal Capsule)	
Due to Hypertension - sclerosis	
Due to undetermined	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. B. Stotz M. D.
Address 1131 Brentwood Ave. Date signed

VS 3

65832

COK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

52540 F 65832 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2213 E. Biddle St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emilie Capetz

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife: John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14, 1862

8. AGE: Years	Months	Days	If less than one day
77	7	20	hr. min.

9. Birthplace: Balto. (Town, county, and state)
10. Usual Occupation: None
11. Industry or business: At Home

FATHER
12. Name: John Cross
13. Birthplace: England

MOTHER
14. Maiden Name: Rosina Denney
15. Birthplace: Germany

16 (a) Informant: Records
(b) Address: Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 7th 1940 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Balto Md

18 (a) Funeral director: Williams Cook
(b) Address: 127 S. Read st

19 (a) Huntington Williams M.D. Registrar
(Date received by registrar) Feb 7 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH February 4 1940, at 10 05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 3 1940, to Feb. 4 1940, and that I last saw h-er alive on Feb. 4 1940.

Immediate cause of death: Arteriosclerotic Heart Disease — Duration unknown.
Due to:
Due to:
Other Conditions: Terminal bronchopneumonia — 4 days.
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: not done.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: J. Murray Luckett M. D.
Address: Balto City Hosp. Date signed 2-4-40

VS 3

65833

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-B F 65833 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2032 Park Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County,
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2032 Park Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Lola Belle Healy

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Edmond H. Healy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 7- 1891

8. AGE: Years 49 | Months 0 | Days 26 27 | If less than one day hr. min.

9. Birthplace Westminster Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business —

FATHER
12. Name Thompson
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace —

16 (a) Informant Edmond H. Healy
(b) Address 2032 Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 7 40 (month) (day) (year)
(c) Cemetery or crematory Westminster
Location Westminster Md.

18 (a) Funeral director Philip Herring Sons
(b) Address 2066 Eutaw st.

19 (a) (Date received by registrar) (b) Registrar

FEB 5 1940

MEDICAL CERTIFICATION

20. **DATE OF DEATH** Feb 4 1940, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1939 to Feb 4 1940 and that I last saw h alive on Feb 4 1940.

Immediate cause of death Carcinoma of Uterus
Anuria
Due to Secondary anuria

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas Thatcher M. D.
Address 414 N Howard Date signed 2/6/40

F 65834

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 65834 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 610 N. Kenwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 610 N. Kenwood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edgar M. Thompson

3 (b) If veteran, name war —

3 (c) Social Security Account No. 705-10-7362

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Matilda Thompson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 30, 1886

8. AGE: Years	Months	Days	If less than one day
53	9	3	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Western Md R. R.

FATHER
12. Name Isabel Thompson
13. Birthplace England

MOTHER
14. Maiden Name Unk
15. Birthplace do

16 (a) Informant Mrs Ludwig Thompson
(b) Address 610 N. Kenwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 6/40 (month) (day) (year)
(c) Cemetery or crematory Balto.
Location Balto

18 (a) Funeral director Philip Herring & Son
(b) Address 2016 Eutaw Pl

19 (a) [illegible] (Date received) (Registrar) [illegible] (Deputy)

FEB 6 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 1940, at 6 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 12 1939, to Feb 3 1940, and that I last saw h[illegible] alive on Feb 3 1940.

Immediate cause of death
Uremia chronic
Nephritis
Due to Cerebral Hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
6 mo
1 mo
3 wks

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] Thompson
Address 352 S. Ellwood Ave Date signed 2/6/40

F 65835

Heward

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-A

F 65835 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 219 S. Woodyear St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 219 So. Woodyear St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas A. Heward

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Margaret Heward

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 2-1874

8. AGE: Years 65 | Months 3 | Days 3 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Lorenzo Heward

13. Birthplace Unknown

MOTHER 14. Maiden Name Mary Byrd

15. Birthplace Unknown

16 (a) Informant Margaret Heward

(b) Address 219 S. Woodyear St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-40 (month) (day) (year)

(c) Cemetery or crematory Mt Carmel

Location Leonard J. Finck

18 (a) Funeral director

(b) Address 2305 Harford Rd

19 (a) FEB 6 - 1940 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 5 1940 at 6 50a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death — Duration

Coronary occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Blandell Hall M.D.
Medical Examiner.
Date signed 2-5-40

VS 6

F 65836

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

Registered No. F 65836

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27 E. Lanvale St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 27 E. Lanvale St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Heun
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Elizabeth Mannung
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 28 1876

8. AGE: Years	Months	Days	If less than one day
63	4	7 6	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Tavern Owner
11. Industry or business

FATHER
12. Name Conrad Heun
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth?
15. Birthplace Germany

16 (a) Informant Mrs. Elizabeth Heun
(b) Address 27 E Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/7/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto.

18 (a) Funeral director J. J. Foley & Sons
(b) Address 1818 Eight St.

19 (a) Date rec'd by local reg. FEB 6 1940 (b) Registrar

Filed for Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 4 1940, at 5.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1940 to Feb 4 1940.
and that I last saw him alive on Feb 4 1940.

Immediate cause of death	Duration
Myocardial disappearance	
Due to —	
Due to	
Other Conditions Hypertension + Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John G. Schmuck, M.D.
Address 1337 S. Clarke St. Date signed 2/5/40

F 65837 HEALTH DEPARTMENT—CITY OF BALTIMORE F 65837

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME Henry Wise

If U. S. Veteran specify WAR _____

(a) Residence: No. 962 Annapolis Blvd St., Brooklyn Park Anne Arundel
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lizzie Klemmuth

6. DATE OF BIRTH (month, day, year) June 7, 1867

7. AGE Years	Months	Days if less than 1 day	If LESS than 1 day, ____ hrs. or ____ min.
72	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter B.&O.R.R.

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Conrad Wise

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Lizzie Wise
(Address) 962 Annapolis Blvd Brooklyn Park

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date 2/6 40

19. UNDERTAKER John J. Feldmeier Sons
(Address) 1312 W. Lexington St

20. FILED _____ 19__ _____ Registrar.

2-6-1940 Interred in Mt Olivet Cem, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 3, 1940

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1940 to February 3, 1940

I last saw him alive on February 3, 1940 Death is said to have occurred on the date stated above, at 5:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute coronary Thrombosis	February 3, 1940
Pulmonary Edema	
Arterio-Sclerotic cardio-vascular disease	
Other contributory causes of importance: Carcinoma of rectum with metastasis to prostate; Papillary Carcinoma of bladder	

Was an operation performed? Yes Date of February 2, 1940

For what disease or injury? Urinary retention

Name of operation Transurethral resection, prostate

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Edwin R. Ruzicka M. D.

(Address) University Hospital

F 65838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 65838 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution: U. S. Marine Hospital, [illegible] Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 309 Sharpe Street, Baltimore, Md. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME George John HAUENSTEIN

3 (b) If veteran, name war: WW
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 18, 1892

8. AGE: Years 47 | Months 5 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Hat maker
11. Industry or business Greenwell packing

FATHER
12. Name John Hauenstein
13. Birthplace Germany

MOTHER
14. Maiden Name Theresa Volstead
15. Birthplace Germany

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Nat
Location Frederick Ave City

18 (a) Funeral director Robert Brooks Olson
(b) Address Calhoun & Hollins sts

19 (a) Date rec'd FEB 6 1940 (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 3, 1940, at 12:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 4, 1940 to Feb. 3, 1940 and that I last saw him alive on Feb. 3, 1940

Immediate cause of death: Chronic Pulmonary tuberculosis — Duration: Unknown

Due to .....

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature O. E. Denney, M. D.
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 2-3-40

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No. F 65839

F 65839

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1802 E 30th St (If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. John Huth

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-8740

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Catherine Huth
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Jan 23 1877

8. AGE: Years	Months	Days	If less than one day
63	—	13	hr. 12 min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business

FATHER
12. Name John Huth
13. Birthplace Germany

MOTHER
14. Maiden Name Hannah Kautz
15. Birthplace Germany

16 (a) Informant Catherine Huth
(b) Address 1802 E 30th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 8 '40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto

18 (a) Funeral director John Ellis & Co
(b) Address Brooklawn

19 (a) FEB 6 1940 (Date rec'd by registrar) (b) Huntington Williamsport Pa.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-5-40 19 . at 11:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-4-1940. to 2-5 1940.
and that I last saw him alive on 2-5 1940.

Immediate cause of death	Duration
Uremia	
Due to Cardio-vascular-renal disease	1 yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy } ante mortem clot in large heart contracted kidneys generalized arteriosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard J. Fabrizio M. D.
Address St Joseph Hosp. Date signed 2-5-40

F 65840 [illegible]-FD

F 65840

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 G

F 65840 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo. 21dys.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 620 Savage St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Sullens

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-31-1876

8. AGE: Years	Months	Days	If less than one day
63	5	3	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business

FATHER
12. Name James Sullens
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Lee
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feby 7/40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto

18 (a) Funeral director John Ulrich
(b) Address 2008 Aliceanna

19 (a) (Date received by registrar) (b) [illegible] Registrar

FEB 8 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH February 4 1940, at 2 39 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 13 1939, to Feb 4 1940, and that I last saw h[illegible] alive on Feb. 4 1940.

Immediate cause of death: Hypertensive cardiovascular disease

Due to:

Due to:

Other Conditions: Terminal bronchopneumonia

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy Pneumonia and enlarged heart.

Duration: [illegible] over 3 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murray Hebbeler M. D.
Address Balto City Hosp. Date signed 2-4-40

F 65841 [illegible]-YD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65841 93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1yr. 6mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John W. Wheatley

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 4, 1861

8. AGE: Years	Months	Days	If less than one day
78	4	0	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Joseph
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Bloodsworth
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory St Matthews
Location Baltby

18 (a) Funeral director John Ulrich
(b) Address 2008 Eutaw

19 (a) (Date received by registrar) (b) [illegible] for W. Evans Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-4- 1940, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-14- 1938, to 2-4- 1940, and that I last saw him alive on 2-4- 1940.

Immediate cause of death	Duration
Bronchopneumonia	2 days.
Due to Generalized Arteriosclerosis Hyp. Dis	? ?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murray Steele M. D.
Address Balto City Hosp. Date signed 2-4-40

F 65842

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 65842 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2110 E Monument
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 37—

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2110 E Monument St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marion Gertrude Boyd

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Joshua P. Boyd
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 22. 1902
8. AGE: Years 37 | Months 1 | Days 13 | If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business At Home

FATHER
12. Name Jas R Fisher
13. Birthplace Baltimore

MOTHER
14. Maiden Name Annie E Marion
15. Birthplace Baltimore

16 (a) Informant Joshua P. Boyd
(b) Address 2110 E Monument St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feby 7/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Baltimore
18 (a) Funeral director John Ulrich
(b) Address 200 E Allen
19 (a) (Date rec'd by registrar) (b) Registrar

6—VS 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 4— 1940, at 10 55 AM
21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1940 to Feb 4 1940, and that I last saw her alive on Feb 2 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration Feb 1/40
Due to arterial Hypertension — 3 yrs
Due to Cardio vascular - renal — 3 yrs
Other Conditions — 3 yrs
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Bruce F. Grimm M. D.
Address 722 N. Kenwood Ave Date signed 2/5/40.

65843

HEALTH DEPARTMENT—CITY OF BALTIMORE

65843

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital St., 15-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William A. Black

If U. S. Veteran specify WAR

(a) Residence: No. 2124 Chelsea Terrace St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie C. Black

6. DATE OF BIRTH (month, day, year) Nov. 19, 1868

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
71	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Md

FATHER

13. NAME Henry Black

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Matilda Norris

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Henry R. Black

(Address) 2

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 6, 1940

19. UNDERTAKER Frederick G. Cole

(Address) 1200 W Lombard St.

20. FILED FEB 6 1940 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2, 1940

22. I HEREBY CERTIFY, That I attended deceased from January 24, 1940 to Feb. 2, 1940

I last saw him alive on Feb. 2, 1940. Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Apoplexy	
Other contributory causes of importance: 1. Hypertensive cardio-vascular disease.	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J B Whitworth M. D.

(Address) Md. Gen. Hospital

F 65844

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

162-P

F 65844 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1333 N Eden St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1333 N. Eden St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida B Zimmer

3 (b) If veteran, name war: No
3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 15-1858

8. AGE: Years 81 | Months 9 | Days 19 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Zimmer
13. Birthplace Germany

MOTHER
14. Maiden Name Charlotte A Hurt
15. Birthplace Balto Md

16 (a) Informant Ambrose W Zimmer
(b) Address 1333 N Eden St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 7/40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md

18 (a) Funeral director Butler & Son
(b) Address 2224 N Charles St

19 Feb 6 1940 (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4 1940, at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 3 1940, to Feb 4 1940, and that I last saw her alive on Feb 4 1940.

Immediate cause of death: Infirmities of age — Duration
Due to: Age
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature O. O. Carman M. D.
Address 1701 N Carolin Date signed

VS 8

F 65845

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 65845 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution: U. S. Marine Hospital, Wyman Park Drive and 31st Street,
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 35 York Court
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Harlan JOHNSON

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. Unknown None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Helen Cooper Johnson
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 1, 1889

8. AGE: Years	Months	Days	If less than one day
50	8	3 4	hr. ..... min.

9. Birthplace Savannah, Georgia
(Town, county, and state)
10. Usual Occupation C. P. A.
11. Industry or business

FATHER
12. Name Albert Johnson
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Cora Harlan
15. Birthplace Pennsylvania

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 8-1940 (month) (day) (year)
(c) Cemetery or crematory Arlington National
Location Arlington Va

18 (a) Funeral director J. Bernard Fox
(b) Address 2234 N Charles St

19 (a) ..... (b) .....
(Date received by registrar) Registrar

FEB 6 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 5, 1940, at 3:35A M

21. I certify that death occurred on the date above stated; that I attended deceased from February 4, 1940 to Feb. 5, 1940, and that I last saw him alive on Feb. 5, 1940.

Immediate cause of death	Duration
Cerebral hemorrhage	1 day
Due to Hypertension	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature T. B. H. Anderson.
Address U. S. Marine Hospital Date signed 2/5/40
Baltimore, Md.

F 65846

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 65846 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 505 N.Pulaski St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 505 N.Pulaski St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

20

3 (a) FULL NAME Minnie Fries,

3 (b) If veteran, name war: ----
3 (c) Social Security Account No. -----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife George Fries,
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2.1860

8. AGE: Years	Months	Days	If less than one day
79	9	2	hr. min.

9. Birthplace Hanover Penna,
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Dieterich Bockelman,
13. Birthplace Germany

MOTHER
14. Maiden Name Doris Baldwin,
15. Birthplace Germany

16 (a) Informant Mrs Lulu M.Friers,
(b) Address 505 N.Pulaski St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City

18 (a) Funeral director Geo W Settle
(b) Address 2700 Edmondson Ave.

(c) 2-6-1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb.4.1940 19 , at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to Feb 4 1940, and that I last saw h[illegible] alive on Feb 3 1940

Immediate cause of death	Duration
Cerebral Embolism	
Due to Arterio-sclerosis & nephritis	
Due to	
Other Conditions Hemiplegia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leonard S. [illegible] M. D.
Address 2379 Arunah Date signed 2/6/40

VS 3

F 65847 F 65847

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 926 Pennsylvania ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 926 Pennsylvania ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Lottie Minnie Frank.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Aaron Louis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years 73 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Paul Pressman
13. Birthplace Poland.

MOTHER
14. Maiden Name Hattie ?
15. Birthplace Poland.

16 (a) Informant Paul Frank
(b) Address 925 Pennsylvania ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 6/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rozedale
Location Philadelphia Road

18 (a) Funeral director S. L. Levinson & Bros
(b) Address 1124-26 W. North ave

FEB 6 1940 (b) Hunting [illegible]
(Date rec'd by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 5 1940. at 1.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 5 1940 to 1940 and that I last saw h[illegible] alive on Feb 5 1940. Head on arrival

Immediate cause of death: Coronary Thrombosis — Duration: 1 hr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Cohman

Address 1921 W North Ave Date signed 2/5/40

Howard J. Walders, M.D. Chief Medical Examiner
per. E.R.J. Brantigan

65848

16129 SD 65848

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2 South Frederick Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Widowed

6 (b) Name of husband or wife Florence

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/16/68

8. AGE: Years	Months	Days	If less than one day
71	9	13	hr. min.

9. Birthplace Macon, Georgia
(Town, county, and state)

10. Usual Occupation Fireman

11. Industry or business

FATHER

12. Name John

13. Birthplace Georgia

MOTHER

14. Maiden Name Annie Ruffin

15. Birthplace Pennsylvania

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery JOHNS HOPKINS MEDICAL SCHOOL FEB 6 - 1940

Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore

(b) Address

19 (a) FEB 6 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

5368

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 1 1940, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 11 1933 to Feb. 1 1940, and that I last saw h[illegible] alive on Feb. 1 1940.

Immediate cause of death Arteriosclerotic Heart Disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.

Address Balto City Hosp. Date signed 2-6-40

F 65849

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108

F 65849
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens + Caton Aves.
(c) Hospital or institution:
St. Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1 N. Smallwood St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Marion J. Moran

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret G. Hines Moran
6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) March 18, 1911

8. AGE: Years	Months	Days	If less than one day hr.	min.
28	10	17		

9. Birthplace Baltimore Maryland
(Town, county, and state)
10. Usual Occupation Moulders helper
11. Industry or business U. S. Navy yard.

FATHER
12. Name James Moran
13. Birthplace Balto. Maryland

MOTHER
14. Maiden Name Anna Kabustay
15. Birthplace Balto. Maryland

16 (a) Informant Mrs Margaret G. Hines
(b) Address 1 N. Smallwood St.

17 (a) burial (b) Date thereof 2/8/1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.
18 (a) Funeral director John J Cooney & Son
(b) Address 1401 Hollins Street.

FEB 6 - 1940
(Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 4 1940, at 8:55 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 2, 1940, to Feb. 4 1940, and that I last saw him alive on Feb. 4 1940.

Immediate cause of death	Duration
Lobar pneumonia	7 days
Due to — Type III	
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles J. Lemish M. D.
Address St Agnes Hosp Date signed 2-4-40

V8 3

F 65850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-C F 65850 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2613 Chelsea Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town 2613 Chelsea Terrace (If outside city or town limits, write RURAL and give town)
(d) Street No. 516 Baltimore (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Rebecca Rudolph

3 (b) If veteran, name war — 3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Barney Rudolph
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Kate Rite
(b) Address 2613 Chelsea Terr.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-40 (month) (day) (year)
(c) Cemetery or crematory Southern Ave
Location Southern Ave.

18 (a) Funeral director Jas. Craig Son
(b) Address 1439 E. Baltimore St.

19 (a) Filed (Date rec'd by registrar) FEB 6 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-5-40 19 , at 12 Noon M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 8 1938 to Feb 5 1940, and that I last saw her alive on Feb 4 1940.

Immediate cause of death	Duration
Cerebral Embolism	
Due to Hypertension Arteriosclerosis	
Due to Cardiac Hypertrophy and Dilatation	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel J. Schwartz M. D.
Address 2301 Harlem Ave Date signed 2-7-40

VS 3

F 65851

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 65851 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 55

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1720 N. Bentalou St (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME Jacob Spillman

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Esther Nee Bearbower
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 75 | Months | Days | If less than one day: hr. min.
9. Birthplace: Poland (Town, county and state)
10. Usual Occupation: Re Tailor
11. Industry or business

MOTHER / FATHER
12. Name: Abraham David Spillman
13. Birthplace: Poland

MOTHER
14. Maiden Name: Hannah
15. Birthplace: Poland

16 (a) Informant: Mrs Goldberg
(b) Address: 1720 N. Bentalou St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-40 (month) (day) (year)
(c) Cemetery or crematory: Dirty Chapin
Location: Wash Blvd
18 (a) Funeral director: Jack Louis Lee
(b) Address: 1439 E. Baltimore St
19 FEB 6 — 1940 (b) Huntington Williams, M.D. Registrar
(Filed by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/5 1940, at 10:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/1 1940 to 2/5 1940 and that I last saw h[illegible] alive on 2/5 1940.

Immediate cause of death	Duration
Coronary occlusion	
Due to arteriosclerotic Heart Dis cause	
Due to	
Other Conditions Chr. Pul. tuberculosis Cachexia (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: W P Shilkret M. D.
Address: Sinai Date signed 2/5/40

VS 3

F 65852 F5310 62385 SD F 65852

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-41 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland –
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or Town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 417 W. Barre st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Sparrow

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/29/40

8. AGE: Years	Months	Days	If less than one day
			1 hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation New Born
11. Industry or business

FATHER
12. Name John
13. Birthplace Va.

MOTHER
14. Maiden Name Christine Sparrow
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-3-40 (month) (day) (year)
(c) Cemetery or crematory crematory
Location Baltimore City Hospitals

18 (a) Funeral director
(b) Address Baltimore City Hospitals

19 (a) Date rec'd 1940 (b) (Registrar) Filing Date

FEB 6 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-29 1940 at 3:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-29 1940 to 1-29 1940 and that I last saw h[illegible] alive on 1-29 1940.

Immediate cause of death Congenital Anomaly of Aorta Coronary Left Ventricle Kinking Bifurcated — Duration

Due to — Duration

Due to — Duration

Other Conditions Prematurity — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Jones Dorsey M. D.
Address Balto City Hosp. Date signed 1-31-40

65853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 65853 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 406 W. Conn Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 406 W. Conn Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mamie Adkins (Mary)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife J. Moses Adkins

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Oct. 11 1888

8. AGE: Years 57 | Months 3 | Days 23 | If less than one day hr. min. 24

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER 12. Name Lloyd James

13. Birthplace Talbot Co Md

MOTHER 14. Maiden Name Lena Spencer

15. Birthplace Talbot Co Md

16 (a) Informant J. Moses Adkins

(b) Address 406 W. Conn St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 7 1940 (month) (day) (year)

(c) Cemetery or crematory Arbutus Memorial Park

Location

18 (a) Funeral director Robert H. Gorman

(b) Address 844 W. Carolina St.

19 (a) FEB 6 1940 (Date filed by registrar) Registrar

(b) Number

MEDICAL CERTIFICATION

20. DATE OF DEATH February 4 1940, at 7:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 3 1939 to Feb 4 1940 and that I last saw h alive on Feb 3 1940

Immediate cause of death

Due to Cerebral Hemorrhage

Due to Generalized Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

Duration
Yrs. 1
1940
Dec 2
1934

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]

Address 5 [illegible] Date signed Feb 5 1940

VS 3

65854

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B F 65854 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 806 N. Spring St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harriet Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: George Robinson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years: About 97 | Months | Days | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 8, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Robert H. Young
(b) Address 604 W. Caroline St

19 FEB 6 - 1940 (Date rec'd by registrar) (b) Huntington, West Va. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4 1940 at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death: Arteriosclerotic Heart Disease
Due to: & congestive failure
Due to
Other Conditions: Vit. A. Deficiency (?)
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Abscess of Stomach & Chronic Nephritis

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. M. Welty M. D.
Address Johns Hopkins Hospital Date signed 2-6-40

VS 8

65855 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 65855

CERTIFICATE OF DEATH 131-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St Joseph's Hosp. Ward) Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR
2. FULL NAME Wm Huff
(a) Residence: No. 524 N. Patterson Park Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 19-1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	11	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broom Maker (Retired)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER
13. NAME Wm. Huff
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Mary Doenges
16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Louisa Will
(Address) 524 N. Patterson Pk/.Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date Feb. 6/40 19

19. UNDERTAKER John J. Miller
(Address) 2334 Jefferson St.

20. FILED 19 Huntington Williams Registrar.

FEB 6- 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-3-40

22. I HEREBY CERTIFY, That I attended deceased from 2-2-40 19 to 2-3-40 19
I last saw him alive on 2-3-40 19 Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive + Cystic-	?
Sclerotic Cardio-	
Vascular Disease	
Chronic Nephritis	?
Cachexia	

Was an operation performed? No Date of
For what disease or injury?
Name of operation No
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. R. Emmert M. D.
(Address) St. Joseph's Hosp.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

65856

HEALTH DEPARTMENT—CITY OF BALTIMORE

65856

CERTIFICATE OF DEATH

83-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 Mount St. 16-3 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 85 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Martha Snipe

If U. S. Veteran specify WAR. _____

(a) Residence: No. 703 Mount St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	cd	widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alexander

6. DATE OF BIRTH (month, day, year) 1855

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Woodard, Sr.

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Caroline Banister

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary Brown
(Address) 557 Lauren St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 2/8 19 40

19. UNDERTAKER Thomas E. Kelly
(Address) 1303 Eastman Ave

Filed FEB 6 - 1940 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/5, 1940

22. I HEREBY CERTIFY, That I attended deceased from 11/17, 1939, to 2/4, 1940

I last saw her alive on 2/3, 1940 Death is said to have occurred on the date stated above, at 1 20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	
+ Paralysis	
Other contributory causes of importance:	

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Ben Klutz, M. D.

(Address) 2134 Druid Hill Ave

OCCUPATION is very important. See instructions on back of certificate.

V0 B

F 65857 Ora B Ford

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65857

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1371 N. Stricker St., 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ora Bella Ford

(a) Residence: No. 1371 N. Stricker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Colored	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred Ford

6. DATE OF BIRTH (month, day, year) Oct. 3, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry Jones

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Charlotte O'Riley

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Carrie E. Marsh

(Address) 1371 N. Stricker St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 2/6, 1940

19. UNDERTAKER Thomas E. Nelson

(Address) 1303 Pennsylvania Ave

20. FILED FEB 6 - 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3, 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1939 to Feb. 3, 1940

I last saw her alive on Feb. 3, 1940 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal-Vascular Disease	Dec. 1939

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George C. Beyer M. D.

(Address) 1816 N. Monroe St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

F 65858

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 65858

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1908 E. Madison St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1908 E. Madison St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Georgia Ella Greene

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Charles J.
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Sept. 2, 1890

8. AGE: Years	Months	Days	If less than one day
49	4	21	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jeremiah Mondowney
13. Birthplace Gatesburg Va.

MOTHER
14. Maiden Name Elizabeth Armstrong
15. Birthplace Md.

16 (a) Informant Elizabeth Jones
(b) Address 1908 E. Madison St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 7 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery Cem.
Location A.A. County Md.

18 (a) Funeral director Mrs. N. A. Elliott-Haught
(b) Address 1121 N. Gay[illegible] St.

19 (a) [illegible] (b) Hunter Lee Williams, M.D. Registrar

FEB 6 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 3 1940, at 4 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jul. 17 1939 to Feb. 3 1940 and that I last saw her alive on Feb. 3 1940.

Immediate cause of death	Duration
Hypertensive heart disease	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address 1300 E. Madison St Date signed 2/6/40 M.D.

F 65859

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45-B

6411 SD F 65859 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2439 Dennison Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Yeakle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife Alice
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 5, 1873

8. AGE: Years	Months	Days	If less than one day
66	3	29	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Henry Yeakle
13. Birthplace ?

MOTHER
14. Maiden Name Louise Shook
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Baltimore, Md.

18 (a) Funeral director Lorenz Byers
(b) Address 2025 W. Lafayette Ave.

19 (Date received by registrar) FEB 6 - 1940 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 - 4 1940, at 6 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1 - 29 1940 to 2 - 4 1940 and that I last saw him alive on 2 - 4 1940.

Immediate cause of death	Duration
Bronchopneumonia	four days
Due to Cancer tongue	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Gastrostomy and tracheotomy performed
Of autopsy Autopsy not completed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. K. Woodward Jr. M.D.
Address Balto. City Hosp. Date signed 2 - 5 - 40

F 65860 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 65860

CERTIFICATE OF DEATH 93-D

1. PLACE OF DEATH 2718 St. Paul St. Registered No.

CITY OF BALTIMORE: (No. ..... St., 12-k Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Miss Jane Benson Chew If U. S. Veteran specify WAR.....

(a) Residence: No. 2718 St Paul St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 29, 1839

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
100	1	6 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Calvert Co. (State or country) Md.

FATHER

13. NAME Thomas J. Chew

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Jane Benson Blake

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Samuel Claggett (Address) 2718 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL
Place All Saints Cem. Calvert Co. Md. Date 2/7/ 1940

19. UNDERTAKER John O. Mitchell Funeral Home Inc. (Address) 1900 Eutaw Place.

20. FILED FEB 6- 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-5, 1940

22. I HEREBY CERTIFY, That I attended deceased from 6-15, 1939 to 2-5, 1940

I last saw her alive on 2-5, 1940 Death is said to have occurred on the date stated above, at 10:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Acute Cardiac failure	2-5-40
Cachexia	?
Senility (100 yr.)	one

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation ... Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) W. L. Fleming M. D.

(Address) 3025 Boland Road

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

CCK

65861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

50347 Registered No. F 65861

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1928 Linden Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Archie B. Davenport

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2, 1883

8. AGE: Years	Months	Days	If less than one day
56	7	3	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business

FATHER
12. Name John
13. Birthplace Va.

MOTHER
14. Maiden Name Annie Jude
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 7/40 (month) (day) (year)
(c) Cemetery or crematory Riverview Cemetery
Location Richmond, Virginia

18 (a) Funeral director John C. Mitchell Company
(b) Address 1900 Eutaw Place

19 (a) FEB 6 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 5 1940, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 21 1939 to Feb. 5 1940, and that I last saw him alive on Feb 5 1940.

Immediate cause of death: Hypertensive cardiovascular disease — Duration unknown.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Signed 2-6-40

VS 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65862

CERTIFICATE OF DEATH

131-a

F 65862

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope St 28-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 6 yr. — mos. — ds. How long in U. S. If of foreign birth? 70 yrs. 0 mos. 8 ds.

2. FULL NAME Margaret Keough

If U. S. Veteran specify WAR none

(a) Residence: No. Mount Hope Retreat Ward. Morbus.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) ? 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	73	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Keough

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Carroll

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Richards

(Address) Mt St Retreat

18. BURIAL, CREMATION, OR REMOVAL

Place St Thos - Forest Gen Montgomery Co Md

19. UNDERTAKER Edward Monroe 2-7-40

(Address) 108 W Mosher

20. FILED FEB 6 - 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5 — , 1940

22. I HEREBY CERTIFY, That I attended deceased from March, 1934 to Feb 5 1940

I last saw h[illegible] alive on Feb 5 1940 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Psychosis with Cerebral Arteriosclerosis	13 yrs
Chronic interstitial nephritis	"
Other contributory causes of importance:	
Left cerebral accident with right Hemiplegia	4 days

Was an operation performed? Date of

For what disease or injury?

Name of operation Autopsy

What test confirmed diagnosis? No Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Dennis P. Harrigan M. D.

(Address) 336 Mosher St

OCCUPATION is very important. See instructions on back of certificate.

BALTIMORE CITY HEALTH DEPARTMENT

65863

CERTIFICATE OF DEATH

94a

Registered No. F 65863

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cul Apts –
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Cecil Apts
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Arthur Cowman

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife ~~May 21 1861~~ Single

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May-21-1861

8. AGE: Years 78 | Months 8 | Days 16 | If less than one day — hr. — min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business none

FATHER
12. Name Edw. Cowman
13. Birthplace Balto md

MOTHER
14. Maiden Name Sarah Cowman
15. Birthplace Balto md

16 (a) Informant Misses Cowman (sister)
(b) Address Cul Apts –

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 8 40 (month) (day) (year)
(c) Cemetery or crematory Friends Cemetery
Location Balto. Md.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

19 (a) FEB 6 – 1940 (Date received by registrar) Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 6 1940, at 4:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1938, to Feb. 6 1940, and that I last saw him alive on Feb 5 1940.

Immediate cause of death	Duration
Arteriosclerosis, generalized; Coronary sclerosis, acute;	
Due to Coronary occlusion (Thrombosis).	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robt B. Wright M. D.
Address Med. Arts. Bldg. Date signed 2/6/40

VS 8

65864

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 65864

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 31 days
(e) Length of stay in Baltimore (yrs., mos., or days) 70 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balt City.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 106 Edgevale Rd Baltimore (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Annetta Moore Webb

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Widow

6 (b) Name of husband or wife: Lela Fulton Webb

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 29, 1862

8. AGE: Years	Months	Days	If less than one day
77	5	7	hr. ..... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Insurance

11. Industry or business

FATHER
12. Name William Webb
13. Birthplace Maryland

MOTHER
14. Maiden Name Anna Moore
15. Birthplace Maryland

16 (a) Informant Mrs. Wm Rollin Webb
(b) Address 106 Edgevale Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 8-40 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

19 (a) Filed Feb 6 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 5 1940, at 12:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 6 1940, to Feb 5 1940 and that I last saw h[illegible] alive on Feb 5 1940.

Immediate cause of death Lobar Pneumonia — Duration
Uremia
Due to
Due to
Other Conditions Hemorrhaged ulcer duodenum
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Leonard Clatanoff M.D.
Address Union Memorial Hosp. Date signed 2-7-40

65865

HEALTH DEPARTMENT—CITY OF BALTIMORE

65865

CERTIFICATE OF DEATH

83-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 427 N. Curley St. St. 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Frank J. Smrha

If U. S. Veteran specify WAR

(a) Residence: No. 427 N. Curley St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Smrha

6. DATE OF BIRTH (month, day, year) Jan 12, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65		24 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czeckoslovakia

FATHER

13. NAME Frank Smrha

14. BIRTHPLACE (city or town) (State or country) Czeckoslovakia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Wife
(Address) 427 N. Curley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 2/8/40, 19

19. UNDERTAKER Charles E. Schimunek.
(Address) 2601-3 E. Madison St.

20. FILED ..., 19...
FEB 6- 1940 Huntington Williams, M.D. Registrar.
FEB 6- 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1940, to Feb 5, 1940

I last saw him alive on Feb 5 1940 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/1/40
Other contributory causes of importance Arteriosclerosis	1/1938

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) William J. Reavey, M. D.

(Address) 501 E Fayette St

OCCUPATION is very important. See instructions on back of certificate. Exact statement is necessary, as property claimed.

vs s

65866 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 65866 Registered No.

Please write the causes of death clearly and legibly. Physicians, please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3401 Elliott St.
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 3401 Elliott St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

2b-4

3 (a) FULL NAME Wayne Eshelman

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Alberta
6 (c) If alive, give age: 40 years
7. Birth date of deceased (mo., day, yr.): Sept 25/1897
8. AGE: Years: 42 Months: 4 Days: 11 If less than one day: hr. min.
9. Birthplace: Steelton Pa. (Town, county, and state)
10. Usual Occupation: Machenist
11. Industry or business: Sparrows Point. Co.

FATHER
12. Name: Jacob Eshelman
13. Birthplace: Steelton Pa.

MOTHER
14. Maiden Name: Ellen Hershey
15. Birthplace: Steelton Pa.

16 (a) Informant: Alberta Eshelman (wife)
(b) Address: 3401 Elliott St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 9/40 (month) (day) (year)
(c) Cemetery or crematory: Overland Cem. [illegible]
Location: Dauphin Co. Pa.

18 (a) Funeral director: Lilly & Zerbonia
(b) Address: 403 S. Wolfe St.

FED 5-10

19 (a) (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 6 1940, at 10am M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4 1940, to Feb 6 1940, and that I last saw him alive on Feb 5 1940.

Immediate cause of death: Lobar Pneumonia — Duration: 3 days
Due to
Due to
Other Conditions: Diabetes Mellitus — 2 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Horace B Tirlow M. D.
Address 315 S. Highland Date signed 2-6-40

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65867

CERTIFICATE OF DEATH

159

F 65867

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4 - 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Girl Hammack

If U. S. Veteran specify WAR ...

(a) Residence: No. Jessup, Maryland St., ... Ward. Howard Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 2, 1940

7. AGE Years	Months	Days	If LESS than 1 day 12 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Jessup, Maryland

FATHER

13. NAME Timothy Hammack

14. BIRTHPLACE (city or town) (State or country) Washington, D.C.

MOTHER

15. MAIDEN NAME Irene Walker

16. BIRTHPLACE (city or town) (State or country) Washington, D.C.

17. INFORMANT Timothy Hammack

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date ... 19...

19. UNDERTAKER Johns Hopkins Medical School FEB 6 - 1940

(Address) Commissioner of Health

20. FILED FEB 6 - 1940 per ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1940 to Feb. 3, 1940

I last saw her alive on Feb. 3, 1940 Death is said to have occurred on the date stated above, at 11A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (5 mos.)	
Abortion	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Gibson J. Wells, M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

5370

KONDRAT

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65868 — CERTIFICATE OF DEATH — 108 — F 65868

1. PLACE OF DEATH — Registered No. _____

CITY OF BALTIMORE: (No. 1411 E Lombard St., [illegible] Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. da. How long in U. S. If of foreign birth yrs. mos. da.

If U. S. Veteran specify WAR _____

2. FULL NAME Marcella Kondrat

(a) Residence: No. 1411 E Lombard St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	Wh	M.

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Paul Kondrat

6. DATE OF BIRTH (month, day, year) Nov. 1, 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME John Simkevic

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Marc Butkus

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Paul Kondrat

(Address) 1411 E. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Feb. 7, 1940

19. UNDERTAKER Chas. B. Kuchauskas

(Address) 637 W Arlington Blvd

20. FEB 6- 1940 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 29 to Feb 4, 1940

I last saw her alive on Feb 4, 1940. Death is said to have occurred on the date stated above, at 12 20 m. Feb 5

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Sclerosis	1929
Paresis of Legs & Bladder	1932
"	
Other contributory causes of importance: Pneumonia Feb 3	1940

over

Was an operation performed? — Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Hartzell Loos M. D.

(Address) 230 Fountain Place

OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 65869

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 65869

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3500 Glen Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 79 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3500 Glen Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Krausz Heinze

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Heinrich Heinze

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 3, 1861

8. AGE: Years 79 | Months -- | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(City, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name John Krausz
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Krausz
15. Birthplace Germany

16 (a) Informant Mrs. Melvin S. Mann
(b) Address 3500 Glen Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/7/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemy.
Location Frederick Rd. Balto. Md.

18 (a) Funeral director John D. Mitchell-Sons
(b) Address 1900 Eutaw Place

19 Filed FEB 6 1940 (Date received by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 4, 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 16 1939 to Feb 4 1940
and that I last saw her alive on Feb 3 1940

Immediate cause of death	Duration
Coronary Thrombosis	7 days
Due to Coronary Sclerosis	5 yrs
Due to Arterial Sclerosis	10 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury

23. Signature Emma F. Meagher M. D.
Address Eutaw Pl. & Lake Drive Date signed

VS 3

11 P.M Copied into depts LA 1895

65870

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B Registered No. F 65870

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2119 Linden Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 2119 Linden Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles R. Colladay

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife May Hurlock

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/29/74

8. AGE: Years 65 | Months 5 | Days 6 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county and state)

10. Usual Occupation retired salesman

11. Industry or business

FATHER 12. Name Charles R. Colladay
13. Birthplace Pa.

MOTHER 14. Maiden Name Mary A. Nicodemus
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Blanche A. C. Wells
(b) Address 3303 Abell Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/7/40 (month) (day) (year)
(c) Cemetery or crematory Green Mount Cemy.
Location Greenmount Ave, Balto. Md.

18 (a) Funeral director John T. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) FEB 6 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 5, 1940 at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1, 1940 to Feb. 5 1940 and that I last saw him alive on Feb. 5. 1940.

Immediate cause of death: Coronary Thrombosis — Duration: 6 days

Due to: Chronic myocarditis and dilated left ventricle — ?

Due to: Chronic mitral lesion — ?

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Maurice E. Shamer M. D.
Address 3300 W. North Ave. Date signed

VS 8

M. E. Shamer

The ... as especially important. Physicians: please write the causes of death clearly and legibly.

F 65871

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X. V 131-E

Registered No. F 65871

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1006 N. Bond St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 49 days

2. USUAL RESIDENCE OF DECEASED:
(a) State S. C. (b) County
(c) City or town Harrisville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Frank Owens

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NO

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Dora Owens

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) V 1887

8. AGE: Years 53 Months Days If less than one day hr. min. 62

9. Birthplace Harrisville S. C (Town, county, and state)

10. Usual Occupation

11. Industry or business Farmer

FATHER
12. Name Wm. Owens
13. Birthplace S. C

MOTHER
14. Maiden Name Nellie ———
15. Birthplace S. C

16 (a) Informant Mrs. Nellie Owens
(b) Address 1006 N. Bond

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (month) 6 (day) 40 (year)

(c) Cemetery or crematory Zion
Location Florence S. C.

18 (a) Funeral director Elsie D. Wilson
(b) Address 1000 Brantley ave

19 (a) FEB 6 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-5 1940, at 1 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-26 1939 to 2-5 1940 and that I last saw h/M alive on 2-3 1940.

Immediate cause of death: Cerebral hemorrhage — Duration: 41 days

Due to chr. interstitial nephritis

Due to with hypertension

Other Conditions: chr. myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]

Address 1500 E. Madison St Date signed 2-5-40 M.D.

VS 8

F 65872

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 65872

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2677 W. Franklin St (If rural give location)
(e) If foreign born, how long in U. S. A.? Yrs years

3 (a) FULL NAME George E. Parsons.

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 214-05-3883

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife: Susie E. Parsons
6 (c) If alive, give age: 30 years

7. Birth date of deceased (mo., day, yr.): Mar 30th 1882

8. AGE: Years	Months	Days	If less than one day
57	10	5	7 hr. min.

9. Birthplace: Salisbury Md (Town, county, and state)
10. Usual Occupation: Carpenter
11. Industry or business: Building

FATHER
12. Name: Everett Parsons
13. Birthplace: Salisbury Md.

MOTHER
14. Maiden Name: Frances R. Erkenbrack
15. Birthplace: Salisbury Md

16 (a) Informant: George H. Parsons
(b) Address: 890 Washington Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/40 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: Balto Md

18 (a) Funeral director: William Cook
(b) Address: 1217 E. Pratt St

19 (a) FEB 6 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 5 1940, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 5 1940 to Feb 5 1940 and that I last saw him alive on Feb 1 1940.

Immediate cause of death	Duration
Acute left heart failure (pulmonary edema)	
Due to Acute coronary infarction	
Due to Coronary sclerosis	
Other Conditions Hypertension - etiology undetermined (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: H. B. Gheen M.D.
Address: M. D. Date signed

VS 3

65873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

127-B

Registered No. F 65873

PLEASE TYPEWRITE OR PRINT. Information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7 E. Fayette & Calhoun Sts.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1635 East North Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mrs. Lydia Smith

3 (b) If veteran, name war ____ (c) Social Security Account No. NOAB

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Geo. D. Smith | 6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb 28 1876

8. AGE: Years 63 | Months 11 | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick Md (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business ____

FATHER 12. Name Eugene S Hatter

13. Birthplace Frederick Md

MOTHER 14. Maiden Name Mary A Nally

15. Birthplace Woodsboro Md

16 (a) Informant Howard C Smith

(b) Address 1635 East North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-40 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Baltimore Md

18 (a) Funeral director Wilhoyte & Co

(b) Address 1217 E Fayette

19 (a) FEB 6 1940 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 6 1940 at 2:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 11 1940, to Feb. 6 1940, and that I last saw h er alive on Feb. 5 1940.

Immediate cause of death Ruptured common bile duct — Duration 31 days

Due to none

Due to none

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings: Of operations abdominal above right side

Of autopsy Ruptured common bile duct

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? ____
(e) Means of injury —

23. Signature Marion B. Schneider, M. D.

Address 545 S. Fulton Ave Date signed 2-6-40

VS 3

F 65874

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 65874

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Fairfield -
(b) Street address Western Run Sewer Tunnel
(c) Hospital or institution:
Old Md Gen Hosp 11th Block Linden Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto. Co.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 7823 old Harford Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Roy Taylor

3 (b) If veteran, name war: No
3 (c) Social Security Account No 215-10-3745

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S.

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 2, 1878

8. AGE: Years	Months	Days	If less than one day
61	4	3	hr. min.

9. Birthplace Balt. Md (Town, county, and state)
10. Usual Occupation Box washer
11. Industry or business Dairy

FATHER
12. Name Curtis Upton Taylor
13. Birthplace Springfield Mass

MOTHER
14. Maiden Name Ella Duncan
15. Birthplace Balt Md

16 (a) Informant Robert C. Taylor Bro
(b) Address 7823 old Harford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-40 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn Md

18 (a) Funeral director Fullerton Corp
(b) Address 1948 E Lanvale St

19 (d) FEB 6 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 5 1940, at 10:52 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Blanchard Smith M.D. Medical Examiner.
Date signed 2-6-40

F 65875

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 93-D

F 65875 Registered No.

MARGIN RESERVED FOR BINDING. WRITE WITH UNFADING INK. Every item of information should be carefully supplied. The ...y important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 580 Woodbine Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Harry Franklin Phipps (Mamie)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F
5. Color or race W.
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife Harry F. Phipps.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 6 1876.
8. AGE: Years 63 Months 8 Days 1 If less than one day hr. min.
9. Birthplace Baltimore Maryland.
(Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name Henry Gerstmyer
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Gephardt
15. Birthplace Maryland.

16 (a) Informant Mr. Harry Phipps
(b) Address Towson Md.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10, 1940 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill
Location Towson, Md.
18 (a) Funeral director John Bruns' Sons
(b) Address Towson, Md.
(c) Date received FEB 7 1940 (d) Signature of Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7 1940 at 12 04 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 6 1940 to Feb 7 1940 and that I last saw h[illegible] alive on Feb 6 1940.

Immediate cause of death Cardiac Failure — Duration
Due to Arteriosclerotic Heart Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William F. Pearse M. D.
Address Union Memorial Date signed Feb 7

VS 3

65876

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 65876 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert and 33rd St

(c) Hospital or institution: Union Memorial

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days

(e) Length of stay in Baltimore (yrs., mos., or days) 80 yrs?

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 503 Redmon Road (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Granville Hamilton Swope

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 12, 1849 (?)

8. AGE:

Years	Months	Days	If less than one day
90	6	24	..... hr. ..... min.

9. Birthplace Pa (Town, county, and state)

10. Usual Occupation Retired Banker

11. Industry or business

FATHER

12. Name Rufus C Swope

13. Birthplace Pa

MOTHER

14. Maiden Name Emma Baumgartner

15. Birthplace Pa

16 (a) Informant ~~Children~~ Harry F Swope

(b) Address 20 Whitfield Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 7 1940 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Druid Ridge

Location Pikesville Md

18 (a) Funeral director Henry W Jenkins Sons Co

(b) Address McCulloh & Dechanel

FEB 7 - 1940 (Date rec'd by registrar)

(a) ..... (b) Huntington Williams M.D.

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 5 1940, at 8:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-2-1940, to 2-5-1940, and that I last saw him alive on 2-5-1940.

Immediate cause of death Congestive Cardiac failure — Duration 9 days

Due to ..... — Duration port

Due to .....

Other Conditions Senility Debility

(Include pregnancy within 3 months of death)

Major findings:

Of operations O

Of autopsy O

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury .....

23. Signature Frank W Sutterlin M. D.

Address Union Memorial Date signed 2-5-40

F 65877

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4/21

F 65877 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. Co.
(c) City or town Balto. Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 20 N. Charles (Alleys) (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr Charles Brady

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2 1924

8. AGE: Years	Months	Days	If less than one day
16	1	4	hr. min.

9. Birthplace Wilmington Del (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER 12. Name Stephen B Brady

13. Birthplace

MOTHER 14. Maiden Name Mary Fleischmann

15. Birthplace Penn.

16 (a) Informant Stephen Brady

(b) Address Wilmington Del.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-40 (month) (day) (year)

(c) Cemetery or crematory

Location Wilmington Del

18 (a) Funeral director J. E. Horgan

(b) Address 3000 E Balto St.

19 (a) (Date rec'd by State Registrar) Wilmington Mills Mgr.

FEB 8 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6 1940, at 6:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 6 1940 to Feb 6 1940 and that I last saw h(im) alive on Feb 6 1940

Immediate cause of death: Ether Convulsions (anesthetic) — Duration

Due to Acute appendicitis. (Imp. 108)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operation: Acute appendicitis. Mod amt. pel. fluid in cavity
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J M Collins M. D. M. D.

Address Bon Secours Hosp Date signed 2-6-40

F 65878

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

F 65878 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE MORGUE 7 MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Woodbourne Ave N. J. Hillen Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2811 Elman ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fillian Frank

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-01-3182

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1914

8. AGE: Years	Months	Days	If less than one day
26			hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Stenographer

11. Industry or business Grocery store

FATHER 12. Name Meyer Frank

13. Birthplace Russia

MOTHER 14. Maiden Name Sarah —

15. Birthplace Russia

16 (a) Informant Mrs Rappaport

(b) Address Philadelphia Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 7/40 (month) (day) (year)

(c) Cemetery or crematory Hebrew Rosedale. Location Philadelphia Road.

18 (a) Funeral director Joe Levinson & Bros

(b) Address 1124-26 W. North ave

19 (a) FEB 7 1940 (Date received by registrar) (b) Hunting to Baltimore Co.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-6- 1940, at 2:10 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence obtained by said Autopsy & Inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death — Gun shot of head — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 2-6-40
(c) Where did injury occur? Woodbourne ave N. J. Hillen Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Gun shot of head

23. Signature Howard J. Wallace M.D. Medical Examiner.
Date signed 2-6-40

F 65879

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65879

108

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 Homewood Ave. 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isabell Reid

If U. S. Veteran specify WAR

(a) Residence: No. 1106 Homewood Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur Reid

6. DATE OF BIRTH (month, day, year) Feb 2. 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
80	79	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER

13. NAME William Linday

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Austin Reid
(Address) West Windson N.Y.

18. BURIAL, CREMATION, OR REMOVAL Lillstown Pa
Rensindale cemetery Date 2/9 1940

19. UNDERTAKER Harry H Weitzke
(Address) 4101 Edmondson Ave.

20. FILED Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH X O

21. DATE OF DEATH (month, day, year) Feb 6, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 19 40 to Feb. 6, 19 40

I last saw h alive on Feb 6, 19 40 Death is said to have occurred on the date stated above, at 8:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	2/5/40
myocardial failure	2/5/40
	2/5/40

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Samuel Liberfeld M. D.

(Address) 717 E. Pratt St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V0 3

FEB 7 - 1940

F 65880

Dahne

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1164-C Registered No. F 65880

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE MORGUE

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Woodbourne Av. N. of Hillen Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2219 Linden Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emanuel N. Dahne

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-09-3949

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 31 | Months | Days | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Electrician

11. Industry or business

FATHER 12. Name Elias G. Dahne

13. Birthplace Russia

MOTHER 14. Maiden Name Minnie Nyhrotofsky

15. Birthplace Russia

16 (a) Informant Father

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-40 (month) (day) (year)

(c) Cemetery or crematory Prairie Grove

Location Rosedale

18 (a) Funeral director Jos. Lewis Sons

(b) Address 1439 E. Balto St

(a) FEB 7 - 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-6-1940, at 2:5 a. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquisition Inquiry thereon and from the evidence obtained by said Inquisition Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death: Gun Shot of Head — Duration:

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 2-6-40
(c) Where did injury occur? Woodbourne Av. N. of Hillen Road (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Gun shot

23. Signature Howard J. Moreau M.D. Medical Examiner.

Date signed 2-6-40

Born at W. Balto. Gen'l Hosp.

F 65881

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119-a

Registered No. F 65881

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1122 Proctor St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sylvia Schreibman (Birth F 3355) X

3 (b) If veteran, name of war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: ~~Black~~ White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 7, 1937

8. AGE: Years | Months: 21 | Days: 29 | If less than one day: hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Benjamin Schreibman
FATHER 13. Birthplace Russia

MOTHER 14. Maiden Name Fannie Brodnick
MOTHER 15. Birthplace Russia

16 (a) Informant
16 (b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-40 (month) (day) (year)
17 (c) Cemetery or crematory Mt Carmel
Location O'Donnel St.

18 (a) Funeral director Jack Levy Inc.
18 (b) Address 1439 E. Balto St.

19 (a) (Date received by registrar) (b) Registrar

FEB 7 1940

Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6 1940, at 6.50 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 5, 1940, to Feb. 6, 1940, and that I last saw her alive on Feb 6 1940

Immediate cause of death	Duration
Meningococcic - Septicemia	2 hrs.
Due to accidental	
Due to	
Other Conditions Mongolism.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry P. Goldberg M.D.
Address Johns Hopkins Hosp. Date signed 2-6-40

65882

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106 CE 65882 Registered No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland
(c) Hospital or institution: Sinai Hospt.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3921 Pinkney Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Adam Eugent

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1931

8. AGE: Years	Months	Days	If less than one day
9			hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation School Boy

11. Industry or business

FATHER 12. Name Isadore A. Eugent

13. Birthplace U.S.A.

MOTHER 14. Maiden Name Rae Polokoff

15. Birthplace Balto

16 (a) Informant Hospt. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7 40 (month) (day) (year)

(c) Cemetery or crematory Rosedale
Location Hamilton Ave. Phil. Rd.

18 (a) Funeral director Jack Levin Inc.

(b) Address 1439 E. Balto. St.

19 (a) (Date received by registrar) Huntington Williams M.D. Registrar

FEB 7 1940

4 VS 2 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-6 1940, at 7:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-5 1940, to 2-6 1940, and that I last saw h[illegible] alive on 2-6 1940.

Immediate cause of death Laryngo-Tracheo Bronchitis — Duration 3 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. M. Saunders Herman M. D.

Address Sinai Hospt. Date signed

F 65883

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 24-D F 65883

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1725 Lakeside Avenue

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 1 wk.

2. USUAL RESIDENCE OF DECEASED:

(a) State Pa. (b) County

(c) City or town Lancaster, (If outside city or town limits, write RURAL and give town)

(d) Street No. 316 N. Greene Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Minerva Traeg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband ~~DEAD~~ Frank M. Traeg

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16, 1864

8. AGE: Years	Months	Days	If less than one day
75	6	18	hr. min.

9. Birthplace Harrisburg, Penna. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Henry Albright

13. Birthplace Pennsylvania

MOTHER

14. Maiden Name Matilda Hartley

15. Birthplace Pennsylvania

16 (a) Informant Mr. Frank M. Traeg

(b) Address 316 N. Greene St, Lancaster, Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/40 (month) (day) (year)

(c) Cemetery or crematory Oaklawn

Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.

(b) Address North & Pennsylvania Avenues

(c) FEB 7 1940 (Date received by registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 4, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/1 1940 to 2/4 1940, and that I last saw her alive on 2/4 1940.

Immediate cause of death Cardiac Asthma — Duration

Due to Hepatic sclerosis

Due to Arteriosclerosis

Other Conditions Secondary anaemia

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L. H. Volimer M. D.

Address 570 Liberty St. Date signed

F 65884

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 65884

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 930 N. Collington Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 930 N. Collington Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Elizabeth Albrecht

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Widow

6 (b) Name of husband or wife Charles Albrecht
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 27, 1863

8. AGE: Years	Months	Days	If less than one day
76	5	9	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Conrad Wiegand
13. Birthplace Germany

MOTHER
14. Maiden Name Marie Floerke
15. Birthplace Germany

16 (a) Informant Mr. Wm. E. Albrecht
(b) Address 620 N. Poplar Grove Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pennsylvania Avenues

19 (a) 1940 (Date filed by registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6, 1940, 6:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 14 1938, to Feb 6 1940, and that I last saw her alive on Feb 5 1940.

Immediate cause of death Bronchio Pneumonia — Duration 5 days

Due to

Due to

Other Conditions Cardio Vas. Renal Disease — 2

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work? (Specify type of place)
(e) Means of injury ✓

23. Signature Joseph Pakarny
Address 2200 E. Madison St. Date signed 2/6/40 M. D.

F 65885

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 65885

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3405 University Place

(c) Hospital or institution: ---

(d) Length of stay in hospital or inst. (yrs., mos., or days) ---

(e) Length of stay in Baltimore (yrs., mos., or days) 60 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3405 University Place (If rural give location)

(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME Ella Collinson Jones

3 (b) If veteran, name war ---

3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Edwin H. Jones

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3rd 1863

8. AGE: Years	Months	Days	If less than one day
76	8	2	hr. min.

9. Birthplace Worcester, Mass. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Thomas Collinson

13. Birthplace England

MOTHER

14. Maiden Name Elizabeth Horrobine

15. Birthplace England

16 (a) Informant Mrs. Nellie Hoskins

(b) Address 3405 University Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 7th 1940 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville, Baltimore Co., Md.

18 (a) Funeral director Wm. J. Tickner & Sons

(b) Address North & Penna Aves.,

(a) FEB 7 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH February 5th 19 40, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 8th. 1939, to Feb. 5th 1940., and that I last saw her alive on Feb. 5th. 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration: 6 days

Due to: arteriosclerosis — Duration: unknown

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Leo W. Montgomery M.D.

Address 401 E 25th. St., Date signed 2/6/40

F 65886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 F 65886

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4011 Belle Avenue
(c) Hospital or institution: ----
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 16-7-24

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
15-10
(d) Street No. 4011 Belle Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME Justine Moulton

3 (b) If veteran, name war: ---

3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ---

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11th 1923

8. AGE: Years	Months	Days	If less than one day
16	7	24	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Student
11. Industry or business School

FATHER
12. Name Carl Moulton
13. Birthplace Jerico, Vermont.

MOTHER
14. Maiden Name Elizabeth F. Hyde
15. Birthplace Lakeville, Fla.

16 (a) Informant Mr. Carl Moulton
(b) Address 4011 Belle Avenue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 8th 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore County, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Aves.

19 (a) ---- (b) ---- (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 5th 1940, at 4 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 5th 1940 to Feb 5th 1940 and that I last saw h[illegible] alive on Feb 5th 1940

Immediate cause of death	Duration
Cardiac Failure	1 hour
Due to Lobar Pneumonia	1 day
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. E. Poulton, M.D.
Address 3909 Garrison Blvd Date signed 2-7-40

VS 3

Howard J. Mallett M.D.
Chief Med. Examiner, B.C.H.D.

F 65887

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-V

F 65887 Registered No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address # 4 South Tremont Road
(c) Hospital or institution: .....
(d) Length of stay in hospital or inst. (yrs., mos., or days) ...
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County .....
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 4 South Tremont Road (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

28 F

3 (a) FULL NAME *** MRS ANN S.V. KOLBE

3 (b) If veteran, name war: NO.....
3 (c) Social Security Account No. .....

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: John A. Kolbe
6 (c) If alive, give age ** years
7. Birth date of deceased (mo., day, yr.): June 23 1870
8. AGE: Years 69 | Months 7 | Days 12 11 | If less than one day: ... hr. ... min.
9. Birthplace: Frederick County Md. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: At Home

FATHER
12. Name: William Lochner
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Amelia Newport
15. Birthplace: Maryland

16 (a) Informant: Mr. Howard W. Kolbe
(b) Address: 4 S. Tremont Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/7/40 (month) (day) (year)
(c) Cemetery or crematory: Western Cemetery
Location: Baltimore, Maryland

18 (a) Funeral director: C. A. Tibbert Son
(b) Address: 1300 EUTAW PLACE.

19 (a) Date rec'd by Reg. FEB 7 1940 (b) ..... Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 4 1940, at 12 M. P.

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1938 to Feb 4 1940, and that I last saw her alive on Jan 26 1940.

Immediate cause of death	Duration
Chronic Myocarditis	2 yr.
Due to Arterio-Sclerosis	2 yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: NO

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: W. H. Parson M.D.
Address: Selma Ave. Halthm. Date signed: 2/7/40

Dr. Parson..

F 65888

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 65888 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5616 Belle Vista Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto City
(If outside city or town limits, write RURAL and give town)
Street No. 5616 Belle Vista Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma V. McDonnal

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Wm H. McDonnal
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 14th 1860

8. AGE: Years	Months	Days	If less than one day
79	10	23rd	hr. min.

9. Birthplace Balto. Co. Md.
(Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Wm F. Pindell
13. Birthplace Balto City Md.

MOTHER
14. Maiden Name Mary L. Gray
15. Birthplace Balto City Md.

16 (a) Informant John McDonnal
(b) Address 5616 Belle Vista Ave

17 (a) Burial (b) Date thereof 2 9 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hiss Meth.
Location Balto. Co. Md

18 (a) Funeral director J. Lansdowne Lee
(b) Address 7401 Belair Rd.

19 FEB 7 - 1940 (b) [illegible] Registrar
(Date rec'd by local registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 6th 1940, at 11:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1st 1940 to Feb 6th 1940, and that I last saw her alive on Feb 5th 1940.

Immediate cause of death	Duration
Bronchial pneumonia	8 days
Due to	
Due to	
Other Conditions Myocarditis Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Francis L. Bayless M. D.
Address 6077 Harf. Rd. Date signed 2/7/40

M. D. B. 1268-9

65889 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 65889

CERTIFICATE OF DEATH

91-B

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 202-N Bradford St. 6-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Alice Thompson

(a) Residence: No. 202-N Bradford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Geo. W. Thompson

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia Eastern Shore

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Geo. W. Thompson
(Address) 202-N. Bradford St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Feb 8th 1940

19. UNDERTAKER E O Wilson
(Address) 1000 Braniteyn

20. FILED FEB 7 - 1940 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-5-40

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1940 to 2/5 1940

I last saw h[illegible] alive on 2/5/40 Death is said to have occurred on the date stated above, at 3:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	
& Pericarditis	1/21

Other contributory causes of importance: Arteriosclerosis (Duration) 5

Name of operation ..... Date of .....

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Jas R. Blake M. D.

(Address) 1327 N. Central

F 65890

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 13-B

F 65890
Registered No.

USE MORGUE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Foster's home
(b) Street address 1416 E Monument st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Month 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County —
(c) City or town Farmville Virginia
(If outside city or town limits, write RURAL and give town)
(d) Street No. none
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME CHESLEY FOSTER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M
5. Color or race: Col
6 (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 28 | Months | Days | If less than one day: hr. min.

9. Birthplace Farmville Va
(Town, county, and state)

10. Usual Occupation Unemployed
11. Industry or business —

FATHER
12. Name Louis Foster
13. Birthplace Farmville Va

MOTHER
14. Maiden Name Sarah Webb
15. Birthplace Farmville Va

16 (a) Informant Charlie Foster
(b) Address 1416 E Monument st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 7th 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Mt Winans

18 (a) Funeral director E O Wilson
(b) Address 1000 Brantley E

19 (a) FEB 7 1940 (Date received by registrar) Huntington Wilson, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30 1940, at 5 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration
Pneumonia, acute tuberculosis — Unknown

Due to tuberculosis

Due to

Other Conditions Tuberculosis, intestinal
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenwebber M.D.
Medical Examiner.

Date signed Jan 31st 1940

F-65891

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 65891

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1852 W Fayette st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1852 W Fayette st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Ellen Hughes

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F M	W	Widow

6 (b) Name of husband or wife Wm M Hughes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 19 1867

8. AGE: Years	Months	Days	If less than one day
72	[redacted]	1217	hr. min.

9. Birthplace [redacted] Co Md
(Town, county, and state)

10. Usual Occupation Housework at home
11. Industry or business

FATHER
12. Name Andrew J Tammana
13. Birthplace Md

MOTHER
14. Maiden Name Sarah E Leddy
15. Birthplace Md

16 (a) Informant Mrs Bessie M Anthony
(b) Address 103 N Fulton st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 9 1940 (month) (day) (year)
(c) Cemetery or crematory Cambridge Cem
Location Cambridge Md

18 (a) Funeral director William M Mareck
(b) Address 1345 Light St

19 (a) FEB 7-1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6 1940, at 7½ a M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 6 1940, to Feb 6 1940, and that I last saw h[illegible] alive on Feb 6 1940.

Immediate cause of death Coronary Thrombosis — Duration 30 min

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edw Blessing, M. D.
Address 1904 W. Balto St Date signed Feb 6/40

Howard J Matheis, MD
Chief Med Examiner, for E.P. Brantigan

F 65892

COK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 65892

Registered No. 52120

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1025 William St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

24-12

3 (a) FULL NAME SARAH Elizabeth Blanchard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife James

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-11-1875

8. AGE: Years	Months	Days	If less than one day
(64)	3	24	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife--Housework

11. Industry or business

FATHER

12. Name John S. Lilley

13. Birthplace N.J.

MOTHER

14. Maiden Name Sarah Faulkner

15. Birthplace Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 8. 1940 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location E. North Ave.

18 (a) Funeral director G. Howard Strong

(b) Address 715 Light St

FEB 7 1940 (Date rec'd by Local Registrar) (b) Houston Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 5 1940, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 23 1937 to Feb. 5 1940, and that I last saw h[er] alive on Feb 5 1940.

Immediate cause of death	Duration
Arteriosclerotic Heart Disease	unknown
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy enlarged heart [illegible]

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. McCaghebeker M. D.

Address Balto City Hosp. Date signed 2-6-40

F 65893

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

61

F 65893

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 9-6 Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR _____

2. FULL NAME Florence M. Salmon

(a) Residence: No. 2754 Tivoly Ave. St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William A. Salmon

6. DATE OF BIRTH (month, day, year) March 10 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	56	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William L. Richardson

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Virginia A. Board

16. BIRTHPLACE (city or town) (State or country) Hanford Co. Md.

17. INFORMANT William A. Salmon
(Address) 2754 Tivoly Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Feb. 7, 1940

19. UNDERTAKER J. Howard Strong
(Address) 745 Light St.

FEB 7 - 1940

Thurlington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1940, to Feb. 3, 1940

I last saw her alive on Feb. 3, 1940 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute hemolytic jaundice	2/1/40
Septicaemia (?)	2/1/40
Other contributory causes of importance: Diabetes Mellitus	

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) B. O. Thomas Jr. M. D.

(Address) University Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Answer item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

VS 8

F 65894

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65894

CERTIFICATE OF DEATH 115-D

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Presbyterian Eye, Ear + Throat St. Hospital)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry Grosh

(a) Residence: No. 516 O St., Ward. S. Parkside Point, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Fanny Grosh

6. DATE OF BIRTH (month, day, year) Aug. 25, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	5	10 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Henry Grosh

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Mary Hellman

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Eli H. Grosh
(Address) 705 N. Prince St. Lancaster Pa

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Joy Cem. Lancaster Pa. Date Feb. 3 1940

19. UNDERTAKER William M Marsch
(Address) 715 Lesh St. Lancaster, Pa.

20. FILED FEB 7 1940 Harrington for Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb 6 1940

22. I HEREBY CERTIFY, That I attended deceased from 8:30 A.M. 2/6 1940 to 2:30 P.M. 2/6 1940

I last saw h.i.m. alive on 2/6, 1940. Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Asphyxiation	2/2/40

Other contributory causes of importance:
Ludwig's Angina

Was an operation performed? yes Date of 2/6/40

For what disease or injury? Ludwig's Angina

Name of operation Incision + Drain Date of 2/6/40

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ——— Date of injury ——— 19—

Where did injury occur? ———
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ———

Manner of injury ———

Nature of injury ———

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ———

(Signed) Francis J. Jannazzo M. D.

(Address) Presbyterian Eye, Ear + Throat Hospital

N. L. Wollenweber M.D. Assistant Med. Examiner for C. L. Bridgman

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

65895

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 → F 65895 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3632 Paine St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)

Street No. 3632 Paine St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** James E. Redmond.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male

5. Color or race white

6 (a) Single, married, widowed, or divorced. Married.

6 (b) Name of husband or wife Mary E Redmond

6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) May 14, 1858

8. AGE: Years 81 | Months 8 | Days 22 | If less than one day hr. min.

9. Birthplace Virginia. (town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Unknown

FATHER 13. Birthplace Unknown.

MOTHER 14. Maiden Name Unknown.

MOTHER 15. Birthplace Unknown.

16 (a) Informant Mary E. Redmond.

(b) Address 3632 Paine St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 10, 1940 (month) (day) (year)

(c) Cemetery or crematory Woodlawn.

Location

18 (a) Funeral director Ebenezer, Donovan

(b) Address 3615-17 Eastern Ave.

19 (a) Date received by Registrar FEB 7 1940 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6, 1940, at 7:5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 7, 1940 to Feb. 6, 1940. and that I last saw him alive on Feb. 6, 1940.

Immediate cause of death Cerebral Thrombosis — Duration

Due to

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Jules Gilbert M. D.

Address 848 W. 36th Date signed 2-7-40

65896

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 F 65896

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2657 N. Howard St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

17

3 (a) FULL NAME Charles William Munroe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex: M

5. Color or race: White

6 (a) Single, married, widowed, or divorced: ~~Single~~ Widower

6 (b) Name of husband or wife: ~~Agnes Munroe~~

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 8 1876

8. AGE: Years 63 | Months 2 | Days 27 | If less than one day hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER 12. Name Robert Munroe

13. Birthplace Md

MOTHER 14. Maiden Name Lucinda Benton

15. Birthplace Md

16 (a) Informant Margaret Fabrick

(b) Address 350 Peach St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 8, 1940 (month) (day) (year)

(c) Cemetery or crematory Mount Olivet

Location Hartford Co. Md.

18 (a) Funeral director Chenowith & Donovan

(b) Address 3615 - 17 Harford Ave. Baltimore, Md.

19 (a) FEB 7 - 1940 (Date rec'd by registrar) (b) Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 5 1940 at 8.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 3 1940 to Feb. 5 1940, and that I last saw him alive on Feb. 5 1940

Immediate cause of death	Duration
Lobar Pneumonia	18 hrs
Due to Post operative after Colostomy	
Due to Intestinal Obstruction	2 wks
Other Conditions Carcinoma of Sigmoid (Include pregnancy within 3 months of death)	—

Major findings:
Of operations Intestinal Obstruction Carcinoma of Sigmoid
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William F. Pearce M. D.
Address Union Memorial Hosp. Date signed 2/5/40

800 E. North Ave - Monninger

65897

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33-a

F 65897 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3708 Hickory Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
Street No. 3708 Hickory Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

13

3 (a) FULL NAME Elizabeth M. Evans.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Single.

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 10, 1928

8. AGE: Years	Months	Days	If less than one day
11	8	25	hr. min.

9. Birthplace Maryland.
(City, county, and state)
10. Usual Occupation School.
11. Industry or business

FATHER
12. Name Charles F. Evans.
13. Birthplace Md.

MOTHER
14. Maiden Name Sophronia E. Doyle.
15. Birthplace Md.

16 (a) Informant Charles F. Evans.
(b) Address 3708 Hickory Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 8 1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge.
Location Pikesville.

18 (a) Funeral director Ebenezer & Donovan
(b) Address 3615-17 Edmondson Ave.

19 (a) FEB 7 1940 (Date received by registrar) Hunting for Informant Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 5, 1940 at 10 30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 3, 1940. to Feb 5 1940. and that I last saw her alive on Feb 5, 1940.

Immediate cause of death	Duration
Bilateral Pneumonia	
Due to	
Due to	
Other Conditions Grippe	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Arthur C. Monninger
Address 800 E North Ave Date signed 2/6/40

F 65898

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65898 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2066 Druid Park Drive

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State md. (b) County

(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)

(d) Street No. 2066 Druid Park Drive (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maria T. Selby.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widow.

6 (b) Name of husband or wife Lawson L. Selby.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 27, 1856.

8. AGE: Years	Months	Days	If less than one day
83	9	9	hr. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual Occupation none.

11. Industry or business

FATHER 12. Name Josias Duvy.

13. Birthplace md.

MOTHER 14. Maiden Name Elizabeth Youngs.

15. Birthplace md

16 (a) Informant Josias E. Selby.

(b) Address 2066 Druid Park Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 9, 1940 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville

18 (a) Funeral director Kenworthy & Donovan.

(b) Address 2615 Eutaw Place

Filed FEB 7 1940 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6, 1940, at 1:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 17 1940 to 2/6 1940 and that I last saw her alive on 2/6 1940

Immediate cause of death	Duration
arteriosclerotic heart	3 wks
Due to Arteriosclerosis	acute.
Due to senile cerebral sclerosis	6 mo
Other Conditions Ventral Hernia	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard Kelly M.D.

Address 2020 N. Charles Date signed 2/7/40

CCK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65899 ✓ 180

5137 F 65899 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 509 Wyeth St.
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Andrew J. Fleury

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Carrie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 26, 1869

8. AGE: Years	Months	Days	If less than one day
71	0	10	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Factory Work

11. Industry or business

FATHER
12. Name Charles Joseph Fleury
13. Birthplace New York

MOTHER
14. Maiden Name Margaret Utz
15. Birthplace Balto Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 2 / 140 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Edmondson Ave.

18 (a) Funeral director Geo. H. Lernbach
(b) Address [illegible] Lynchburst St.

19 (a) FEB 7 - 1940 (Date rec'd by registrar) Hunting for Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-6 1940, at 10:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-28 1939, to 2-6 1940, and that I last saw h/ alive on 2-6 1940.

Immediate cause of death	Duration
Bronchopneumonia	four days
Due to 2nd degree Burns of left buttocks and lower extremities	6 weeks
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12-28-39
(c) Where did injury occur? Baltimore (City or town) Md (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Explosion of Kerosene stove

Signature R. Rideout Hall M. D.
Address Balto City Hosp. Date signed 2-6-40

VS 3

N.T. Pollenwider M.D. Assistant Medical Examiner per E.R. Brantigan

F 65900

65900 LB 48782

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 65900

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days 4 mths
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1633 N. Gay St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Coster

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	widowed

6 (b) Name of husband or wife Eliza Jane (d)

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 8/21/60

8. AGE: Years	Months	Days	If less than one day
79	5	15	— hr. — min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation Sheet Metal Worker

11. Industry or business unemployed

FATHER
12. Name James (d)
13. Birthplace ——

MOTHER
14. Maiden Name Mary Frances Tracey
15. Birthplace ——

16 (a) Informant B. C. H. Records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Hartford Road
Location Baltimore Md.

18 (a) Funeral director George P. Patterson
(b) Address 1735 Harford Ave

19 (a) FEB 7 - 1940 (Date received by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 - 6 - 1940 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9 - 29 - 1939 to 2 - 6 - 1940 and that I last saw h alive on 2 - 6 - 1940.

Immediate cause of death
Bronchopneumonia — Duration 3 days
Cerebral thrombosis — 9 yrs
Due to Hypertension. CVD — 5
Gen. arteriosclerosis — ?
Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Monaghan Baker M. D.
Address Balto City Hosp. Date signed 2-6-40

F 65901

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

104

F 65901 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hosp
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 dys
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2512 E Preston St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ronald Bonolis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June - 27 - 39

8. AGE: Years	Months	Days	If less than one day
	7	10	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Paul Bonolis

FATHER 13. Birthplace Balto. Md

MOTHER 14. Maiden Name Evelyn Allen

MOTHER 15. Birthplace Balto. Md.

16 (a) Informant Paul Bonolis

(b) Address 2512 E Preston St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 2 - 8 - 40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Baltimore Md

18 (a) Funeral director John J Miller Inc

(b) Address 2435 E Oliver St

19 (a) FEB 7 1940 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 - 6 19 40 at 5:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2 - 4 1940, to 2 - 6 1940, and that I last saw him alive on 2 - 6 1940.

Immediate cause of death Lobar pneumonia right upper lobe — Duration 5-6 days

Due to

Due to

Other Conditions Fibrinous pleurisy right Pleurisy Pericarditis (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Sinai Hospital Date signed 2/6/40

F 65902

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 114-F Registered No.

F 65902

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1139 Argyle Ave (If non-descriptive location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Bernice Simmons. (CARAWAY)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 12 1915

8. AGE: Years	Months	Days	If less than one day
24	11	23	hr. min.

9. Birthplace Anderson Co S C (Town, county, and state)

10. Usual Occupation Maid

11. Industry or business

FATHER
12. Name Alexander Caraway.
13. Birthplace Anderson Co S C

MOTHER
14. Maiden Name Rosa Studley
15. Birthplace Anderson Co S C

16 (a) Informant Lucille Davis
(b) Address 1139 Argyle ave

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-8-40 (month) (day) (year)
(c) Cemetery or crematory
Location Wadesboro N C

18 (a) Funeral director Joseph A. Lively
(b) Address 409 N Fremont Street

FEB 7-1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 5 1940, at 4a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Shock, pleural	
Due to Ruptured adhesion	
Due to Spontaneous pneumothorax	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Lee Wollam M.D.
Asst. Medical Examiner.
Date signed Feb 5, 1940

F 65903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

Registered No. 65903

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 523 W. Hoffman St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Pricilla Briscoe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife John Henry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. [illegible] 1863

8. AGE: Years	Months	Days	If less than one day
76 77	6	7	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Washington Sembley
13. Birthplace Md.

MOTHER
14. Maiden Name Hattie ?
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-8-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Westport

18 (a) Funeral director Adolphus Halstead
(b) Address 918 David Ave.

FEB 7 1940 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 4 1940, at 2 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1 1938 to Feb. 4 1940, and that I last saw h[illegible] alive on Feb. 4 1940.

Immediate cause of death Arteriosclerotic Heart Disease — Duration one year.

Due to

Due to

Other Conditions Terminal bronchopneumonia — 8 days.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy ~~not done~~, as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature J. Murray Kelbaker M. D.
Address Balto City Hosp. Date signed 2-6-40

F 65904

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61 F 65904 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: So. Balto. Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 133 W Conway St (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Mrs. Mary Marcini
3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Attilio Marcini
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 23 - 1868

8. AGE: Years	Months	Days	If less than one day
71	1	17	hr. min.

9. Birthplace Rome Italy (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Antonio Mecchia
13. Birthplace Rome Italy

MOTHER
14. Maiden Name —
15. Birthplace Italy

16 (a) Informant Husband
(b) Address 133 Conway st
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 8 - 40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location
18 (a) Funeral director Frank V. Pipitone
(b) Address 2818 E. Balto st
(c) Feb 7 1940 Huntington Williams M.D. Registrar
(Date filed by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 5, 1940, at 1:40 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 25, 1940, to Feb. 5, 1940 and that I last saw h.. alive on Feb. 5, 1940.

Immediate cause of death	Duration
Myocardial Failure	
Arteriosclerotic C-V disease	
Due to: Diabetes mellitus	
Epigastric Hernia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. Donald Jamborsky M. D.
Address So. Balto Gen. Hosp. Date signed 2-5-40

65905 HEALTH DEPARTMENT—CITY OF BALTIMORE 65905

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 S. Curley St., 1-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Valentine Hutzler

If U. S. Veteran specify WAR .....

(a) Residence: No. 3 S. Curley St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Hutzler

6. DATE OF BIRTH (month, day, year) Sept 2 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Phillip Valentine

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Craig
(Address) 3 S. Curley St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Feb 7 1940

19. UNDERTAKER Frank V. Pipitone
(Address) 2818 E. Balto St

20. FILED FEB 7 1940 Hunting H. Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-21-40 19... to 2-4-40 19...

I last saw her alive on 2-3-40 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Old age	
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. Mortimer Sadler M. D.
(Address) 2496 E Balto.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 65906

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 65906

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1
(c) Hospital or institution: Hebrew Home for the Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 52 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1714 N. Monroe St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hattie Wormser

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 1888

8. AGE: Years	Months	Days	If less than one day: hr.	min.
52 / 51	6			

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Sigmund Wormser
13. Birthplace Germany

MOTHER
14. Maiden Name Hannah Hentzfeld
15. Birthplace Germany

16 (a) Informant Gertrude Wormser
(b) Address 1714 N. Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Harris Funeral Home
(b) Address 1902 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

FEB 7 1940
Vs

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6 1940, at 12:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 21 1940 to Feb 5 1940 and that I last saw alive on Feb 5 1940.

Immediate cause of death	Duration
Carcinoma of the breast with metastasis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Edmund Levin M. D.
Address Lewindale Date signed

65907 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 65907

CERTIFICATE OF DEATH

56-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital St., (Ward)

Length of residence in city or town where death occurred yrs. 44 mos. 4 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Pridella Wolosenk

If U. S. Veteran specify WAR

(a) Residence: No. 1316 Hollins St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Cornell Wolosenk

6. DATE OF BIRTH (month, day, year): July 14 - 1896

7. AGE: Years 43 | Months 4 | Days 23?? | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Southern Md

FATHER

13. NAME: ? Knight
14. BIRTHPLACE (city or town) (State or country): Southern Md

MOTHER

15. MAIDEN NAME: ?
16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: Cornell Wolosenk
(Address): 1316 Hollins St

18. BURIAL, CREMATION, OR REMOVAL
Place: Woodlawn Date: Feb 9th 1940

19. UNDERTAKER: Schaefer & Tagwell
(Address): 924 Fulton Ave

Thursday for Williams, M.D.
Registrar.

FILED FEB 7 - 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 6, 1940

22. I HEREBY CERTIFY, That I attended deceased from January 31, 1940 to February 6, 1940

I last saw h[illegible] alive on February 6, 1940 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine Fibroids	(?)
Left Ovarian Cyst	(?)
Other contributory causes of importance: Peritonitis	2/3/40

Was an operation performed? Yes Date of 2/4/40

For what disease or injury? Uterine Fibroids-Ovarian Cyst

Name of operation: Hysterectomy - oophorectomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Irene P. Klenkowski M. D.

(Address) Maryland General Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

11

F 65908

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170C

F 65908 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2809 Baker St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME CHARLOTTE ~~LOTTIE~~ ROSE

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Rudolph Rose
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Oct 21, 1876

8. AGE: Years: 63 | Months: 3 | Days: 15 | If less than one day: hr. min.

9. Birthplace: Balto Md (Town, county, and state)

10. Usual Occupation: Nurse

11. Industry or business

FATHER 12. Name: Charles W. Cherry
13. Birthplace: Balto Md

MOTHER 14. Maiden Name: Georgia Kraft
15. Birthplace: Balto Md.

16 (a) Informant: Ella M. Cherry
(b) Address: 3314 Spaulding Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 8. 1940 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: Balto City

18 (a) Funeral director: Mrs. Mrs. John W. Geupel & Son
(b) Address: 801 W. Fayette St

19 (a) FEB 7 - 1940 (Date rec'd by Registrar) (b) Registrar

VS-6

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 5th 1940, at 9 20 A. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon (Autopsy or Inquiry) and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Hemorrhage, abdominal — Duration: 3 hrs

Due to: Ruptured spleen

Due to:

Other Conditions: Fracture multiple, ribs, left (Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence: February 5, 1940
(c) Where did injury occur? North and Longwood (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? No (Specify type of place)
(e) Means of injury: struck by auto while crossing street

23. Signature: H. L. Wollenweber M.D. Medical Examiner.
Date signed: Feb 6th, 1940

F 65909 ✓ F 65909

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: W. Baltimore Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Maybrook (If outside city or town limits, write RURAL and give town)
(d) Street No. 2364 Wilkens Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Mrs. Margaret Schwedes Margaret Schwedes

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Frederick Schwedes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 8 1870

8. AGE: Years	Months	Days	If less than one day
70	2	27	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Adam Ganzmann
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Marie Schweuser
15. Birthplace Germany

16 (a) Informant Mr. John G. Schwedes
(b) Address Woodlawn, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 8, 1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Md.

18 (a) Funeral director Rimbrose
(b) Address 1005 W. Baltimore St.

FEB 7 - 1940 (Date rec'd by Registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-5 1940, at 10½ P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-4 1940, to 2-5 1940, and that I last saw h alive on 19

Immediate cause of death: Coronary occlusion — Duration: 5 min.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. R. G. H. Shear M. D.
Address Date signed

F 65910

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 65910

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1915 Greenmount Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1915 Greenmount Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary C. Beard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Joseph S. Beard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1864

8. AGE: Years	Months	Days	If less than one day
75	6	23	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Knell
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Mary V. Poole
(b) Address 147 Oakley Village

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 9, 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Baltimore, Md.

18 (a) Funeral director [illegible]
(b) Address 1003 N. Baltimore St.

FEB 7 - 1940 (Date rec'd by registrar) (b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 5 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jany 1st 1940, to Feb 5 1940, and that I last saw her alive on Feb 5 1940

Immediate cause of death: Chronic Myocarditis

Due to: General Arteriosclerosis.

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

Duration
Many
Years.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Kerron.

Address 1938 Linden Ave. Date signed Feb 6/40

373182
65911

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B Registered No. F 65911

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 N Poppleton (If rural give location)
(e) If foreign born, how long in U. S. A.? years

18+

3 (a) FULL NAME Clara Burkett

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife David
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-19-85

8. AGE: Years	Months	Days	If less than one day hr.	min.
54	7	15		

9. Birthplace Fla (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER 12. Name Judge Peterson
13. Birthplace Fla.

MOTHER 14. Maiden Name Charlotte ?
15. Birthplace Fla.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 2 8 40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore Md
18 (a) Funeral director Isaiah L Brown Son
(b) Address 108 W Montgomery St
19 (Date received by registrar) FEB 7 1940 Huntington Willis Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb - 4 1940 at 11 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec - 22 1939 to Feb 4 1940 and that I last saw HER alive on Feb 4 1940.

Immediate cause of death	Duration
Bronchopneumonia	
Due to ? Tuberculosis of Lungs.	
Due to	
Other Conditions Spinal Cord Tumor ? Tuberculosis or Cancer. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. M. Wells M. D.
Address Johns Hopkins Hosp signed 2-5-40

F 65912 F5445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 65912

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wilkens & Catonsville

(c) Hospital or institution: St. Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 422 N Pont St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Williams

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			7 hr. 30 min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Geo. Williams

13. Birthplace Baltimore

MOTHER 14. Maiden Name Ella Richard

15. Birthplace Baltimore

16 (a) Informant Geo. N. Williams

(b) Address 422 N Pont St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/7/40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto Md

18 (a) Funeral director Wilson Conf

(b) Address 421 Pont St

19 (a) FEB 7 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

V8 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-6 1940 at 2:45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-5 1940 to 2-6 1940, and that I last saw him alive on 2-6 1940.

Immediate cause of death Hemorrhage — Duration

Due to Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Max J. Sadow M. D.

Address St Agnes Date signed 2-6-40

F. 65913 Corrected death

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-D

Registered No. F 65913

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Providence Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 519 N. Bond St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: John Primos

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: colored
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): 1901
8. AGE: Years: 39 Months: Days: If less than one day: hr. min.
9. Birthplace: South Carolina (Town, county, and state)
10. Usual Occupation: Laborer
11. Industry or business

FATHER
12. Name: ?
13. Birthplace: ?

MOTHER
14. Maiden Name: ?
15. Birthplace: ?

16 (a) Informant: John Murray
(b) Address: 519 N. Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 10 1940 (Month) (day) (year)
(c) Cemetery or crematory: Mt Calvary Cem
Location: A. A. Co. Md

18 (a) Funeral director: Robert Lincoln
(b) Address: 15-25 N. Eden St

19 (a) Filed: Feb 7 1940 (Local registrar) (b) Prepared by: [illegible] M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 7, 1940 at 1 12 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/16/40 to 2/7/1940 and that I last saw [illegible] alive on [illegible] 2/7/40

Immediate cause of death: Rt. Sided Pneumonia — Duration: [illegible]
Due to: [illegible] — Duration: over
Due to:
Other Conditions: left extra dural abscess and subarachnoid hemorrhage — Duration: since 1/15/40
(Include pregnancy within 3 months of death)

Major findings:
Of operations: left extra dural abscess
Of autopsy: no

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) (Accident, suicide, or homicide) Pt. fell off a [illegible]
(b) Date of occurrence: 1/15/40
(c) Where did injury occur? (City or town) Balto (County) (State) Md
(d) Did injury occur about home, on farm, industrial place, in public place? Bond & Madison Sts While at work? (Specify type of place)
(e) Means of injury: [illegible]

23. Signature: H. Welcome M.D.
Address: Providence Hosp Date signed: 2/7/40

F 65914

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 65914

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: 2466 Druid Hill Ave
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2466 Druid Hill ave (If rural give location)
(e) If foreign born, how long in U. S. A.? life years

3 (a) FULL NAME Reginald Larry Lee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 20 1941

8. AGE: Years	Months	Days	If less than one day
1 8 1 9	1	15	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Larry Lee
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Lillian Ruff
15. Birthplace Baltimore, Md

16 (a) Informant Lillian Lee
(b) Address 2466 Druid Hill Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb 5, 1940 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) (Date of day of death) (b) Registered Feb 6 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 5th 1940, at 9.40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 30 1940 to Feb 5th 1940, and that I last saw him alive on Feb 5th 1940.

Immediate cause of death: Exhaustion — Duration: over

Due to: Acute Lobar Pneumonia — 6 days

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leo. H. Lauenbach M.D.
Address 245 N. Monroe Date signed Feb 7 1940

FEB 8

F 65915 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E F 65915

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 1 7-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Viola Hamlin

If U. S. Veteran specify WAR

(a) Residence: No. 741 Pierce St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 17- 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41 43	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME John Henry Lloyd

14. BIRTHPLACE (city or town) Balto. Md (State or country)

MOTHER

15. MAIDEN NAME Bertie Smith

16. BIRTHPLACE (city or town) Balto, Md (State or country)

17. INFORMANT George Hamlin (Address) 741 Pierce St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Zion Date Feb 7, 1940

19. UNDERTAKER Mrs Katie R. Williams (Address) 322 N Schroeder St

20. FILED FEB 7 - 1940 By [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/3, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1/8, 1940, to 2/3, 1940

I last saw her alive on 2/3, 1940 Death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of sigmoid colon,	7
with liver metastases	
Pelvic abscess	? 11/39

Other contributory causes of importance:

Secondary anaemia

Was an operation performed? Yes Date of 1/17/40

For what disease or injury? Intestinal Obstruction.

Name of operation Coecostomy

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. B. Nuttall, M. D.

(Address) University Hospital

INSTRUCTIONS—PRINT WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 65916 42530-FD

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 129

Registered No. F 65916

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11mo. 2days.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 813 N. Calhoun St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Pearl Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	married-seperated

6 (b) Name of husband or wife Samuel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-21-1898

8. AGE: Years	Months	Days	If less than one day
41	11	13	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name Thomas Sollers
13. Birthplace --- ?

MOTHER
14. Maiden Name Catherine Tabb
15. Birthplace Va.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb 8, 1940 (month) (day) (year)
(c) Cemetery or crematory National Cemetery
Location

18 (a) Funeral director Mr Katie R Williams
(b) Address 322 N Schroeder St.

19 (a) (Date received by registrar) (b) Registered

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-4 1940, at 12 20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-2 1939 to 2-4 1940, and that I last saw her alive on 2-3 1940.

Immediate cause of death Generalized Peritonitis of undetermined etiology — Duration four days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature P Krukowski M. D.
Address Balto City Hosp. Date signed 2-5-40

F 65917

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 65917 ✓ Registered No. 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5311 Ethelbert Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5525 Mattfeldt Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 53 years

3 (a) FULL NAME Bernard F. Dey

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Maud D. Dey
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 10 1874
8. AGE: Years 65 | Months 8 | Days 25 | If less than one day: hr. min.
9. Birthplace Hessen, Germany (Town, county, and state)
10. Usual Occupation Fireman
11. Industry or business Gilman School

FATHER
12. Name John Adam Dey
13. Birthplace Germany

MOTHER
14. Maiden Name Eva
15. Birthplace Germany

16 (a) Informant Mrs. Maud D. Dey
(b) Address 5525 Mattfeldt Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 8 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Md
18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road
19 (a) 1940 (Date received by registrar) (b) Signature of registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 5 1940, at 8 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 7-2-1938, to 2-5 1940, and that I last saw him alive on 2-5 1940.

	Duration
Immediate cause of death: Pulmonary Edema & Cardiac Decomp.	5 da.
Due to: Arteriosclerotic Cardiovascular Disease & Hypertension	?
Due to:	
Other Conditions: Diabetes Mellitus	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Lawrence J. Shumaker M. D.
Address 3711 Ellerslie Rd Date signed 2-6-40

VS 3

F 65918

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 65918 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto Co.
(c) City ~~or town~~ Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7203 Woodrow Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 65 yrs years

3 (a) FULL NAME Mrs. Joel Stewart Lacey (Nellie)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Steward Lacey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-16-1874

8. AGE: Years 65 | Months 3 | Days 20 | If less than one day hr. min.

9. Birthplace Pa
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Albert Hipps
13. Birthplace Pa

MOTHER
14. Maiden Name Martha Ennis
15. Birthplace Pa

16 (a) Informant Steward Lacey
(b) Address 7203 Woodrow Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb. 9. 40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location Eastern Ave.

18 (a) Funeral director Geo M. Frank (Son)
(b) Address 811 N. Wolfe St

19 (a) Filed 1940 (b) by [illegible] Registrar
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 6 1940, at 12.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 5 1940 to Feb 6 1940. and that I last saw h[illegible] alive on Feb. 6 1940.

Immediate cause of death	Duration
Meningitis, pneumococcus	3 days
Due to	
Due to	
Other Conditions Diabetes Mellitus	5 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William F. Pearce M. D.
Address Union Memorial H Date signed Feb 6, 40

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65919

CERTIFICATE OF DEATH

131-aF 65919

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 S. Fulton Ave. St. 19-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles A. Murphy

If U. S. Veteran specify WAR .....

(a) Residence: No. 1 S. Fulton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rhoda J. Brydon

6. DATE OF BIRTH (month, day, year) May 5, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drug firm

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ---------- (State or country) Maryland

FATHER

13. NAME Charles A. Murphy

14. BIRTHPLACE (city or town) Wilmington (State or country) Delaware

MOTHER

15. MAIDEN NAME Bridget Breslin

16. BIRTHPLACE (city or town) ------- (State or country) Ireland

17. INFORMANT Mrs. Rhoda B. Murphy
(Address) 1 S. Fulton Avenue

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Holy Cross Cem. Date 2/9 1940

19. UNDERTAKER Murphy Bros Mears & Son
(Address) 5 E. Calvert St.

20. FILED FEB 7-1940 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/6, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1940 to Feb. 6, 1940

I last saw him alive on 2/6, 1940 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Duration of present
Bronchial Pneumonia	4 days
Chronic Myocarditis & Chronic Interstitial Nephritis	2 yrs
Other contributory causes of importance: Bedsore	—

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? M. E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Huntington Williams M. D.

(Address) 804 Cathedral St.

N. B.—WRITE PLAINLY, WITH COPYING INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 65920

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 65920

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1515 E. Lafayette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Hall, Nancy Lee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age 1939 years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1940

8. AGE: Years | Months: 1 | Days: 25 24 | If less than one day: hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Hall, Kenneth
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Blake, Frances
15. Birthplace Baltimore, Md.

16 (a) Informant Mother - above
(b) Address Above

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Certified by JOHNS HOPKINS MEDICAL SCHOOL FEB 7 - 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moora
(b) Address

19 (a) Filed FEB 7 1940 (Date received by Registrar) (b) Registrar Huntington Williams, M.D.

5572

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 24 1940, at 12:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 20 1940, to Jan. 24 1940, and that I last saw her alive on Jan. 24 1940.

Immediate cause of death: Bronchopneumonia — Duration: 6 days
Due to: Pertussis — 13 days
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jacob L. Light, M. D.
Address Sydenham Hospital Date signed 1-24-40

F 65921 F5603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 ✓

Registered No. F 65921

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1307 W Saratoga (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eleece R Green

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-1-40

8. AGE: Years	Months	Days	If less than one day
			12 hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Howard Green
13. Birthplace Md.

MOTHER
14. Maiden Name Betty Parker
15. Birthplace Md.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL FEB 7 - 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address FEB 7 - 1940

19 (a) (Date rec'd by registrar) (b) Hunter for Williams, M.D. Registrar

5373

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2 1940, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death: Prematurity — Duration: 12 hrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 2/2/40

F 65922

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 108 F 65922

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: So Balto Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 219 S Hanover St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Marie Doring

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	[illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Joseph F
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Oct 26, 1875

8. AGE: Years	Months	Days	If less than one day
64	3	7	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas A Mooney
13. Birthplace Md

MOTHER
14. Maiden Name Julia Mooney
15. Birthplace Md

16 (a) Informant Mr. L Young
(b) Address 224 Mooney St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 9 40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Wm E Cook & Son
(b) Address 127 N Gay St

19 (a) FEB 7 — 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7, 1940, at 8:15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 6, 1940, to Feb 7, 1940, and that I last saw h~~im~~ alive on Feb 7, 1940.

Immediate cause of death	Duration
Lobar Pneumonia (bilateral)	1 week
Myocardial failure	
Due to Arteriosclerotic C-V Disease	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H Williams M.D.
Address So. Balto. Gen Date signed 2-7-40

F 65923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 65923

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 722 Ramsey st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 1

(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 18

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 722 Ramsey st
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie W. Grover

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Female	White	Married

6 (b) Name of husband ~~or wife~~ Thomas N. Grover
6 (c) If alive, give age 18 years

7. Birth date of deceased (mo., day, yr.) Aug 11th 1875

8. AGE: Years	Months	Days	If less than one day: hr.	min.
64	5	26		

9. Birthplace Calvert Co. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Benj. F. Gantt
13. Birthplace Calvert Co. Md.

MOTHER
14. Maiden Name Susanna Hooper
15. Birthplace Calvert Co. Md.

16 (a) Informant Thomas N. Grover
(b) Address 722 Ramsey st.

17 (a) Burial (Burial, ~~cremation,~~ or removal) (b) Date thereof 2/9/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodland Cem
Location Baltimore Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st.

19 (a) FEB 7 1940 (Date filed by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7th 1940, at 2:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 31 1940, to Feb 7 1940, and that I last saw her alive on Feb 6 1940.

Immediate cause of death	Duration
Bronchial Pneumonia	24 hours
Due to	
Due to Apoplexy	1 week
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Morley Stone, M. D.
Address 729 Cathedral St. Date signed 2/7/40

VS 3

Rahn – 2145 W Baltimore St

65924

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

Registered No. F 65924

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 320 S. Collins Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 320 S. Collins Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert J Rack

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 216-03-7453

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Mary.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 27, 1873

8. AGE: Years	Months	Days	If less than one day
66	10	8	hr. min.

9. Birthplace Carroll Co Md (Town, county, and state)
10. Usual Occupation Steam Fitter
11. Industry or business Steel + Power Corp.

FATHER
12. Name James C Rack
13. Birthplace Maryland

MOTHER
14. Maiden Name Catherine A Smith
15. Birthplace Maryland

16 (a) Informant Edna M. Thomas
(b) Address 320 S. Collins Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Tues 8/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Md

18 (a) Funeral director Williams Legg
(b) Address 1217 Park Ave

19 (a) FEB 7 1940 Registered (Date received by registrar) Lurton Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 5 1940, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/1 1940 to 2/5 1940 and that I last saw him alive on 2/5 1940.

Immediate cause of death: Coronary Thrombosis — Duration: 2 yrs
Due to: Hypertension
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature M. D.
Address 2145 W Balto St Date signed

VS 3

65925

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 65925

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Paul & 23rd Sts.
(c) Hospital or institution: Dr. Harvey G. Beck's Clinic
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2805 Roslyn Ave. (If rural give location)
1548
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert L. Showacre

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Reno C. Showacre (nee MacKenzie) 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 13, 1867.

8. AGE: Years	Months	Days	If less than one day
72	5	22	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired Secretary

11. Industry or business

FATHER
12. Name Geo. W. Showacre
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Thomas
15. Birthplace Md.

16 (a) Informant Mrs. Reno C. Showacre
(b) Address 2805 Roslyn Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 8/40. (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd.

18 (a) Funeral director Harry A. Luitzke
(b) Address 4101 Edmondson Ave. Phone by Williams, M.D.

19 (Date received by registrar) FEB 7 1940 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 5 1940 at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1940 to Feb 5 1940 and that I last saw him alive on Feb 3d 1940

Immediate cause of death Hypostatic Pneumonia — Duration 5 days

Due to Coronary Thrombosis — 9 wks

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry G Beck M. D.
Address Feb-7-40 Date signed
St Paul & 23d

65026

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-B

F 65[illegible]

Registered No. [illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1117 Brentwood ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1117 Brentwood ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Murray

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife John Murray

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 16-1852

8. AGE: Years 87 | Months 10 | Days 20 | If less than one day hr. min.

9. Birthplace Kentucky
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Dolan

13. Birthplace don't know

MOTHER 14. Maiden Name " "

15. Birthplace " "

16 (a) Informant Martin J. Murray

(b) Address 1117 Brentwood ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-40 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location [illegible]

18 (a) Funeral director J. J. Nolan

(b) Address 3202 Bank St.

19 (a) FEB 7 1940 (Date rec'd by Local Registrar) (b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/6/ 1940, at 3 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1935 to Feb 6 1940.
and that I last saw h alive on Feb 6 1940.

Immediate cause of death Terminal Bronchopneumonia — Duration 2 days

Due to Myocardial Degeneration — 5 years

Due to [illegible]

Other Conditions Nephritis, Chronic — 2 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. E. Murray

Address 604 E Baltimore St. Date signed 7/7/40

~~65927~~

LB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 65927

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians—please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
~~Baltimore~~ City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1912 Brunt St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clarence Lee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	widowed

6 (b) Name of husband or wife Catherine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 30, 1881

8. AGE: Years	Months	Days	If less than one day
58	9	6	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Mary Brown
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (b) Date thereof 2/8/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Thos. E. Kelsey
(b) Address 1303 Druid Park Dr.

19 (a) FEB 7 - 1940 Arthur Williams M.D.
(Date city registrar received certificate) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 - 6 1940 at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-31 1940, to 2-6 1940, and that I last saw h[illegible] alive on 2-6 1940.

	Duration
Immediate cause of death Bronchopneumonia	several days
Due to Acute urinary retention extravasation	several days
Due to Urethral stricture of undetermined etiology	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Acute urinary retention + extravasation
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. Kelsey M.D.
Address Balto. City Hosp. Date signed 2-6-40. M. D.

F 65928

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 65928

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Middle River
(If outside city or town limits, write RURAL and give town)
(d) Street No. 46 Hawthorne Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Zukas

3 (b) If veteran, name war

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 16 - 1926

8. AGE: Years	Months	Days	If less than one day: hr.	min.
73	2	19		

9. Birthplace Lancaster Pa.
(Town, county, and state)

10. Usual Occupation Schoolboy

11. Industry or business

FATHER
12. Name Thomas S. Zukas
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Gertrude Nifday
15. Birthplace Lancaster Pa.

16 (a) Informant Mr. Thomas S. Zukas
(b) Address Middle River Md.

17 (a) Burial (b) Date thereof 2 - 8 - 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave. Rd.

18 (a) Funeral director John B. Connelly
(b) Address East Md.

19 (a) FEB 7 - 1940 (b) Huntington Williams M.D.
(Filed) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 - 5 - 1940, at 3 50 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence obtained by said Autopsy & Inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death Multiple Perforation of Bowels
Due to Rifle bullet
Due to Hemorrhage Peritonitis
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2 - 5 - 40
(c) Where did injury occur? Middle River, Balto. Co.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? No
(Specify type of place)
(e) Means of injury Rifle bullet wounds

23. Signature Howard J. Wilson M.D.
Medical Examiner.
Date signed 2 - 6 - 40

VS 6

F 65929

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P Registered No. F 65929

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1817 E Fairmount ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1819 E. Fairmount ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 48 years

3 (a) FULL NAME Charles H. Farber

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-6546

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Dora Farber
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
68	—	—	hr. min.

9. Birthplace Russia (Town, county and state)
10. Usual Occupation Weighter
11. Industry or business Checker

FATHER
12. Name Charles Herman Farber
13. Birthplace Russia

MOTHER
14. Maiden Name Libby Hurwitz
15. Birthplace Russia

16 (a) Informant Harry Farber
(b) Address 1817 E Fairmount ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 8/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mandale
Location Philadelphia Road.

18 (a) Funeral director Sol Levinson & Bro
(b) Address 1124-26 W. North ave

19 (a) (Date received by registrar) (b) (Registrar)

FEB 8 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6 1940 at 7.0 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 6, 1940 to Feb. 6, 1940, and that I last saw him alive on Feb. 6, 1940.

Immediate cause of death	Duration
Coronary Sclerosis	
Due to	
Due to	
Other Conditions Myocarditis - Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan Strauss M. D.
Address 2351 Eutaw Pl. Date signed

M. L. Wollenweber M.D. Assistant Med. Examiner
Dr. J. R. Bratton

2856

F 65930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65930 Registered No. 149 B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: St. Joseph's Hospital

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto.

(c) City or town Fullerton

(If outside city or town limits, write RURAL and give town)

(d) Street No. 619 Blair Road

(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Jeanette A. Quigley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John J. Quigley

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Nov. 21. 1899

8. AGE: Years	Months	Days	If less than one day
40	2	16	hr. ..... min.

9. Birthplace Balto. Md.

(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name James Logue

13. Birthplace Ireland

MOTHER

14. Maiden Name Angie Kelly

15. Birthplace Ireland

16 (a) Informant John J. Quigley

(b) Address Fullerton

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10, 1940 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Frederick Road.

18 (a) Funeral director Margaret B. Flynn

(b) Address 1422 Light Street.

19 (a) Date received by Registrar FEB 8 1940 (b) Registrar Hattie Victor Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7, 1940, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 6 1940 to Feb. 7, 1940 and that I last saw her alive on Feb. 7, 1940.

Immediate cause of death	Duration
Acute dilatation of the heart, pulmonary oedema, respiratory, peripheral collapse	1 hr. + 45 min.
Due to Post-partum shock	
Due to	
Other Conditions Pregnancy at term	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature B J Catalfino M. D.

Address St Joseph Hosp Date signed

F 65931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 65931 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 32 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1069 Myrtle Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arthur Rayner (51615)

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-2599

4. Sex: M

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lillie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 18, 1901

8. AGE: Years 38 | Months 5 | Days 19 | If less than one day: hr. min.

9. Birthplace N.C (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Ezekiel
13. Birthplace North Carolina

MOTHER
14. Maiden Name Hattie Cox
15. Birthplace North Carolina

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb 10, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Olive, N.C.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 (a) FEB 8 - 1940 (Date rec'd by registrar) (b) Burial, cremation, or removal Williams

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 6, 1940, at 5:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5, 1940 to Feb. 6, 1940, and that I last saw him alive on Feb. 6, 1940

Immediate cause of death: Bilateral Tuberculous pleurisy & effusion
Tuberculosis of the lungs — Duration: Sept 1939

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Tuberculosis pulmonary

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Baltimore City Hospitals Date signed 2/7/40

F 65932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B F 65932 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Nolan's Night Club

(c) Hospital or institution 501 So. Macon st

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3354 Wilkens Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eugene E Beall

3 (b) If veteran, name war None

3 (c) Social Security Account No. 212-03-6792

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Sally A.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 26, 1877

8. AGE: Years	Months	Days	If less than one day
62	3	9	hr. min.

9. Birthplace Laurel Md. (Town, county, and state)

10. Usual Occupation Foreman.

11. Industry or business C & P Tel Co.

FATHER 12. Name Grafton Beall.

13. Birthplace Md

MOTHER 14. Maiden Name ? Ball.

15. Birthplace Md.

16 (a) Informant Mrs. Sally Beall

(b) Address 3354 Wilkens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 8 1940 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet.

Location Baltimore Md.

18 (a) Funeral director William J Dufkes & Son

(b) Address North + Pennsylvania Ave

FEB 8 — 1940 (Date rec'd by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 5 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from — 1920 to — 1940, and that I last saw h alive on 8th Oct 1939.

Immediate cause of death Coronary occlusion —

Due to Arteriosclerosis —

Due to

Other Conditions Uremia —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

Duration
7
7 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State) —

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —

(e) Means of injury —

23. Signature Edward V. Battles M. D.

Address Medical Arts Bldg — Date signed Feb 7-40

O. K. W. M. Vandeleur (Coroner Medical Examiner)

F 65933

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a

F 65933 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Gen. Hosp.
(b) Street address Linden & Madison
(c) Hospital or institution
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
Street No. 363 W. Preston St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Rucker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Laura Rucker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 1880

8. AGE: Years	Months	Days	If less than one day
59 59	11		hr. min.

9. Birthplace Georgia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Henry Rucker
13. Birthplace Ga.

MOTHER
14. Maiden Name Maria
15. Birthplace Ga.

16 (a) Informant Laura Rucker
(b) Address 363 W. Preston St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-11-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave.

19 (a) 2-8-1940 (Date received by registrar) (b) Registrar of Vital Statistics

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-7 1940, at 3:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-7 1940, to 2-7 1940 and that I last saw him alive on 2-7 1940.

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. C. Post M. D.
Address Maryland Gen. Hosp. Date signed 2-7-40

F 65934

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √33-a

Registered No. F 65934

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 236 S. Washington St
(c) Hospital or institution: home
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 236 S. Washington St (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Mary Gregorek

3 (b) If veteran, name war
3 (c) Social Security Account No. 215-10-4048

4. Sex: Female
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife ✓
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1917
8. AGE: Years 23 | Months | Days | If less than one day: hr. min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business Western Electric Co.

FATHER
12. Name Benjamin Gregorek
13. Birthplace Poland

MOTHER
14. Maiden Name Alice
15. Birthplace Poland

16 (a) Informant Alice Gregorek
(b) Address 236 S. Washington St
17 (a) X (Burial, cremation, or removal) (b) Date thereof 2/10/40 (month) (day) (year)
(c) Cemetery or crematory Westview
Location Germantown Md
18 (a) Funeral director John J. Duda
(b) Address 2824 Hudson St
19 (a) FEB 8 1940 (Date received by registrar) (b) [illegible] (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7 1940 at 7½ P.M.
21. I certify that death occurred on the date above stated, that I attended deceased from Feb 2 1940 to Feb 7 1940 and that I last saw h[illegible] alive on Feb 7 1940.

Immediate cause of death: Acute Lobar Pneumonia — Duration: 1 wk
Due to (La Grippe)
Due to
Other Conditions Acute Myocardial dilatation — sudden
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature [illegible]
Address 7007 E. Pratt St Date signed 2/7/40 M.D.

VS 3

F 65935

Czapaki

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-C Registered No. F 65935

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 25 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 630 S. Streeper St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Paul Czapski

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-3854

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Ida Czapski

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 14 1890

8. AGE: Years 50 | Months | Days 24 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Car Operator (Street Car)

11. Industry or business Balto Transit Co.

FATHER 12. Name Joseph Czapski
13. Birthplace Poland

MOTHER 14. Maiden Name Josephine (?)
15. Birthplace Poland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/40 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Dundalk & O'Donnell Sts

18 (a) Funeral director John Ruda
(b) Address 2829 Hudson St

19 (a) (Date rec'd by registrar) (b) for Williams Registrar

FEB 8 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/7 1940 at 12:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/16 1939 to 2/7 1940 and that I last saw h/m alive on 2/7 1940.

Immediate cause of death: Cardiac Failure
Due to: Bronchial Carcinoma
Due to: Metastatic Carcinoma
Due to: Carcinoma of Bronchi (Bronchogenic)
Other Conditions: Multiple Metastases to Lungs, Liver, Feet, Lymph Glands etc.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Multiple Carcinomatosis

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. M. D. Beck M.D.
Address Mercy Hospital Date signed 2/7/40

65936

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 65936

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1201 Rudgely Street

(c) Hospital or institution: Bon Secours Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1201 Rudgely St

(If rural give location)

(e) If foreign born, how long in U. S. A.? 29 years

3 (a) FULL NAME Mr. Peter Pappas

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 15 1883

8. AGE: Years	Months	Days	If less than one day
56	5	21	hr. min.

9. Birthplace Greece (Town, county, and state)

10. Usual Occupation Waiter in Restaurant

11. Industry or business

FATHER 12. Name Gerasimos Pappas

13. Birthplace Greece

MOTHER 14. Maiden Name Unknown

15. Birthplace Greece

16 (a) Informant Hyplas Rumodo

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 8 40 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Woodlawn Md

18 (a) Funeral director Albert W Berezay

(b) Address 440 E North Ave

19 (a) Hutzler Williams (Date received by registrar) (b) Registrar

FEB 8 1940

vs 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6 1940, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 3 1940 to Feb 6 1940 and that I last saw h[illegible] alive on Feb 6 1940.

Immediate cause of death	Duration
Lobar Pneumonia, bilateral	1 Week
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William J. McClafferty M.D.

Address Bon Secours Hosp. Date signed 2/6/40

F 65937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3-B

F 65937 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 56 das.
(e) Length of stay in Baltimore (yrs., mos., or days) 11 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 540 Burgundy St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Evelyn Hawkins (50970)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29, 1920

8. AGE: Years 19 | Months 8 6 | Days 9 9 | If less than one day hr. min.

9. Birthplace Balto. County (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Solmon Hawkins
13. Birthplace Balto. County

MOTHER
14. Maiden Name Bessie Garret
15. Birthplace Balto. County

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 2 10 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calay Cemy
Location Baltimore Md.

18 (a) Funeral director Walter B. Higgs
(b) Address 3910 Hamilton St.

FEB 8 - 1940 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7, 1940, at 6:15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 13, 1939, to Feb. 7, 1940, and that I last saw her alive on Feb. 7, 1940.

Immediate cause of death: Tuberculosis of the lungs — Duration Sept 1939

Due to

Due to: Tuberculosis of the intestines

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address Baltimore City Hospitals M. D. Date signed 2/7/40

65938

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1168

F 65938

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 304 S. Spring St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-1
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 304 S Spring St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME ELIZABETH SMITH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Common Law

6 (b) Name of husband or wife Charles Campfer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
39			hr min

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant James Brown
(b) Address 330 S Spring St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 8 1940 (month) (day) (year)
(c) Cemetery or crematory Mount Calvary Cem.
Location .....

18 (a) Funeral director Wendell J Dippel
(b) Address 1405 Gough st

19 (a) FEB 8 1940 (Date Registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 4 1940, at 9 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Hemorrhage, traumatic	6 hrs
Due to Wounds, multiple, scalp Fracture right maxilla	
Due to Fracture, compound left tibia	
Other Conditions no history	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence February 4 a, 1940
(c) Where did injury occur? 304 S. Spring St. Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Blunt force - iron pipe

23. Signature H. L. Wollenmeber M.D.
Medical Examiner.
Date signed Feb

65939

HEALTH DEPARTMENT—CITY OF BALTIMORE

65939

CERTIFICATE OF DEATH

✓ 83-a

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2024 N. Wolfe St., 8 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME IRWIN AUGUSTA NICHOLSON

If U. S. Veteran specify WAR _____

(a) Residence: No. 2024 N. Wolfe St. St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of - - -

6. DATE OF BIRTH (month, day, year) May 11, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer-Retired Govt. Printing Off.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Washington D.C.

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Nicholson

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Hariette Ann Tucker

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mr. Chas. Kennedy Nicholson (Bro.)
(Address) 1722 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Feb. 8. 1940

19. UNDERTAKER HENRY SANDER & SONS. INC
(Address) Baltimore & Broadway.

20. Filed FEB 8- 1940 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 8. 1940, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 19 40 to Feb. 6. 19 40

I last saw him alive on Feb. 5 19 40 Death is said to have occurred on the date stated above, at 9.20 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage and	
Right Hemiplegia	2-4-40
Other contributory causes of importance:	
Arteriosclerosis	1935

Was an operation performed? No. Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify _____

(Signed) J. Edward Livingood M. D.

(Address) 1613 E. Hoffman Ave.

W.B.

Lizzie Fommah

F 65940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

Registered No. F 65940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. THE correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 dy
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 304 North High St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME LIZZIE ~~LOCK~~ FOMMAY

3 (b) If veteran, name War | 3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	widowed

6 (b) Name of husband or wife Mark
6 (c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.) Sept ? 1874

8. AGE: Years	Months	Days	If less than one day
65	-		hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation housework
11. Industry or business old age pensions

FATHER
12. Name Chas Britton
13. Birthplace Md.

MOTHER
14. Maiden Name Jane ?
15. Birthplace Md

16 (a) Informant City Hosp. Records Dept.
(b) Address Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Balto.

18 (a) Funeral director Joseph O. Locke, Jr.
(b) Address 1304 E. Caldwell Ave.

19 (a) Hunting for Williams, 1804 (Date rec'd by Registrar) Registrar

FEB 8 - 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31 1940, at 10 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an injury thereon (Autopsy or Inquiry) and from the evidence obtained by said injury (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Fracture, right femur — Duration ~~10 min~~ unknown
Due to
Due to
Other Conditions Bronchopneumonia terminal
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence October 1939
(c) Where did injury occur? 304 North High St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? — (Specify type of place)
(e) Means of injury fell down steps of home

23. Signature H. F. W. Allen M.D.
Asst. Medical Examiner.
Date signed Feb 14, 1940

F 65941

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65941 Registered No. 122-B

PRINT PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The number is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution West Balto Gen'l. Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1811 N. Pulaski St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ? years

3 (a) FULL NAME Lena Teitelbaum

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W.

6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife Simcha Teitelbaum

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 71 Months Days If less than one day hr. min.

9. Birthplace Russia? (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Jos. Lemelman

13. Birthplace Russia

MOTHER 14. Maiden Name Catza —

15. Birthplace Russia

16 (a) Informant Son Wolf B. Teitelbaum

(b) Address 1811 N. Pulaski St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-40 (month) (day) (year)

(c) Cemetery or crematory Hebrew Mt. Carmel

Location Herman Mill Road

18 (a) Funeral director Jack Levin Inc.

(b) Address 1439 E. Balto. St.

19 (a) FEB 8 (b) 1940 Huntington Williams, M.D. (Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7 1940, at 7.30 A.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Feb. 6 1940 to Feb 7 1940, and that I last saw h[illegible] alive on Feb 7 1940.

Immediate cause of death Terminal Broncho-pneumonia — Duration

Due to

Due to Intestinal Obstruction (partial)

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. B. G. M.D. Date signed

VS 3

F 65942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65942
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ days.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 605 Hauser St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Payne, Bernard William
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 9, 1939
8. AGE: Years | Months: 6 | Days: 29 | If less than 1 day: hr. min.
9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Infant
11. Industry or business

FATHER
12. Name: Payne, Wm.
13. Birthplace: West Virginia

MOTHER
14. Maiden Name: Thomas, Amanda
15. Birthplace: Baltimore, Md.

16 (a) Informant: Mother
(b) Address: 605 Hauser St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10-40 (month) (day) (year)
(c) Cemetery or crematory: Mt. Calvary Ct
Location: Balt

18 (a) Funeral director: Isaiah L. Brown & Son
(b) Address: 1 & W Montgomery St. Huntingdon Wilkinson, M.D.

FEB 8-1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7 1940 at 9 40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 6 1940 to Feb. 7 1940 and that I last saw him alive on Feb. 7 1940.

Immediate cause of death: Bronchopneumonia — Duration: 4 days.
Due to: Pertussis — 2days
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Jacob Schiff Light M. D.
Address: Sydenham Hospital Date signed 2-8-40.

VS 2

F 65943

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

181 F 65943 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr 7 1/2
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 706 W Barre St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 36 years

3 (a) FULL NAME FLORENCE AGRO or Alfonina

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband ~~or wife~~: John Agro
6 (c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.): January 2nd 1886

8. AGE: Years 54 ~~Mos~~ | Months 1 | Days 4 | If less than one day: hr. min.

9. Birthplace: Alessandria Della Rocca (Town, county, and state) Italy

10. Usual Occupation: Housewife
11. Industry or business: home

FATHER
12. Name: Antonino Cacciatore
13. Birthplace: Italy

MOTHER
14. Maiden Name: Maria Ficarotta
15. Birthplace: Italy

16 (a) Informant: John Agro (Husband)
(b) Address: 706 W. Barre St.

17 (a) New Cathedral Ce. (Burial, cremation, or removal) (b) Date thereof Feb. 9 1940 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral
Location: Baltimore Md.

18 (a) Funeral director: Frank Della Rocca
(b) Address: 52 N. Morley St.

19 (a) FEB 8 - 1940 (Date rec'd by Registrar) (b) Signature of Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6 1940, at 2 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came her death on the day stated above.

	Duration
Immediate cause of death: Burns, shock	1 hr.
Due to: Burns, 1st, 2nd 3rd degree entire body	
Due to:	
Other Conditions: no history	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence: February 6, 1940
(c) Where did injury occur? 706 W Barre St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury: Burn trash in yard, clothes caught fire

23. Signature: [illegible] M.D. Medical Examiner.
Date signed: Feb 6/1940

VS 6

F 65944

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 65944 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2516 E. Eager St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME ANGELO W CECHETTE CICCHETTI

3 (b) If veteran, name war: World War

3 (c) Social Security Account No. 213-03-6152

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Vincenza Cicchetti

6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) April 15 1899

8. AGE: Years 40 43 | Months 9 | Days 2 | If less than one day: hr. min.

9. Birthplace: Pretura Italy (Town, county, and state)

10. Usual Occupation: Stone mason

11. Industry or business: Building

FATHER
12. Name: Carlantonio Cicchetti
13. Birthplace: Italy

MOTHER
14. Maiden Name: Maria Frezza
15. Birthplace: Italy

16 (a) Informant: Vincenza Cicchetti (Wife)
(b) Address: 2516 E. Eager St.

17 (a) Holy Redeemer (Burial, cremation, or removal) (b) Date thereof Feb. 10-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Baltimore Md.

18 (a) Funeral director: Frank Della Rocca
(b) Address: 52 N. Morley St.

19 (a) FEB 8 1940 (Date received by Registrar) (b) Harry Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7 1940, at 9 22 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration: sudden
Due to
Due to
Other Conditions: no history
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: H. Lee Wollenweber M.D. Medical Examiner.
Date signed Feb 7, 1940

F 65945

John A. Holloway

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 65945

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4515 Wilmslow Road
(c) Hospital or institution: D. O. A. Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4515 Wilmslow Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John A. Holloway

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30, 1938

8. AGE: Years 1 | Months 20 8 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER 12. Name Arthur L. Holloway
13. Birthplace Baltimore, Maryland.

MOTHER 14. Maiden Name Dorothy L. Medinger
15. Birthplace Baltimore, Maryland.

16 (a) Informant Arthur L. Holloway
(b) Address 4515 Wilmslow Road

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 2/10/40 (month) (day) (year)
(c) Cemetery or crematory Moreland Mem. Cem.
Location

18 (a) Funeral director A. Howard Evans
(b) Address 1400 South Charles Street.

19 (a) Huntington Williams, M.D. (Date received) registrar) Registrar

FFR 8-1940

VS 6

MEDICAL CERTIFICATION

5:40 P

20. DATE OF DEATH Feb 7 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Status thymico-lymphaticus	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. B. Vandersteft M.D. Medical Examiner.

Date signed 2-8-40

65946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-C Registered No. F 65946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) None

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or Town Rocks (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Edwin Kegley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-15-39

8. AGE: Years	Months	Days	If less than one day
	10	22	hr. min.

9. Birthplace Rocks, Harford Co. Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name J. Lucian Kegley
13. Birthplace Virginia

MOTHER
14. Maiden Name Florence Harkins
15. Birthplace Maryland

16 (a) Informant Lucian Kegley
(b) Address Rocks Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 9-40 (month) (day) (year)
(c) Cemetery or crematory Bethel cemetery
Location Madonna Harford Co

18 (a) Funeral director Eastridge Bros
(b) Address Jarrettsville Md

FEB 8 1940 (Signature by registrar) (b) Registrar

Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 1940, at 7:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8:45 A.M. 1940 to 7:30 A.M. 1940, and that I last saw him alive on 2-7-1940.

Immediate cause of death	Duration
Laryngotracheobronchitis	4 days
Due to Pneumococci	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Tracheotomy - 2/7/40 Edwin Tracheal Opening
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph M Cordi M. D.
Address Union Memorial Hosp. Date signed 2/7/40

F 65947 ₹5097

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119-a

F 65947 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (~~year~~ mos., or days) 13
(e) Length of stay in Baltimore (~~year~~ mos., or days) 13

also town at ↙

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 724 Edmondson Ave CATONSVILLE (Give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby girl Evans

3 (b) If veteran, name war: no

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 26, 1940

8. AGE: Years | Months | Days: 13 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation BABY

11. Industry or business

FATHER
12. Name William J. Evans
13. Birthplace Chase

MOTHER
14. Maiden Name DOROTHY BELL
15. Birthplace Baltimore, Md.

16 (a) Informant William J. Evans
(b) Address 724 Edmondson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 8 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel Cemetery
Location O'Donnell Street East

18 (a) Funeral director Williams Cook
(b) Address 1419 or Paul Street

19 (a) FEB 8 1940 (Date rec'd by Local Reg.) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB. 8 1940, at 6:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6, 1940 to Feb 8, 1940, and that I last saw her alive on Feb 8 1940.

Immediate cause of death	Duration
~~Diarrhea~~ Pneumonia	1 day
Due to Diarrhea	10 days
Due to	
Other Conditions GENERALIZED EDEMA	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? no (Specify type of place) While at work? no
(e) Means of injury

23. Signature Charles H. Doelker Jr
Address Mercy Hospital Date signed 2-8-40 M.D.

F 65948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

Registered No. F 65948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 412 Westgate Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 412 Westgate Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME FRANK S FRAZER

3 (b) If veteran, name war — 3 (c) Social Security Account No. — NONE

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Josie E Frazer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 6 1870

8. AGE: Years 69 ~~Months~~ | Months 3 | Days | If less than one day hr. min.

9. Birthplace California (Town, county, and state)

10. Usual Occupation Retired Motorman

11. Industry or business United Railways

FATHER
12. Name John Frazer
13. Birthplace California

MOTHER
14. Maiden Name Mary Unknown
15. Birthplace California

16 (a) Informant Evelyn Frazer
(b) Address 412 Westgate Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 9/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Wilhelm Corp
(b) Address 1219 E Fort Ave

19 (a) FEB 8 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6 1940, at 2 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Arteriosclerotic heart disease — Duration unknown

Due to —

Due to —

Other Conditions Auricular fibrillation

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J & I Wollenweber M.D.
Asst Medical Examiner.

Date signed Feb 6 1940

65949

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-W

Registration No. E 65949

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1404 W Lexington
(c) Hospital or institution:
Aged Women's Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 W. Lexington
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Ella S. Waterhouse

3 (b) If veteran, name war: N

3 (c) Social Security Account No. NONE

4. Sex: F

5. Color or race: white

6 (a) ~~Single, married,~~ widowed, or ~~divorced~~: Widowed

6 (b) Name of ~~husband~~ or wife: Edgar S Waterhouse

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 4 1859

8. AGE: Years 80 | Months 6 | Days 2 | If less than one day: hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation At Home for Aged

11. Industry or business

FATHER
12. Name Joseph S. Underwood
13. Birthplace

MOTHER
14. Maiden Name Mary E. Sartzer
15. Birthplace

16 (a) Informant Records of Aged Women's and Aged Men's Homes
(b) Address 1400 W. Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 9 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director William Cook
(b) Address 1211 St Paul Street

19 FEB 8 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6 1940 at 8 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/20/39 19 2/6/40 19
and that I last saw h or alive on 2/5/40 19

Immediate cause of death: Chronic nephritis
Generalized arteriosclerosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward B. Jewell M.D.

Address 1115 St. Paul St. Date signed 2/7/40

65950

HEALTH DEPARTMENT—CITY OF BALTIMORE 65950

CERTIFICATE OF DEATH

95-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 Warn St., Ward 17)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME James Johnson

If U. S. Veteran specify WAR _____

(a) Residence: No. 213 W Lee St. St., _____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 5th 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice Plant

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Hunterton, Pa.
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) —
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) —
(State or country)

17. INFORMANT Dennis Johnson
(Address) 213 Wade St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cemetery Date Feb 8th 1940

19. UNDERTAKER Archibald A Gladding
(Address) 2101 McCulloh St

20. FILED FEB 8 - 1940 Hunting Ave & William St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1940 to Feb 5, 1940

I last saw h— alive on Feb 5 1940 Death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Asthma	
Other contributory causes of importance:	

Was an operation performed? 2nd Date of _____

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, what? _____

(Signed) Louis A. Johnson M. D.

(Address) 2329 E Preston St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

65951

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 53

43418 SD

F 65951

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore city hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 mo
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hugh Moylan — Moylan

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-2784

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	separated

6 (b) Name of husband or wife Gertrude - Scherr
6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) Oct. 7, 1875

8. AGE: Years	Months	Days	If less than one day
64	4	0	— hr. — min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None - Retired
11. Industry or business Watchman Standard Oil Co.

FATHER
12. Name William Moylan
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Conor
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross - N.Y.
Location Baltimore Md

18 (a) Funeral director George J. Roth Inc
(b) Address 1735 - Hilford Ave

19 (Date received by registrar) FEB 8 - 1940 (Signature of registrar) Thurston Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7 1940, at 6:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 30 1938, to Feb. 7 1940, and that I last saw him alive on Feb. 7 1940.

Immediate cause of death: Hypertensive cardiovascular disease — Duration: 5 years

Due to

Due to

Other Conditions: Basal cell carcinoma of the face — Duration: 5 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Belle Clay Hosp. Date signed 2-7-40

VS 3

F 65952

LB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

F 65952 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days 2 mths.
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4919 Belair Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? 48 yrs. years

3 (a) FULL NAME Lilly Albers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 29, 1887

8. AGE: Years	Months	Days	If less than one day
52	3	7	hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Seamstress

11. Industry or business Baltimore City Hospitals

FATHER
12. Name Henry Albers (d)
13. Birthplace Germany

MOTHER
14. Maiden Name Klise Vonseggern (d)
15. Birthplace Germany

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto

18 (a) Funeral director John Ulrich
(b) Address 2008 Eastern

19 (a) (Date rec'd by registrar) (b) [illegible] Williams M.D. (Signature of physician)

AFR 8 = 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-6 1940, at 1 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-27 1939. to 2-6 1940. and that I last saw her alive on 2-6 1940.

Immediate cause of death: Carcinoma Stomach with metastasis — Duration: over 2 months

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. K. Woodward Jr. M. D.
Address Balto City Hosp. Date signed 2-6-40

F 65953

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133-a

F 65953

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Fairmount
(c) Hospital or institution:
Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto Co.
(c) City or town Baltimore Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6612 Dunbar Road
(If rural give location)
(e) If foreign born, how long in U. S. A.) 9 years

3 (a) FULL NAME Mrs ~~Ida~~ Malt Olga Molt.

3 (b) If veteran, name war

3 (c) Social Security ~~Account~~ No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married

6 (b) Name of husband or wife John Malt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22 1869

8. AGE: Years	Months	Days	If less than one day
70	7	16	hr. min.

9. Birthplace Russia
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home Duties

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Mrs Pauline Malt
(b) Address 6612 Dunbar Rd. Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore Md.

18 (a) Funeral director Reid & Williams
(b) Address Baltimore Md.

19 (a) FEB 8 - 1940 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7 1940, at 3:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4 1940, to Feb 7 1940, and that I last saw her alive on Feb 7 1940.

Immediate cause of death
Anemia — Duration 2 wks
Due to Pyelonephritis — Duration 3 yrs
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isabella Hannon M. D.
Address Church Home & Infirmary Date signed Feb 7 1940

F 65954

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-C

Registered No. F 65954

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 859 PARK AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 859 PARK AVE (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WM. EDWARD HECKERT

3 (b) If veteran, name war: NONE
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 2, 1926

8. AGE: Years	Months	Days	If less than one day
13	8	6	hr. min.

9. Birthplace CLARKSBURG. W. VA. (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name CHAS. M. HECKERT
13. Birthplace GLENVILLE. W. VA.

MOTHER
14. Maiden Name LILLIAN STEVENS
15. Birthplace SEBRING. OHIO.

16 (a) Informant MRS. LILLIAN HECKERT
(b) Address 859 PARK AVE.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Wash D C

18 (a) Funeral director Thomas Murray
(b) Address Wash D C

19 (a) FEB 8 1940 (Registrar) (b) [illegible] (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB 8 1940, at 6a. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-3 1940 to 2-8-1940 and that I last saw h in alive on 2-3 1940.

Immediate cause of death: Acute laryngo-tracheo-bronchitis.
Due to
Due to Muscular Dystrophy
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Theodore A. Schwartz M. D.
Address Medical Arts Bldg. Date signed 2/10/40

M. D. B. 1268-B

F 65955

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65955

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1926 Ridgehill Ave St., 15-F Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida Elizabeth Mittnacht

(a) Residence: No. 1926 Ridgehill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Benjamin A. Mittnacht

6. DATE OF BIRTH (month, day, year) Feb 27, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Edward Zerbaut

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Emma Clark

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Harry A. Mittnacht 1926 Ridge Hill Ave

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date 2/10/40

19. UNDERTAKER (Address) Howard D. Covington 21 W. 23rd St

20. FILED FEB 8 - 1940 19 ... Thurston Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7 . 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 . 1938 to Feb 7 . 1940

I last saw h[illegible] alive on Feb 7, ... 1940 Death is said to have occurred on the date stated above, at 1.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myxedema	
Hypertensive Cardio-Vascular Disease	
Right Hemiplegia	May 6, '38
Myocarditis, Chronic	
Other contributory causes of importance: Acute Myocardial Failure	Feb 7, '40

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. Allen Deckert M. D.

(Address) 127 St Paul St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

65956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 116

F 65956 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1304 Stevenson St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JAMES SAVAGE

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 32 | Months | Days | If less than one day: hr. min.

9. Birthplace Edenton N. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name James Savage
13. Birthplace N. C.

MOTHER 14. Maiden Name Mary Bond
15. Birthplace N. C.

16 (a) Informant Bessie Savage
(b) Address 647 W. Lafayette ave

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof 2 9 40 (month) (day) (year)
(c) Cemetery or crematory Edenton. N.C.
Location Chowan County

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania ave

19 (a) FEB 8 - 1940 (Date received by registrar) (b) Registrar Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6th 1940, at 4 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquest) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hemorrhage due to Ruptured esophageal varicosities — Duration

Due to

Due to

Other Conditions No history

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. T. Wallenmeyer M.D.
Medical Examiner.
Date signed Feb 8, 1940

F 65957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

F 65957 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 520 Augusta St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Brown

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-09-2008

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
30?			hr. min.

9. Birthplace Darlington S.C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Robert Brown
13. Birthplace S.C.

MOTHER 14. Maiden Name Sallie Hanks
15. Birthplace S.C.

16 (a) Informant Sarah Brown
(b) Address 516 Augusta St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 9 40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Anne Arundel County

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania Ave

19 (a) FEB 8 1940 (Date received by registrar) Huntingtown Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 - 5 - 1940, at 8:05 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Stab wound of Heart	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 2 - 5 - 40
(c) Where did injury occur? Baltimore Md. - Arlington St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial (Specify type of place) While at work? Yes
(e) Means of injury Stab wound of Chest

23. Signature Howard J Malkus M.D. Medical Examiner.
Date signed 2 - 6 - 40 Coroner's Inquest

F 65958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

Registered No. F 65958

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 815 Madison Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 66-6-12

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 815 Madison Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Hett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Married

6 (b) Name of husband or wife Charles Hett
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Sept 27-1873

8. AGE: Years	Months	Days	If less than one day
66	6	12	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Jacob Leffert
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Schmidt
15. Birthplace Germany

16 (a) Informant Charles Hett
(b) Address 815 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 9-1940 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore Md

18 (a) Funeral director Chas. E. Franck
(b) Address 847 Madison Ave

FEB 8 - 1940 (b) [signature] Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 6 1940, at 6.30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 5 1939, to Feby 6 1940, and that I last saw h[illegible] alive on 19

Immediate cause of death	Duration
Chronic Nephritis	one 6 mos
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. C. Pettet M. D.
Address 817 Hamilton Terr Date signed

65959

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65959

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 176 S Morley
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 176 S Morley (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME John F Rothenhoefer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 13 1846

8. AGE: Years 93 | Months 5 | Days 24 | If less than one day hr. min.

9. Birthplace Germany (Town, county and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Not Known
13. Birthplace Germany

MOTHER 14. Maiden Name Not Known
15. Birthplace Germany

16 (a) Informant Charles F Rothenhoefer
(b) Address 176 S Morley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-40 (month) (day) (year)

(c) Cemetery or crematory Cathedral
Location Baltimore MD

18 (a) Funeral director George G Tagley
Address Junction Ave & Fayette

19 (a) FEB 8 1940 (Date rec'd by registrar) (b) Thurlington Williams Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6 1940 at 11:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 31 1940, to Jan 6 1940, and that I last saw h alive on Jan 4 1940.

Immediate cause of death | Duration

Coronary Occlusion | hidden
Due to Arterio Sclerosis |
General Senile |
Due to |
Other Conditions |
(Include pregnancy within 3 months of death) |

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Elliot W Johnson M. D.
Address 3032 Druid Hill Ave Date signed 2/8/40

F 65960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-W Registered No. F 65960

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo24da.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mo. 24 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Allegany
(c) City or town Westernport (If outside city or town limits, write RURAL and give town)
(d) Street No. 137 Main Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME John Michael Donnelly

3 (b) If veteran, name war WW

3 (c) Social Security Account No. 216-07-5991

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Bessie A. Munsey

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 7, 1890

8. AGE: Years 50 | Months 1 | Days 0 | If less than one day ..... hr. ..... min.

9. Birthplace Ellis Garden, West Virginia (Town, county, and state)

10. Usual Occupation Paper mill worker

11. Industry or business W. Va. Pulp and Paper Co.

FATHER
12. Name Alexander Donnelly
13. Birthplace Scotland

MOTHER
14. Maiden Name Catherine Barnhill
15. Birthplace Scotland

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10-1940 (month) (day) (year)
(c) Cemetery or crematory Philos
Location Westernport Md

18 (a) Funeral director D. S. Boal
(b) Address Westernport Md

19 (a) Filed (Date received by Registrar) FEB 8 1940 (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7, 1940 at 9:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 14, 1939 to Feb. 7, 1940. and that I last saw him alive on Feb. 7, 1940.

Immediate cause of death	Duration
Bronchial pneumonia	1 week
Hydrothorax	1 week
Due to Metastasis to pleura	Unknown
Due to Primary carcinoma of left Kidney	Unknown
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) ..... (County) ..... (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature O. E. Denney M. D.
Address U. S. Marine Hospital Baltimore, Maryland. Date signed 2-8-40

F 65961

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161-a Registered No. F 65961

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address The Johns Hopkins Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 min

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 616 N. Eden St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Byrd

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife Single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 21, 1939

8. AGE: Years	Months	Days	If less than one day
			8 hr. 30 min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name Thomas Byrd
13. Birthplace Virginia

MOTHER
14. Maiden Name Sadie Lee Williams
15. Birthplace Virginia

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL FEB 3 - 1940
Location

18 (a) Funeral director Commissioner of Health
(b) Address P. H. A. Moore Huntington Williams, M.D.

19 (a) FEB 8 1940 5378 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21 1939, at 6.25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 21 1939, to Dec. 21 1939, and that I last saw him alive on Dec. 21 1939.

Immediate cause of death	Duration
Atelectasis of lungs.	
Aspiration, gastric contents	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. W. Overstreet M. D.
Address Johns Hopkins Hosp. Date signed 2-2-39

F 65962

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161-7

Registered No. F 65962

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address The Johns Hopkins Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs 6 min
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1809 Madison Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

4-3

3 (a) FULL NAME Wise

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	single

6 (b) Name of husband or wife single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 1, 1939

8. AGE: Years	Months	Days	If less than one day
			7 hr. 0 min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name Frederick Wise
13. Birthplace Maryland

MOTHER
14. Maiden Name Alice Brady
15. Birthplace Maryland

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL FEB 8 - 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address Huntington Williams, M.D.

19 (Date rec'd by registrar) FEB 8 - 1940 5378 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 2 1939, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1 1939, to Dec. 2 1939, and that I last saw him alive on Dec. 2 1939.

Immediate cause of death	Duration
aspiration, gastric contents	1 day
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. W. Overstreet M. D.
Address Johns Hopkins Hosp. Date signed 2-7-39

VS 3

F 65963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 65963

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State VA (b) County
(c) City or town Richmond (If outside city or town limits, write RURAL and give town)
(d) Street No. 409 Church (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Atkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 40 | Months | Days | If less than one day: hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name James Atkins

13. Birthplace Virginia

MOTHER 14. Maiden Name Cora —

15. Birthplace Virginia

16 (a) Informant Richards

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery JOHNS HOPKINS MEDICAL SCHOOL FEB 3 - 1940

Location Commissioner of Health

18 (a) Funeral director

(b) Address Per H. A. Moore Hunting & Williams, M.D.

19 (a) FEB 8 - 1940 (Date received by registrar) 5876 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN - 29 1940, at 6.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 27 1940, to JAN 29 1940, and that I last saw him alive on JAN 29 1940

Immediate cause of death: Lobar Pneumonia — Duration: 7 days

Due to: Pneumococcus type 17

Due to:

Other Conditions: Chronic Alcoholism

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Confirmatory

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W B McAllister Jr M.D.

Address Date signed 2-6-40

VS 8

F 65964 #195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ Registered No. F 65964

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1916 Aliceanna St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Rompa

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age / years

7. Birth date of deceased (mo., day, yr.) 12-15-73

8. AGE: Years 66 | Months 1 | Days 18 | If less than one day hr. 16 min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Jos. Rompa
13. Birthplace Austria

MOTHER 14. Maiden Name Barbara ?
15. Birthplace Austria

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or JOHNS HOPKINS MEDICAL SCHOOL FEB 8 - 1940
Location Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore Huntington Williams, Mgr

19 (a) FEB 8 - 1940 5375 Registrar
(Date filed by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 3 1940 at 12 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 30 1940 to Feb-3 1940 and that I last saw him alive on Feb-3 1940.

Immediate cause of death Congestive heart failure — Duration 3 wks.

Due to Arterio-sclerotic heart disease — 4 yrs?

Due to

Other Conditions Cellulitis leg. Emphysema

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature WB Mc Allister Jr. M. D.
Address Date signed 2-6-40

F 65965

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157E Registered No. F 65965

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 104 E Argyle Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 104 E Argyle Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Harlee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	

6 (b) Name of husband or wife Howard Harlee
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 2-4-40

8. AGE: Years	Months	Days	If less than one day
~~Premature~~ 0		1	~~23~~ hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name John F. Harlee
13. Birthplace Florence S. C.

MOTHER
14. Maiden Name Novail Ballard
15. Birthplace Camden S. C.

16 (a) Informant Mabel B. Moore
(b) Address 821 Harlem Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL FEB 8 - 1940
Location

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. M.

19 (a) FEB 8 - 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) 5380 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-5- 1940, at 8:20 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquisition - Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquisition - Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Premature Birth — Duration Lived about 29 hours

Due to Congenital Heart

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature Howard J. Harlee M.D.
Medical Examiner.
Date signed 2-6-40

65966

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

Registered No. F 65966

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 542 S. Paca St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 542 S. Paca St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie E. Coursey

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife James H. Coursey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 2, 1861

8. AGE: Years	Months	Days	If less than one day
79	-	4	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Mr. Douglass
13. Birthplace Virginia

MOTHER
14. Maiden Name Unknown
15. Birthplace Virginia

16 (a) Informant Mr. Earl Coursey
(b) Address 542 S. Paca St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 8, 1940 (month) (day) (year)
(c) Cemetery or crematory London Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director [illegible]
(b) Address 1005 E. Baltimore St.

19 (a) FEB 8 - 1940 (Date received by registrar) Herrington for Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6 1940, at 3.15A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4 1940, to Feb 6 1940, and that I last saw her alive on Feb 5 1940

Immediate cause of death — Duration

Bronchial Pneumonia — 5 days

Due to

Due to

Other Conditions chr. Myocarditis — ?

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. J. Denton M. D.
Address 3228 Eastern Ave. Date signed 2-7-40

48662 - M

65967

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30F

Registered No. F 65967

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct if especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos., 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1925 W. Fairmount Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard Morgan

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-6301

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 3, 1889.

8. AGE: Years	Months	Days	If less than one day
51	1	3	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business National Can Co.

FATHER
12. Name Martin Morgan
13. Birthplace Md.

MOTHER
14. Maiden Name Annie Wempler
15. Birthplace Md.

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-40. (month) (day) (year)
(c) Cemetery or crematory Parkwood.
Location

18 (a) Funeral director Wendell E. Humphreys
(b) Address 1501 N. Broadway.

19 (a) 2-8-40 (Date received by registrar) (b) Huntington Williams, M. D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6 1940, at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 25 1939, to Feb 6 1940, and that I last saw h im alive on Feb. 6 1940.

	Duration
Immediate cause of death: Syphilitic Heart Disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Williams M. D.
Address Balto City Hosp. Date signed 2-7-40

65968

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 65968

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct error is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D. of A. St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2132 E. Federal St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Henry Brooks

3 (b) If veteran, name war —
3 (c) Social Security Account No. 213-10-5439

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Amelia Brooks
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-25-1876

8. AGE: Years	Months	Days	If less than one day
63	10	13 1/2	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Bugle Coat & Apron Co

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs Amelia Brooks
(b) Address 2132 E Federal Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location E North Ave & Rose St

18 (a) Funeral director Albert L Hilly Jr
(b) Address 1606 N Chester St

19 (a) FEB 8 1940 (Date received by registrar) (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7 1940 at 3:05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. B. Vandegrift M.D.
Medical Examiner.
Date signed 2/8/40

F 65969

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. F 65969

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland S.
(b) Street address 418 Hewkirk st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) 64

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 418 Hewkirk
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lena Grasnick

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W	Widow

6 (b) Name of husband or wife Charles
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 14 1875

8. AGE: Years	Months	Days	If less than one day
64	11	21	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name Dont Know
13. Birthplace Germany

MOTHER
14. Maiden Name Dont Know
15. Birthplace Dont Know

16 (a) Informant Mrs Annie M Fickus
(b) Address 418 Hewkirk st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 10 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave Ext

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 Filed FEB 8 1940 (b) Huntington Williams, M.D.
(Date received by the Bureau)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7 1940, at 7:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 28 1940, to Feb 7 1940, and that I last saw her alive on Feb 6 1940.

Immediate cause of death	Duration
Due to Lobar Pneumonia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A Dana Tod M. D.
Address 46 6 Eastern Ave Date signed 2/9/40

F 65970

F 65970

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1347 West 41st Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1347 W 41st St (If rural give location)
13 8
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Bollinger

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife William H. Bollinger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 9-1861

8. AGE: Years	Months	Days	If less than one day
78	2	26	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business House wife

FATHER
12. Name Charles Sherwood
13. Birthplace Baltimore

MOTHER
14. Maiden Name Catherine Hart
15. Birthplace Baltimore

16 (a) Informant William H. Bollinger
(b) Address 1347 West 41st Street

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-9-40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Reisterstown Road

18 (a) Funeral director A. B. Marshall
(b) Address 2539 Falls Road

19 2-9-1940 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 21 1940 to Feb 7 1940, and that I last saw her alive on Feb 6 1940.

Immediate cause of death	Duration
Acute Cardiac Dilatation	Acute
Due to Myocarditis	?
Due to Senility	
Other Conditions Acute Bronchitis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank H. Marshall M. D.
Address 4037 Falls Road Date signed 2/8/40

F 65971

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 65971

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 46 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1124 Homewood Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Leland (51241)

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Rose
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 24, 1877

8. AGE: Years	Months	Days	If less than one day
62	1	14 13	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Carpenter (Self)
11. Industry or business Farrood Wood Floor

FATHER
12. Name Patrick Leland
13. Birthplace Ireland

MOTHER
14. Maiden Name Jane Denay
15. Birthplace Ireland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/40 (month) (day) (year)
(c) Cemetery or crematory National
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7, 1940, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 23, 1939, to Feb. 7, 1940, and that I last saw him alive on Feb. 7, 1940.

Immediate cause of death: Tuberculosis of the lungs — Duration Aug 1939

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Baltimore City Hosp. Date signed 2/8/40

F 65972

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 and F 65972

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1117 E North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1117 E North Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth M Hornsby

3 (b) If veteran, name war No

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Louis S Hornsby
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) May 6 1876

8. AGE: Years	Months	Days	If less than one day
63	6	3	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Richard C Harrison
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Cooke
15. Birthplace Baltimore Md

16 (a) Informant Louis M Hornsby
(b) Address 1117 E North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 10 40 (month) (day) (year)
(c) Cemetery ~~Woodlawn~~ Woodlawn
Location Balto Co. Md.

18 (a) Funeral director J McCoy
(b) Address 1219 E Fort Ave

19 (a) Date received by registrar 1940 (b) Signature of registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8 1940, at 4:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 13 1940, to Feb 15 1940, and that I last saw her alive on Feb 15 1940.

Immediate cause of death	Duration
Bronchopneumonia	2 days
Arteriosclerotic Dementia	
Chronic nephritis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Frazier M. D.
Address 402 E. Fairmount Ave Date signed 2-15-40

F 65973

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

5-51 F 65973 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1406 N. Bethel St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rudolph Hippman

3 (b) If veteran, name war: NW

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna Hippman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown 6/4/1881

8. AGE: Years	Months	Days	If less than one day
58	8	3	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Blacksmith
11. Industry or business

FATHER
12. Name Unknown Ludwig Hippman
13. Birthplace Unknown Germany

MOTHER
14. Maiden Name Unknown Augusta Wirsflow
15. Birthplace Unknown Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Balto (Burial, cremation, or removal) (b) Date thereof 2/10/40 (month) (day) (year)
(c) Cemetery or crematory Balto
Location Balto Md
18 (a) Funeral director William Cook
(b) Address 1917 St. Paul St.

FEB 9 1940 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7 1940, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 7 1940 to Feb 7 1940, and that I last saw h[illegible] alive on Feb 7 1940.

Immediate cause of death	Duration
Lobar Pneumonia	unknown
Due to	
Due to	
Other Conditions Varicose ulcers	unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. McCrea Slade M. D.
Address Balto City Hosp Date signed 2-9-40

F 65974

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1941

Registered No. F 65974

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Joseph's Hosp.
(c) Hospital or institution: Caroline & Oliver
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 715 E 30th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr John W Baker

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Mary Baker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29th 1881

8. AGE: Years	Months	Days	If less than one day hr.	min.
58	7	9		

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Construction
11. Industry or business State Road Commission

FATHER
12. Name Greenbury Mathias Baker
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Mary Falkenhann
15. Birthplace Germany

16 (a) Informant Mary Baker
(b) Address 715 E. 30th st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md

18 (a) Funeral director Wilkins Cook
(b) Address 1217 St. Paul st

19 (a) FEB 9 1940 (Date rec'd by registrar) Municipal Registrar
(b) Registrar's No. 0

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-8- 1940, at 3:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-7 1940, to 2-8 1940, and that I last saw him alive on 2-8 1940.

Immediate cause of death	Duration
Lobar pneumonia, pneumococcic (left lower)	10 days
Due to Diabetes Mellitus ? (mild)	
Due to	
Other Conditions arteriosclerotic hypertension	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. R. Tumpt M. D.
Address St. Joseph's Hosp. Date signed

HEALTH DEPARTMENT—CITY OF BALTIMORE

65975 F 65975

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1042- Edmondson Ave 6-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Sarah Booker

If U. S. Veteran specify WAR. _____

(a) Residence: No. 1042- Edmondson St., _____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Booker

6. DATE OF BIRTH (month, day, year) 8-4-1901

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
38	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) Jan 1940 | 11. Total time (years) spent in this occupation. _____

12. BIRTHPLACE (city or town) (State or country) Hawaii Md. Co

FATHER

13. NAME Mason L. Brown

14. BIRTHPLACE (city or town) (State or country) Calvert Co.

MOTHER

15. MAIDEN NAME Alice Lyles

16. BIRTHPLACE (city or town) (State or country) Howard Co.

17. INFORMANT Eva Brown

(Address) 407- N. Dukeland

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Md Date Feb. 9, 19 40

19. UNDERTAKER Mrs Ratin R Williams

(Address) 322 S Schroeder St

20. FILED FEB 9 - 1940 19__ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-6-, 1940

22. I HEREBY CERTIFY, That I attended deceased from 2/1/40, 19__, to 2/6/40, 19__

I last saw her alive on 2/5, 19 40 Death is said to have occurred on the date stated above, at 3a m.

The principal cause of death and related causes of importance were as follows:

	Duration
Lobar Pneumonia	2/1/40
Acute Dilatation of Heart	2/1/40

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) H. E. Jackson M. D.

(Address) 600 Madeira Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

65976 HEALTH DEPARTMENT—CITY OF BALTIMORE 65976

CERTIFICATE OF DEATH

131-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 191 N. Schroeder St., 18-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hampton Dixon

If U.S. Veteran specify WAR .....

(a) Residence: No. 19 N. Schroeder St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Dixon

6. DATE OF BIRTH (month, day, year) Jan 12 /94

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) West River Md

FATHER

13. NAME Robert Dixon

14. BIRTHPLACE (city or town) (State or country) West River Md.

MOTHER

15. MAIDEN NAME Elizabeth Grose

16. BIRTHPLACE (city or town) (State or country) West River Md

17. INFORMANT Laura Dixon

(Address) 19 N Schroeder St

18. BURIAL, CREMATION, OR REMOVAL

Place West River, Md Date Feb 9, 1940

19. UNDERTAKER Mrs Katie R Williams

(Address) 1927 N Schroeder St

FEB 9 - 1940

21. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb - 6 - 1940

I HEREBY CERTIFY, That I attended deceased from Nov - 5 - 1939 to Feb - 5 - 1940

I last saw him alive on Feb - 5 - 1940 Death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

Cardio Vascular Renal Disease — Date of onset 7 1

Other contributory causes of importance: Stranston

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) S A Hughes M. D.

(Address) 1443 Druid Hill Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

65977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 65977

131-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 Mosher St. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Gustus

If U. S. Veteran specify WAR

(a) Residence: No. 1114 Mosher St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Gustus

6. DATE OF BIRTH (month, day, year) March 4 67

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

FATHER

13. NAME Jacob Gustus

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Caroline Brown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Gustus

(Address) 1114 Mosher St

18. BURIAL, CREMATION, OR REMOVAL Place Arbutus Mem. Park Date Feb. 9, 1940

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N Schroeder St

20. FILED Feb 9 1940, 19

Registrar.

Huntington Avenue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5, 1940

22. I HEREBY CERTIFY, That I attended deceased from August 15, 1939 to Feb 5, 1940

I last saw h[illegible] alive on Feb 5, 1940. Death is said to have occurred on the date stated above, at 4:55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	8/15/39
Complications	
Other contributory causes of importance: Hypertension	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify No

(Signed) J. B. Stewart M. D.

(Address) 1318 Gorsuch Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

65978

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-7 Registered No. E 65978

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1114 W. 23rd St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto., Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1114 W. 23rd St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Noah Irvin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	Married

6 (b) Name of husband or wife Rachel Irvin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
51			hr. min.

9. Birthplace Greenwood S.C.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Wilbjon Irvin
13. Birthplace S.C.

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Rev. Lloyd Mitchell
(b) Address 2205 N. Howard St

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-10-1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount, Balto.
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) 2-9-1940 (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6, 1940, at 5.20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1, 1940, to Feb. 6 1940, and that I last saw him alive on Feb. 6 1940.

Immediate cause of death Myocardial Failure — Duration Stated
Due to Myocarditis — ?
Due to
Other Conditions Tenovajid
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Marvin Adams M. D.
Address 312 E. 23rd St Date signed 2-8-40

Spec.—3-15-39—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65979

CERTIFICATE OF DEATH

83-a F 65979

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1501 Baker ST. 15-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mehala Ford

(a) RESIDENCE NO. 1501 Baker ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced (or) WIFE of: Isham Ford

6 DATE OF BIRTH (month, day, and year): July 8 1884

7 AGE: Years 55 | Months 6 | Days 28 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Archie Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Gladys Barnett

(Address) 1536 N. Stricker St

15 Filed FEB 9 1940 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 4, 1940

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1940, to Feb 4, 1940, that I last saw h[illegible] alive on Feb. 4, 1940 and that death occurred, on the date stated above, at 5.30 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

CONTRIBUTORY (Secondary) (duration) yrs. mos. 4 da.

18 Where was disease contracted if not at place of death? (duration) yrs. mos. da.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. Douglas Sheppard, M. D.

2/7/40 (Address) 1063 Myrtle Ave

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: 2/9 1940

20 UNDERTAKER: Thos E. Kelson

ADDRESS 1533 Freeman St

Hereby Certify, That I Attended Deceased From [illegible]

Feb. 1, 1940, to Feb 4, 1940, that I last saw h[illegible] alive on Feb. 4, 1940 and that death occurred, on the date stated above, at 5.30 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

CONTRIBUTORY (Secondary) (duration) yrs. mos. 4 da.

18 Where was disease contracted if not at place of death? (duration) yrs. mos. da.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. Douglas Sheppard, M. D.

2/7/40 (Address) 1063 Myrtle Ave

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: 2/9 1940

20 UNDERTAKER: Thos E. Kelson

ADDRESS 1533 Freeman St

IMPORTANT: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

65980

OCK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51972

46-E Registered No. 65980

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 416 Somerset St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Viola

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 29, 1876

8. AGE: Years	Months	Days	If less than one day
63	3	7	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business —

FATHER
12. Name Spencer
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Odell
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel County

18 (a) Funeral director William G. Jackson
(b) Address 916 Penna ave

19 (a) Filed Feb 9 1940 (b) Hunter for Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-6 1940, at 10:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-16 1940, to 2-6 1940, and that I last saw him alive on 2-6 1940.

Immediate cause of death: Carcinoma sigmoid colon with metastasis — Duration: about 1 year

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Krahenbuhl Jr. M. D.
Address Balto City Hosp. Date signed 2-6-40

F 65981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

F 65981 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 W. Lafayette ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1000 W. Lafayette ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rosie Burrell

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Widowed

6 (b) Name of husband or wife Wm F. Burrell Deceased
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-27-1887

8. AGE: Years	Months	Days	If less than one day
52	1	11/10	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Laundress
11. Industry or business

FATHER
12. Name Peter Boston
13. Birthplace Va

MOTHER
14. Maiden Name Sarah Hunt
15. Birthplace Va

16 (a) Informant Laura Grayson
(b) Address 1000 W. Lafayette ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 10 40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Anne Arundel County

18 (a) Funeral director William A Parkinson
(b) Address 916 Pennsylvania ave

19 (a) Received (Date received by registrar) Place of burial or removal Mt. Williams M.P. Cemetery

FEB 10 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7 1940, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 1940 to Feb 7 1940, and that I last saw h[er] alive on Feb 6 1940.

Immediate cause of death: Chronic Pancreatitis and Nephritis (Uremia) — Duration 14 yrs

Due to

Due to

Other Conditions Cerebral Hemorrhage Hemiplegia — 5 wks
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R J Yeaney

Address 1424 E Monument Date signed 2/8/40

65982

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E F 65982 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2706 Reisterstown Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give county)
(d) Street No. 2706 Reisterstown Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Neva Nova Eisel
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Divorced
6 (b) Name of husband or wife: George W Eisel
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 7 1864
8. AGE: Years 75 Months 3 Days 29 If less than one day hr. min.
9. Birthplace Medford, Mass.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Benj. B. Noyes.
13. Birthplace Pinkerton

MOTHER
14. Maiden Name Louisa Scott
15. Birthplace London

16 (a) Informant Mr. Vernon D. Eisel
(b) Address 2626 King's Highway - Brooklyn
17 (a) Burial (b) Date thereof Feb. 9 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville - Md
18 (a) Funeral director Wm. Pfeiffer Sons
(b) Address North & Pa. Aves.
19 (a) FEB 9 - 1940 (b) Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6 1940 at P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1938 to Feb 6 1940.
and that I last saw her alive on Feb 6th 1940

	Duration
Immediate cause of death: Gangrene of left foot & leg - Dry	30 days
Due to: Diabetes mellitus	3 years
Due to: Carcinoma of Carcinoma	Indefinite
Other Conditions:	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. C. Bruinsma M. D.
Address 4201 Liberty Hgts Date signed Feb 8

65983

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 F 65983 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: W. Balt. Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimor (If outside city or town limits, write RURAL and give town)
(d) Street No. 1532 N. Smallwood St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Frances Wroten

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Levin A. Wroten
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 12, 1910

8. AGE: Years	Months	Days	If less than one day
29 & 8/12	10	26	hr. min.

9. Birthplace Oak Grove Va (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name ? Charles Davis
13. Birthplace Unknown

MOTHER
14. Maiden Name ? Unknown
15. Birthplace Unknown

16 (a) Informant Mr. Levin Wroten
(b) Address 1532 N. Smallwood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna. Avenues

19 (a) 2-9-1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-8 1940, at 1 15 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-7 1940, to 2-8 1940, and that I last saw h[illegible] alive on 2-8 1940.

Immediate cause of death Lobar pneumonia — Duration 6 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. C. Shear M. D.
Address W. B. G. H. Date signed

65984

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 65984

CERTIFICATE OF DEATH

193-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1233 E Monument St. St., 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Brawner

(a) Residence: No. 1233 E Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edward Brawner

6. DATE OF BIRTH (month, day, year) May 25 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	56	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Alfred Green

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Bloke

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Brown

(Address) 1233 E Monument

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date Feb 9 1940

19. UNDERTAKER Mrs. R. A. Elliott & Daughter

(Address) 1604 N. Caroline St

20. FILED Feb 9 1940 Victor Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 1940, 19..., to Feb 6 1940

I last saw her alive on Feb 5 1940 death is said to have occurred on the date stated above, at 5:15 a m.

The **principal cause of death** and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other **contributory causes** of importance:

Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) B P Herzog M.D.

(Address) 1305 N Patterson Park Ave M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 65985

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 65985 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The street age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Milton & Caton Aves.
(c) Hospital or institution:
St. Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Elverson
(If outside city or town limits, write RURAL and give town)
(d) Street No. None
(If rural give location)
Visit
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. James Buchanan

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex male | **5. Color or race** White | **6 (a) Single, married, widowed, or divorced.** Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

9. Birthplace Penna.
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business Own Farm

FATHER 12. Name William Buchannon
13. Birthplace Elverson, Pa

MOTHER 14. Maiden Name Louisa Finger
15. Birthplace Elverson

16 (a) Informant Clyde H. Buchannon
(b) Address Elverson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 12, 1940 (month) (day) (year)
(c) Cemetery or crematory Elverson Methodist Cem
Location Elverson, Pa.

18 (a) Funeral director J. P. Lockhart
(b) Address 509 Marsden St., Belton

19 (a) 1940 (Registered by registrar) (b) Filed Feb 13 1940 Williams, Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 8 1940, at 8:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-8 1940, to 2-8 1940, and that I last saw h. alive on 2-8 1940.

Immediate cause of death	Duration
Cerebral hemorrhage	9 hrs
Due to Hypertension	
Due to Arteriosclerosis	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles V. Lewis M. D.
Address St. Agnes' Hosp. Date signed 2-8-40

Natural Cause No Post Mortem MD

F 65986

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

F 65986 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Joseph's Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 dy
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1115 Forrest St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Michael Lavin

3 (b) If veteran, name war	3 (c) Social Security Account No. 717-07-7147

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Ellen Ellwood
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Jan. 28, 1875

8. AGE: Years	Months	Days	If less than one day
65	0	9	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Car loader
11. Industry or business Penn. R. R.

FATHER
12. Name John Lavin
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Hammell
15. Birthplace Ireland

16 (a) Informant Mrs. Ellen Lavin
(b) Address 1115 Forrest St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10, 40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

FEB 9 - 1940 (Date rec'd by registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-7-40 1940. at 12 05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-6-1940. to 2-7-1940. and that I last saw him alive on 2-7-4 1940.

Immediate cause of death mitral valvular heart disease — Duration

Due to

Due to

Other Conditions acute hepatitis, acute cholangitis, biliary obstruction
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature R. Sabatini M. D.
Address Hop Date signed 2-7-40

65987 52456-PD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

F 65987 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2320 Pennsylvania Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary West

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife William West
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-20-1875

8. AGE: Years	Months	Days	If less than one day
64	10	17	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Henry Waters
13. Birthplace Md.

MOTHER
14. Maiden Name Janna
15. Birthplace Md.

16 (a) Informant B.U.H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 10-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location West front

18 (a) Funeral director V. G. Brooks
(b) Address 1463 N. Carey St

19 (a) Filed [illegible] Registrar

2-13-1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-7 1940, at 10:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-31 1940, to 2-7 1940, and that I last saw h[illegible] alive on 2-7 1940.

	Duration
Immediate cause of death Bronchopneumonia	several days
Due to Cellulitis & ulceration of lower extremities	over 1 week
Due to	
Other Conditions Hypertensive arterio vascular disease	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. K. Woodward Jr. M. D.
Address Balto City Hosp. Date signed 2-7-40

VS 8

65988

Michaels

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 65988

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1910 Brentwood Ave

(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County —

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1910 Brentwood

(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

2563

3 (a) **FULL NAME** Margaret E Michaels

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Emil Michaels

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec 19 - 1856

8. AGE: Years	Months	Days	If less than one day
83 84	1	18	hr. ..... min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Jones

13. Birthplace Maryland

MOTHER 14. Maiden Name Michaels

15. Birthplace Md

16 (a) Informant Mrs Patrick Hackett

(b) Address 1910 Brentwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-40 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location Frederick Rd

18 (a) Funeral director Edward Toulson

(b) Address 2359 Wash Blvd

Registered by Huntington Williams M.D. Registrar

FEB 9 1940

FEB 2 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB 7 1940, at 9:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 16 1939 to FEB 7 1940, and that I last saw her alive on FEB 7 1940.

Immediate cause of death CEREBRAL HEMORRHAGE — Duration 2-7-40

Due to ARTERIOSCLEROSIS — 1939

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)

(e) Means of injury —

23. Signature Edward F Nolan M. D.

Address 6 W Lexington Ave Date signed 2-9-40

F 65989
37+636

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

87-E F 65989 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 das
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 N. Caroline St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Melvin L. Rollins
3 (b) If veteran, name war —
3 (c) Social Security Account No. 213-09-3323
4. Sex: Male
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife Mabel
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 7-8-11
8. AGE: Years 28 Months 7 Days If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Wm. Rollins
13. Birthplace Virginia

MOTHER
14. Maiden Name Elizabeth Duckett
15. Birthplace Maryland

16. (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 11, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location
18. (a) Funeral director Robert F. Gorsuch
(b) Address 804 W. Caroline St
19. (a) (b) Huntington Williams M.D.
Date received by registrar FEB 9 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8, 1940 at 10 20 a M
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 24, 1940 to Feb 8 1940 and that I last saw him alive on Feb 8th 1940

Immediate cause of death: Obstructive hydrocephalus (due to aspergillosis infection) — Duration 1 yr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings: Of operations Hydrocephalus
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Charles E. Troland M. D.
Address Johns Hopkins Hospital Date signed 2-8-40

F 65990

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131-a

F 65990 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1303 N. Milton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8/13
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1303 N. Milton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Jane Michel
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife William Michel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9 - 1869

8. AGE: Years	Months	Days	If less than one day
70	8	30	hr. min.

9. Birthplace Port Republic - New Jersey (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name James Rose
13. Birthplace New Jersey

MOTHER
14. Maiden Name Mary Jane Read
15. Birthplace New Jersey

16 (a) Informant Herbert Townsend
(b) Address 1303 N. Milton Ave:
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 10-1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md
18 (a) Funeral director Charles S. Black
(b) Address 742 West North Ave:
19 (a) (Date) Rec'd by registrar (b) Huntington Williams M.D.
VS Mrs. Goldberg 12 N. Patterson Park Ave:

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7th 1940 at 9 15 PM
21. I certify that death occurred on the date above stated; that I attended deceased from JAN. 5th 1940 to Feb 7th 1940 and that I last saw h.e.r. alive on JAN 31st 1940

Immediate cause of death	Duration
CEREBRAL HEMORRHAGE	1 MONTH
Due to HYPERTENSIVE CARDIO - VASCULAR RENAL DISEASE	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Victor Goldberg M.D.
Address 1524 N. Patterson Park Ave Date signed 2/9/40 M. D.

F 65991

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 65991 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2500 Halcyon Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2500 Halcyon Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Conrad O. Neumann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Sophia Ackerman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 22, 1861

8. AGE: Years	Months	Days	If less than one day
78	3	16	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Carl A. Neumann
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany

16 (a) Informant Louis C. Neumann
(b) Address 2500 Halcyon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 9, 1940 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Edmondson Ave & Lgwd St.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 2723 E. Preston St.

19 (a) FEB 9 1940 (Date received by Registrar) (b) [illegible] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7, 1940, at 6:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from January 15 1940 to Feb. 7 1940, and that I last saw him alive on Feb. 6 1940.

Immediate cause of death
Cerebral Hemorrhage — Duration 3 wks.
Due to
Due to
Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benj. L. Hayden M. D.
Address 3114 Harford Road Date signed 2-8-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

65992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94.a

F 65992 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 170 E Lanvale St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME FREDERICK EBERT

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9, 1854

8. AGE: Years	Months	Days	If less than one day
75 75	8	25?	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Charles Ebert
13. Birthplace Germany

MOTHER 14. Maiden Name Margaret Hulse
15. Birthplace Germany

16 (a) Informant Milton D. Weber
(b) Address 1702 E. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10, 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Eastern Ave.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 2723 E. Preston St.

19 (a) FEB 9 - 1940 (Date rec'd by Registrar) (b) [illegible] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6 1940, at 7 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration: sudden

Due to

Due to

Other Conditions none known

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. A. Wallenmeyer M.D.
Medical Examiner.
Date signed Feb. 12, 1940

F 65993

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-0 Registered No. F 65993

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 806 S. Decker Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 806 S. Decker Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thereasa Over

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Anthony
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 21, 1875

8. AGE: Years	Months	Days	If less than one day
64	10	16	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name George Dietmayer
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany

16 (a) Informant Anthony Over
(b) Address 806 S. Decker Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Cemetery
Location 5712 Odonnell St.

18 (a) Funeral director Laurence F. Hoffmann
(b) Address 2723 E. Preston St.

19 (a) FEB 9 1940 (Date rec'd by registrar) (b) [illegible] Registrar?

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7 1940 at 2 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1 1939 to Feb. 7 1940.
and that I last saw h~ alive on Feb. 7 1940

Immediate cause of death: Cerebral Hemorrhage (Hemiplegia) — Duration Dec 1, 39
Due to Hypertension
Due to Chr Nephritis
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Joseph Toomey M.D.
Address 441 N. Ellwood Ave. Date signed 2/9/40.

F 65994

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No. F 65994

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2416 E. Chase St.
(c) Hospital or institution:
8-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2416 E. Chase St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William W. McCready

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Isabelle Wilcox
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 14, 1858

8. AGE: Years	Months	Days	If less than one day
81	1	25 24	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Edward McCready
13. Birthplace St. Marys Co.

MOTHER
14. Maiden Name Catherine Shelyon
15. Birthplace St. Marys Co.

16 (a) Informant Kitirah Kaufman
(b) Address 2416 E. Chase St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10, 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location E. North Ave.

18 (a) Funeral director Laurence F. Hoffmann
(b) Address 2723 E. Preston St.

19 (a) (Date received by registrar) (b) Registrar

FEB 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 10 1940 to Feb. 8 1940, and that I last saw him alive on Feb. 7 1940.

Immediate cause of death	Duration
Broncho Pneumonia	1 week
Due to	
Due to	
Other Conditions Cardio Vas. Renal Dis.	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work? /
(e) Means of injury

23. Signature Joseph Pokorny
Address 2200 Madison St Date signed 2/8/40 M. D.

F 65995

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61 ✓ F 65995 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1727 E. Oliver St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1727 E. Oliver St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William L. Sbisa

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband~~ wife: Elizabeth Kommalar

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 10th, 1865

8. AGE: Years 74 | Months 10 | Days 27 | If less than one day hr. min.

9. Birthplace At Sea - Aboard American Vessel (Town, county, and state)

10. Usual Occupation Fireman (Retired)

11. Industry or business Balto. City Fire Dept.

FATHER
12. Name Not Known
13. Birthplace

MOTHER
14. Maiden Name Not Known
15. Birthplace

16 (a) Informant Mrs. Elizabeth Sbisa
(b) Address 1727 E. Oliver St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Balto. Md.

18 (a) Funeral director C. J. Fanning & Son
(b) Address 1938 E. Lafayette Ave.

19 (Date rec'd by registrar) FEB 9-1940 (Registrar) Hunting for Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7th, 1940, at 3 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1939 to Feb. 7 1940 and that I last saw alive on 19

Immediate cause of death: Gastric Myocardial Insufficiency Exarteritis Obliterans (Gangrene) — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury

23. Signature Gerhard Kommalar

Address 2579 Eastern Ave. Date signed 2/9/40

F 65996

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D

F 65996 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2125 W. Baltimore St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2125 W. Baltimore St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick Langenfeldt

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-07-8453

4. Sex: Male

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lillie M Langenfeldt (See Powers)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6, 1864

8. AGE: Years 76 | Months 1 | Days 1 | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business Brigham Hopkins Co

FATHER
12. Name Theodore Langenfeldt
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Kress
15. Birthplace Germany

16 (a) Informant Mrs. Lillie Langenfeldt
(b) Address 2125 W. Baltimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location 3801 Frederick Road

18 (a) Funeral director Harry A. Mitzie
(b) Address 4101 Edmondson Ave.

19 (a) FEB 9 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 11 1940, to Feb 7 1940, that I last saw h alive on Feb 7 1940.

Immediate cause of death: Acute Hem. carcleti — Duration: 3 weeks

Due to: Acute End. carditis — 1 year

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Fitzsimmons M.D.
Address 4012 Edmondson Ave Date signed 2/8/40

F 65997

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-C

Registered No. F 65997

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 12 N. Glover St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 12 N. Glover St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James R. Adams

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Ellen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years 74 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace City (Town, county, and state)

10. Usual Occupation Retired Pilot

11. Industry or business Navigation

FATHER 12. Name Robert Adams
13. Birthplace Md.

MOTHER 14. Maiden Name Julia Tankersley
15. Birthplace Md.

16 (a) Informant Mrs Mary Ann Gould
(b) Address 12 N. Glover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (month) 9 (day) 1940 (year)

(c) Cemetery or crematory Loudon Park
Location Harford Rd & Erdman Ave

18 (a) Funeral director W. E. Moran
(b) Address 3 E. Baltimore St.

19 (a) FEB 9 1940 (Date rec'd by Registrar) (b) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/6th 1940 at 11:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1939 to 2-6 1940.
and that I last saw h alive on 2-6 1940.

Immediate cause of death	Duration
Encephalomalacia	
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John J. Gould M. D.
Address 142 N. Eastern Ave Date signed 2-7-40.

F 65998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

F 65998 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4841 Leistertown Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-7-8
(e) Length of stay in Baltimore (yrs., mos., or days) 35yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give county)
(d) Street No. 4841 Leistertown Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Leva Isaacs

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Abraham Isaacs
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years 72 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph Weitzman
13. Birthplace Russia

MOTHER
14. Maiden Name Hannah Weitzman
15. Birthplace Russia

16 (a) Informant Ellis G. Isaacs
(b) Address 2305 Garrison Boulevard

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-40 (month) (day) (year)
(c) Cemetery or crematory Sodrin Shull
Location Pleasant Rest

18 (a) Funeral director Forst Lemmo Inc
(b) Address 1439 E. Baltimore St

FEB 9 1940 (Date rec'd by Registrar) (Huntington Williams M.D. Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/9 1940, at 4:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 30 1940 to Feb 8 1940, and that I last saw h[illegible] alive on Feb 8 1940.

Immediate cause of death: Arteriosclerosis — Cerebral hemmorrhage — Duration

Due to

Due to

Other Conditions: Pulmonary edema

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none performed
Of autopsy: none performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benjamin Kahn
Address 2306 Eutaw Pl Date signed 2/9/40

DKR

65999 Soehnlein ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 65999 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline St
(c) Hospital or institution: St Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 821 S. Fayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Annie Soehnlein ■ I am

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband ~~or wife~~ George A Soehnlein 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22, 1873

8. AGE: Years	Months	Days	If less than one day
66	8	14	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Home wife
11. Industry or business

FATHER
12. Name John Heinman
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Seeger
15. Birthplace Germany

16 (a) Informant George A Soehnlein
(b) Address 821 S Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 9 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North Ave

18 (a) Funeral director Henry A Wittke
(b) Address 4101 Edmondson Ave

19 (a) Feb 8 1940 (Date received by registrar) (Huntington Dobbins, MD) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2·6·40 19 . at 2.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2·4·40 19 to 2·6·40 19 , and that I last saw h 4 alive on 2·6·40 19 .

Immediate cause of death: Lobar Pneumonia L.L. lower — Duration: 6 da

Due to Enterovaginitis — 7

Due to Heart Disease

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. R. Crumpt M. D.

Address St. Joseph's Hosp Date signed

F 66000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-3

F 66000 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 806 N. Bruce St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt (If outside city or town limits, write RURAL and give town)
(d) Street No. 806 N. Bruce St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Naomi Blackley (Neamoia E. Blackley)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 15, 1920

8. AGE: Years	Months	Days	If less than one day
19	4	23	hr. min.

9. Birthplace Lexington, N.C. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name John [illegible] Blackley
13. Birthplace North Caroline

MOTHER
14. Maiden Name Mary Bryson
15. Birthplace North Carolina

16 (a) Informant Mary [illegible] Blackley
(b) Address 806 North Bruce Street

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 2/9/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Aubrun
Location Westport, Maryland.

18 (a) Funeral director Thomas E. Nelson
(b) Address 1303 Presstman Street

FEB 4 - 1940 Huntington Williams, M.D. Registrar
(Date rec'd by Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.
Date signed 2/8/40

F 66001

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 66001 Registered No. 13-B

PLEASE WRITE PLAINLY, with ink. Physicians: please write the causes of death clearly and legibly. Be sure that the age is entered in every case. Do not use abbreviations. Do not leave any blanks. If unknown, state so.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospital 16-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 160 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1135 Parish Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Butler (47045)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Separated

6 (b) Name of husband or wife Millie May
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 3, 1904

8. AGE: Years	Months	Days	If less than one day
35	3	4	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name George Butler
13. Birthplace Maryland

MOTHER
14. Maiden Name Georgianna
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/40 (month) (day) (year)
(c) Cemetery or crematory Catholic
Location

18 (a) Funeral director Thos. E. Kelson
(b) Address 1303 Pratt

19 (a) FEB 9 1940 (Date received by Registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7, 1940, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 31, 1939 to Feb. 7, 1940, and that I last saw him alive on Feb. 7, 1940.

Immediate cause of death	Duration
Tuberculosis of the lungs	Jan 1939
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Alexander M. D.
Address Baltimore City Hosp. Date signed 2/8/40

VS 3

F 66002

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1950 Registered No. F 66002

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dos
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1337 N Stricker St (If rural give location) 1330 W. Lexington St
(e) If foreign born, how long in U. S. A.? / years

3 (a) FULL NAME RALPH McDONALD YOUNG.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 27 1926

8. AGE: Years	Months	Days	If less than one day
13	3 mo	21	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation boy

11. Industry or business

FATHER 12. Name Calvin W Young

13. Birthplace —

MOTHER 14. Maiden Name Virginia Emily Willett

15. Birthplace —

16 (a) Informant Records Health Dept

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL FEB 8 - 1940

Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore

(b) Address

19 FEB 9 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

5381

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 15 1940, at 1 25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Asphyxiation from

Due to Compression fracture of

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence January 15, 1940
(c) Where did injury occur? 1337 N Stricker St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Drowned Choked in Lavoris

23. Signature H. L. Wolfe M.D.
Medical Examiner.

Date signed Jan 18, 1940

F 66003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-D

F 66003 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 16 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County Norfolk County
(c) City or town Norfolk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 630 Church Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Arthur Lee Brown

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: C

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Julia Jones

6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) July 23, 1900

8. AGE: Years 39 | Months 6 | Days 11 | If less than one day: hr. ..... min.

9. Birthplace Portsmouth, Virginia
(Town, county, and state)

10. Usual Occupation Deckhand

11. Industry or business Merchants and Miners SS Co

FATHER
12. Name John Brown
13. Birthplace Plymouth, Mass.

MOTHER
14. Maiden Name Emma Freeman
15. Birthplace Portsmouth, Va.

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 9 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location [illegible]

18 (a) Funeral director A. Raley Slade
(b) Address 4907 York Road

19 (a) [illegible] 1940 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 4, 1940, at 1:00PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 3, 1940, to Feb. 4, 1940, and that I last saw him alive on Feb. 4, 1940.

Immediate cause of death Hemorrhage into pericardium — Duration: Unknown

Due to Aortic aneurysm — Duration: over

Due to ..... — Duration: .....

Other Conditions ..... — Duration: .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature G. E. Denney, M.D.
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 2-9-40

VS 3

F 66004

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P Registered No. F 66004

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto Gen'l Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1607 Hilton St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ? years

3 (a) FULL NAME Mrs Charles Dimsa George W. Marsh

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife George W. Marsh
6 (c) If alive, give age 83 years

7. Birth date of deceased (mo., day, yr.) June 23-1863

8. AGE: Years	Months	Days	If less than one day
76	7	15	hr. min.

9. Birthplace New York N.Y.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business -

FATHER
12. Name Charles Dimsa
13. Birthplace Russia

MOTHER
14. Maiden Name Augusta Hoffman
15. Birthplace Germany

16 (a) Informant Mrs Leroy Smith
(b) Address 2925 Baker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 12 '40 (month) (day) (year)
(c) Cemetery or crematory Mount Ridge
Location Balto Co Md.

18 (a) Funeral director Redgrave Gore
(b) Address 2244 N. Charles St

19 (a) Huntington Williams, M.D. (b)
(Date received by registrar) Registrar

FEB 9 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8 1940, at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 30 1940 to Feb 8 1940 and that I last saw h[illegible] alive on Feb 8 1940

Immediate cause of death Coronary Occlusion — Duration
gen. arterio sclerosis
Due to Myocarditis
Cysts of Ut Kidney
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. R. Shear M.D.
Address 1 W Read St Date signed 2/9/40

F 66005 F5197

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 66005
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Williams & Caton Aves.
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Arbutus, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1230 Leeds Terrace
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Brannen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-20-40.

8. AGE: Years | Months | Days 18 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Nelson
13. Birthplace

MOTHER
14. Maiden Name Doris Fowler
15. Birthplace

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-9-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto. Md.

18 (a) Funeral director Leroy Byers
(b) Address 5035 Pat. Hghts Ave

(c) Date received by registrar FEB 9 1940 (d) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-8 1940 at 4:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-21 1940 to 2-8 1940, and that I last saw him alive on 2-8 1940.

Immediate cause of death Respiratory Failure — Duration

Due to Prematurity

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles V. Sweet M. D.
Address St. Agnes' Hosp Date signed 2-8-40

F 66006

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 66006 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1315-E. Lafayette Ave

(c) Hospital or institution: --

(d) Length of stay in hospital or inst. (yrs., mos., or days) --

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

99

(d) Street No. 1315-E. Lafayette Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? -- years

3 (a) FULL NAME Catherine Bayley Burns

3 (b) If veteran, name war --

3 (c) Social Security Account No. ----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Wm. J. Burns

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 7/12/1870

8. AGE: Years	Months	Days	If less than one day
69	6	26	hr. ------ min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name James Counsbaugh

13. Birthplace Ireland

MOTHER 14. Maiden Name Eliz. Reardon

15. Birthplace Ireland

16 (a) Informant Mrs. Elizabeth Brown

(b) Address 1315-E. Lafayette Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/40 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Baltimore Co. Md.

18 (a) Funeral director George J. Ruth, Inc.

(b) Address 1735-Harford Ave.

19 FEB 9 - 1940 (Date rec'd by Registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb - 8 1940, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 29 1940 to Feb 8 1940, and that I last saw her alive on Feb 8 1940.

Immediate cause of death	Duration
Edema of Lungs	3 days
Due to Chronic myocarditis	2 yrs
Due to	
Other Conditions Arterio-Sclerosis	5 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E. Gill Hall M. D.

Address 1631 E. North Ave Date signed Feb 9-1940

E 66007

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66007

CERTIFICATE OF DEATH

193-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1008 S. Baylis St. St. (Ward) 26-4

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME CAROLINE GURN

If U. S. Veteran specify WAR

(a) Residence: No. 1008 S. Baylis St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Gurn

6. DATE OF BIRTH (month, day, year) Feb.14.1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	11	22 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Michael Burhart

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Johanna Gurn (Daughter)

(Address) 1008 S. Bayliss St.

18. BURIAL, CREMATION, OR REMOVAL

Place lat Evangel.Ch.Cem. Date Feb.10.1940

19. UNDERTAKER HENRY SANDER & SONS, INC. By J. Sander

(Address) Baltimore & Broadway.

20. FILED FEB 9 - 1940 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb.7.1940. 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 - 1940 to Feb 7 - 1940

I last saw h[illegible] alive on Feb 7 1940 Death is said to have occurred on the date stated above, at 11.55PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia Feb 3	1940
Myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 350 Fallsway

V.S.D.

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 66008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

Registered No. F 66008

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 235 W. Lanvale St City
(c) Hospital or institution: Union memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 85 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 235 W. Lanvale St, City (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs J. H. Barnett Mary C Barrett

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	White	Married

6 (b) Name of husband or wife Mrs. J. H. Barnett Died 1910 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 11, 1854

8. AGE: Years	Months	Days	If less than one day
85	6	27	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Mr. H. Simmons

13. Birthplace Baltimore, Md

MOTHER 14. Maiden Name Mary E. Bolton

15. Birthplace Baltimore, Md

16 (a) Informant Mrs. Barrett

(b) Address Baltimore Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 10/40 (month) (day) (year)

(c) Cemetery or crematory London Park Cem

Location Baltimore Md

18 (a) Funeral director H. W. Jenkins & Son

(b) Address Orchard & Oak Sts

19 (a) (Date received by Registrar) (b) Hartford Co Md

FEB 9 - 1940

VS-3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8 1940, at 6:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 7 1940, to Feb 8 1940, and that I last saw h L Y alive on Feb. 7, 1940

Immediate cause of death	Duration
Congestive Heart Failure	
Arteriosclerosis	
Due to	
	over
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. F. Pearce M. D.

Address Union Memorial Date signed Feb 8

F 66009

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-B

F 66009 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Guilford
(b) Street address 4304 Greenway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4304 Greenway (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME HELEN MACKINTOSH

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11 1854

8. AGE: Years	Months	Days	If less than one day
85	9	28	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER
12. Name Wm MacIntosh
13. Birthplace Scotland

MOTHER
14. Maiden Name Isabella Smith
15. Birthplace Balto Md

16 (a) Informant Helen Dushane Small
(b) Address 4304 Greenway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 10 1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md

18 (a) Funeral director Henry W Jenkins Sons Co
(b) Address McCulloh & Orchard Sts

19 (a) (Date rec'd by registrar) (b) A. E. Williams Registrar

FEB 9 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb - 8 1940, at 10½ M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 24 1940 to Feb 8 1940, and that I last saw her alive on Feb - 7 1940.

Immediate cause of death	Duration
Hemorrhage from stomach	14 days
Due to Carcinoma of Stomach	2
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. Elton Porter
Address 4822 Roland Ave Date signed 2/9/40 M. D.

F 66010

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D E 66010 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2658 Wilkins Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2658 Wilkins Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick H. J. Gimbel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Rosina Gimbel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16 - 1865

8. AGE: Years 74 | Months 8 | Days 22? | If less than one day: hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Plumbing & Heating Contractor

11. Industry or business

FATHER 12. Name Conrad Gimbel

13. Birthplace Germany

MOTHER 14. Maiden Name Unknown

15. Birthplace Germany

16 (a) Informant Frederick C. Gimbel

(b) Address 2658 Wilkins Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 10 - 1940 (month) (day) (year)

(c) Cemetery or crematory Western Cem

Location Balto. Md

18 (a) Funeral director Mamie Cook Syfer

(b) Address 1600 Pt. North Ave

19 (a) (Date received by registrar) (b) Registrar

FEB 9 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7 — 1940. at 5-45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1940. to Feb 7 1940. and that I last saw h alive on Feb 7 1940.

Immediate cause of death Acute Cardiac Dilitation — Duration 7 Days

Due to Myocarditis ?

Due to

Other Conditions Pulmonary Edema Chronic

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Glassman M. D.

Address 2687 Madison Ave Date signed Feb 10 1940

WILLIAMS

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66011 CERTIFICATE OF DEATH 107 F 66011

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 548 Baker St., 14th Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martha W. Crans

If U. S. Veteran specify WAR .....

(a) Residence: No. 548 Baker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	W.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Howard Williams (deceased)

6. DATE OF BIRTH (month, day, year) July 31 - 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Miss Selma Sulls
(Address) 548 Baker St

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cmty Date 2-10 1940

19. UNDERTAKER George T. A. Gibson
(Address) 1736 Druid Hill Ave

20. FILED ..... 19..... Registrar.

FEB 9 - 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/2 , 1940

22. I HEREBY CERTIFY, That I attended deceased from 2/2 , 1940 to 2/2 , 1940

I last saw her alive on 2/1 , 1940 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Burkett M. D.

(Address) 2134 DK

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

66012

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No. F 66012

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 34 S. Carlton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 34 S. Carlton St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME William Henry Deaver

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Ida Deaver

6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) 2/10/1874

8. AGE: Years	Months	Days	If less than one day
65	11	28	— hr. — min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Huckster

11. Industry or business Produce

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name Mary Spence
15. Birthplace —

16 (a) Informant Ida Deaver (Wife)
(b) Address 34 S. Carlton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/1940 (month) (day) (year)
(c) Cemetery or crematory St. Peters Catholic Cem
Location Maryland Ave. City

18 (a) Funeral director Walter Byron Bradley
(b) Address 1922 W. North Avenue

19 (a) 2-10-1940 (Date received by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7. 1940 at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1. 1940 to Feb. 7. 1940, and that I last saw him alive on Feb 7. 1940.

Immediate cause of death Chronic Interstitial Nephritis

Duration
1 yr

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Thaston Kemp, M.D.

Address 888 N. Eutaw St. Date signed 2/8/40

F 66013

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 131-a F 66013 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5924 Glen Oak Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) L
(e) Length of stay in Baltimore (yrs., mos., or days) 4 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County Mathews Co.
(c) City or town Gwynns Island. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John T. Williams

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower.
6 (b) Name of husband or wife Annie Williams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3. 1857

8. AGE: Years 87 | Months 7 | Days 6 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Retired, Boiler Maker
11. Industry or business W. J. Cahill

FATHER
12. Name Thomas Williams
13. Birthplace Va.

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant John W. Williams
(b) Address 5924 Glen Oak Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 9 1940 (month) (day) (year)
(c) Cemetery or crematory Odd Fellows Cemetery
Location Gwynns Island, Va.

18 (a) Funeral director G. Howard Strong
(b) Address 716 Light St.

19 (a) Feb 9 1940 (Date rec'd by Registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 9 1940, at 5:30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 16 1939 to Feb. 9 1940, and that I last saw h~~im~~ alive on Feb. 9 1940.

	Duration
Immediate cause of death: Uremia	one week
Due to: Arteriosclerotic cardio vascular renal disease	10 years
Due to: [illegible]	
Other Conditions: Senility	2 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. A. Alessi M. D.
Address 6217 Harford Rd Date signed 7-9-40

OGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

58070 Registered No. F 66014

F 66014

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1518 Covington st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Appel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Francis Appel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 9, 1865

8. AGE: Years	Months	Days	If less than one day
74	II	28	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Paul ?

13. Birthplace Unknown

MOTHER 14. Maiden Name Dore (?)

15. Birthplace Unknown

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Rd.

18 (a) Funeral director J. J. McCauley

(b) Address 2 E Pont Ave

19 (a) FEB 10 1940 (b) Livingston Williams, M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-7- 1940, at 5/20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-19- 1940 to 2-7 1940 and that I last saw h.. alive on 2-7- 1940.

Immediate cause of death: Bronchopneumonia — Duration 4 days ?

Due to: Arteriosclerotic Heart Disease — ?

Due to:

Other Conditions: Cerebral arteriosclerosis — ?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Mc... M. D.

Address Balto City Hosp Date signed

VS 8

375124
66015

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46 a

Registered No. F 66015

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1320 BROADWAY (If rural give location)
(e) If foreign born, how long in U. S. A.? years

8 A

3 (a) FULL NAME JULIAN BRAGG

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 212-10-2176

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: ANNA

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-8-87

8. AGE: Years 52 | Months 5 | Days — | If less than one day: hr. min.

9. Birthplace VA (Town, county, and state)

10. Usual Occupation Electrician

11. Industry or business

FATHER
12. Name JAMES BRAGG
13. Birthplace VA

MOTHER
14. Maiden Name Louise Chalkley
15. Birthplace VA

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10-40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave. Parkville

18 (a) Funeral director John G. Connelly
(b) Address Govt. Md.

19 (a) FEB 9 - 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8 1940, at 6 55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 3 1940 to Feb 8 1940, and that I last saw him alive on Feb 8 1940.

Immediate cause of death	Duration
Purulent mediastinitis	1 week
Due to: Perforation of Carcinoma of Esophagus	1 week
Due to	
Other Conditions: Bronchopneumania (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. F. Jonas Jr. M.D.
Address The Johns Hopkins Hospital Date signed 2-8-40

F 66016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 66016

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1804 N. Monroe St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Lytle Bonnette (Dora Bonnette)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Lytle Bonnette
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) February 13, 1887

8. AGE: Years	Months	Days	If less than one day
52	11	25	hr. min.

9. Birthplace W. Va. Parkersburg, W.Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Leebmar Tucker
13. Birthplace W. Va.

MOTHER
14. Maiden Name Mandey ?
15. Birthplace W. Virginia

16 (a) Informant Mr. Rodney Bonnette
(b) Address 1804 N. Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 12, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director H. Amoroso
(b) Address 1005 N. Baltimore St.

19 (a) FEB 9 - 1940 (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 8 1940, at 8.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 16 1940 to Feb. 8 1940, and that I last saw her alive on Feb. 8 1940.

Immediate cause of death
Uremia
Nephritis
Due to Mismatched Transfusion
Due to
Other Conditions Pulmonary Oedema
(Include pregnancy within 3 months of death)

Duration
1 wk
14 days

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William E. Peace M.D.
Address Union Memorial Hosp. Date signed Feb. 8

VS 3

F 66017

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

Registered No. F 66017

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 923 Lemmon St.
(c) Hospital or institution: -
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 923 Lemmon St. 1623
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie M. Whiteford

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Joseph W. Whiteford

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 23, 1859

8. AGE: Years 80 | Months 10 | Days 13 | If less than one day hr. min.

9. Birthplace Libson, Howard Co., Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Lechlider
13. Birthplace Libson, Howard Co., Md.

MOTHER
14. Maiden Name Mary E. Smith
15. Birthplace Libson, Howard Co., Md.

16 (a) Informant Mrs. Lillian G. Scott
(b) Address 923 Lemmon St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director [signature]
(b) Address 1008 W. Baltimore St.

19 (Date rec'd by registrar) FEB 9 - 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6 1940, at 8.40P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1. 1940, to 2/6. 1940. and that I last saw her alive on Feb. 6. 1940.

Immediate cause of death — Duration

Acute Lobar Pneumonia. — 6 Days

Due to —

Due to —

Other Conditions None.

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas. Norton, M.D.
Address 888 W. Lombard St. Date signed 2/8/40

VS 3

F 66018

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 66018

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Lutheran Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 52 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs John Franklin Jones (Annie Lou)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife John F. Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 19, 1883

8. AGE: Years	Months	Days	If less than one day
56	4	21	hr. min.

9. Birthplace N. C.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Wm. C. Greer
13. Birthplace N. C.

MOTHER
14. Maiden Name Mary Pierce
15. Birthplace N. C.

16 (a) Informant John F. Jones
(b) Address Street, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 13 1940 (month) (day) (year)
(c) Cemetery or crematory Highland Mem.
Location Harford Co., Md.

18 (a) Funeral director H. D. Bailey
(b) Address Darlington, Md.

19 (a) FEB 9 1940 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 9 1940, at 12 35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 16 1940, to Feb 9 1940, and that I last saw her alive on Feb 9 1940.

Immediate cause of death Cardiac Failure — Duration 36 hrs

Due to Malnutrition + Dehydration

Due to Generalized Carcinomatosis from Carcinoma of Gall Bladder

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Gall Bladder
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Douglas H. Stone M. D.
Address Union Memorial Hosp. Date signed 2/9/40

F 66019

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13-B

Registered No. F 66019

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 879 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3652 Buena Vista Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Leard (26375)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21, 1880

8. AGE: Years 59 | Months 6 | Days 18 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER
12. Name Franklin Leard
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Williams
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 10 1940 (month) (day) (year)
(c) Cemetery or crematory Poplar
Location Balto Co. Md.

18 (a) Funeral director Ehrenwerth & Donovan
(b) Address 3615-17 Edmondson Ave

19 (a) FEB 10 1940 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7, 1940, at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 3, 1937 to Feb. 7, 1940 and that I last saw him alive on Feb. 7, 1940.

Immediate cause of death: Tuberculosis of the lungs — Duration: Sept 1939

Due to:

Due to Arthritis, chronic infectious — 1927
Tuberculosis of knee joint — June 1939

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Release

Address Baltimore City Hosp. Date signed 2/8/40 M. D.

VS 3

F 66020 -

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55-E

Registered No. F 66020

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 78 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 701 Green Hill Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Blanche Henderson Hofstetter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: George Hofstetter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 18, 1861

8. AGE: Years 78 | Months 5 | Days 23 20 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Joshua Barnes
13. Birthplace Penna.

MOTHER
14. Maiden Name Catherine Berry
15. Birthplace Maryland

16 (a) Informant George Hofstetter
(b) Address 591 Glenhill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 10, 1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Windsor Mill Road

18 (a) Funeral director C. Leonard & Sons
(b) Address 3615 Edmondson Ave

19 (Date received by Registrar) FEB 10 1940 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8 1940, at 4:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1, 1940 to Feb. 8 1940, and that I last saw her alive on Feb. 8 1940.

Immediate cause of death: Pulmonary Embolism — Duration: Hours

Due to: Generalized Carcinomatosis Origin Unknown. — 2 yrs.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. H. Kammer, Jr.
Address Mercy Hospital Date signed 2/9/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 66021 52671-PD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 66021

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8hr.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 302 S. Spring st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-4-1878

8. AGE: Years	Months	Days	If less than one day
61	11	14	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name Henry Lewis
13. Birthplace Va.

MOTHER
14. Maiden Name Ann Whiteman
15. Birthplace Va.

16 (a) Informant B. of H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md.

18 (a) Funeral director Edward Bryan
(b) Address 1241 Orleans St.

19 (a) FEB 10 1940 (Date rec'd by Registrar) Washington Boulevard, Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 8 1940, at 9.45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 7 1940 to Feb 8 1940, and that I last saw h[illegible] alive on Feb 8 1940

Immediate cause of death	Duration
Hypertensive cardiovascular disease	unknown
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Monroe Robertson M. D.
Address Balto City Hosp. Date signed 2-9-40

66022

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-A Registered No. E 66022

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3007 RIDGEWOOD AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County BALTO.
(c) City or town BALTO. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3007 RIDGEWOOD AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARGARET (MAGGIE) SAUER

3 (b) If veteran, name war: NONE
3 (c) Social Security Account No.: NONE

4. Sex: FEMALE | 5. Color or race: WHITE | 6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife:
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) MAY 3 1864

8. AGE: Years 75 | Months 8 9 | Days 3 | If less than one day hr. min.

9. Birthplace Balto City. (Town, county, and state)

10. Usual Occupation Seamstress
11. Industry or business at Home

FATHER 12. Name Joseph Sauer
13. Birthplace Germany

MOTHER 14. Maiden Name Barbara Meier
15. Birthplace Germany.

16 (a) Informant Mrs. Barbara Leahy
(b) Address 3007 Ridgewood Ave.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 2/12/1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. City.

18 (a) Funeral director C. Vernon Lemmon.
(b) Address 4611 Park Heights.

FEB 10 1940 (Registered by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB. 9 1940, at 7.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 16 1939 to Feb 9 1940, and that I last saw her alive on Feb 8 1940.

Immediate cause of death: Myocarditis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benj. H. Strayhorn
Address 3114 Harford Rd. Date signed 2/10/40

66023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166 F 66023

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3023 Randall st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3023 Randall st. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME ELIZABETH C MARTIN

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife Emory Martin
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) May 31 1895

8. AGE: Years	Months	Days	If less than one day
44	8	9	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Home wife
11. Industry or business

FATHER
12. Name James A Coulter
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Elizabeth Evans
15. Birthplace Pennsylvania

16 (a) Informant Wm E Martin
(b) Address Randallstown Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 13-40 (month) (day) (year)
(c) Cemetery or crematory Freedom
Location Carroll Co Md

18 (a) Funeral director Harry Weer
(b) Address Sykesville Md

19 (a) FEB 10 1940 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 9th 1940, at 9 15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Bullet wound of left chest	
Due to Homicide	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence February 9, 1940
(c) Where did injury occur? 3023 Randall st. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? —
(Specify type of place)
(e) Means of injury 32 Colt hdbt. revolver

23. Signature H. L. Wallenweber M.D.
Asst Medical Examiner.
Date signed Feb 9th, 1940

66024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164c Registered No. E 66024

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3023 Kendall St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3023 Kendall St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME EMORY MARTIN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Elizabeth Martin
6 (c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.) Feb 9th 1899

8. AGE: Years	Months	Days	If less than one day
41	—	—	hr. min.

9. Birthplace Maryland (City, county, and state)
10. Usual Occupation Salesman
11. Industry or business Auto. accs.

FATHER
12. Name William Martin
13. Birthplace Maryland

MOTHER
14. Maiden Name Ruby
15. Birthplace Maryland

16 (a) Informant Wm. E Martin
(b) Address Randallstown Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 13th 1940 (month) (day) (year)
(c) Cemetery or crematory Freedom
Location Carroll Co Md

18 (a) Funeral director Harry Ween
(b) Address Sykesville md

19 (a) FEB 10 1940 (Date received by local registrar) (b) Huntington Williamsport Md

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 9th 1940, at 9:15 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wound of chest — Duration —
Due to suicide
Due to mental depression
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence February 9th, 1940
(c) Where did injury occur? 3023 (City or town) Kendall St (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury 32 Colober revolver

23. Signature Dr L W Wallenweber M.D.
Medical Examiner.
Date signed Feb 9th, 1940

F 66025

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 66025

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Maryland Gen. Hosp.
(b) Street address — Madison & Linden Ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3807 Fernhill (If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME Mrs. Louise R. Smith

3 (b) If veteran, name war: ---

3 (c) Social Security Account No. ---

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: William H. Smith

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): December 25th 1888

8. AGE: Years: 51 | Months: 1 | Days: 14 | If less than one day: hr. ____ min.

9. Birthplace: Lockport, N.Y. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business: Home

FATHER
12. Name: William D. Rees
13. Birthplace: New York Lima

MOTHER
14. Maiden Name: Harriet F. West
15. Birthplace: New York Cambria

16 (a) Informant: William H. Smith
(b) Address: 3807 Fernhill Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof February 12th 1940 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge
Location: Pikesville, Baltimore Co., Md.

18 (a) Funeral director: Wm. J. Tickner & Sons.
(b) Address: North & Penna Aves.

19 (a) FEB 10 1940 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-9 1940, at 4:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-5 1940 to 2-8 1940 and that I last saw her alive on 2-9 1940.

Immediate cause of death: Hypertension Cardio Vascular Disease — Duration

Due to: Chronic Diffuse Nephritis

Due to:

Other Conditions: Auricular Fibrillation

(Include pregnancy within 3 months of death)

Major findings:
Of operations: 0
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: L. C. Rap, M.D.
Address: Maryland Gen. Hosp. Date signed 2-9-40

VS 2

F 66026

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F

Registered No. F 66026

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 912 W. Franklin St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 912 W. Franklin St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Barbara M. Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	Widow

6 (b) Name of husband or wife late Henry D. Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 18, 1866.

8. AGE	Years	Months	Days	If less than one day
	73	10	21	hr. min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business Own Home

FATHER
12. Name Miller
13. Birthplace Germany

MOTHER
14. Maiden Name Spoerzel
15. Birthplace Unknown

16 (a) Informant Louis Jones
(b) Address 912 W. Franklin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 12/40. (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4301 Old Frederick Rd.

18 (a) Funeral director Harry F. Weitzel
(b) Address 4103 Edmondson Ave.

19 (a) FEB 10 1940 (Date rec'd by registrar) Huntington Wellsville, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 9, 1940 at 10.45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/6/ 1938 to 2/9/ 1940, and that I last saw her alive on 2/8/ 1940.

Immediate cause of death Carcinoma of liver with general metastasis — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Deibel M.D. M. D.
Address 1226 Hanover St. Date signed 2/9/40

VS 2

F 66027

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

61 F 66027

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 25 S. Potomac St., 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Maria Vachino

(a) Residence: No. 25 S. Potomac St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Vachino

6. DATE OF BIRTH (month, day, year) Sept 13, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME John Ferraro

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs Emma Comotto

(Address) 25 S. Potomac st

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb 12 1940

19. UNDERTAKER Frank V. Pipitone

(Address) 2819 E. Baltimore st

20. FILED FEB 10 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9 1940

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1936, to February 9, 1940

I last saw her alive on February 9, 1940 Death is said to have occurred on the date stated above, at 1 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Unknown
Diabetes Mellitus	Unknown

Other contributory causes of importance: Congestive Heart Failure Duration: ½ hour

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) H. Edward Artigiani M. D.

(Address) 2942 E. Fayette Street

V 8 3

2. B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

F 66028

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B F 66028 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 827 Linden Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 827 Linden Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Jenkins

3 (b) If veteran, name war: No | 3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Widower

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
76			hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md.
18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 5[illegible] W. Biddle St.
19 (a) [illegible] (b) Huntington Williams, M.D.

FEB 10 1940 (Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm H Vandegrift M.D. Medical Examiner
Date signed 2/8/40

F 66[illegible] BALTIMORE CITY HEALTH DEPARTMENT 93-D F 56029
CERTIFICATE OF DEATH
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo. 23das.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1022 Madison Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Grace Mitchell Blake

3 (b) If veteran, name war
3 (c) Social Security Account No. 4612

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-17-1887

8. AGE: Years	Months	Days	If less than one day
52	6	15	hr. min.

9. Birthplace Wash., D.C. (Town, county and state)
10. Usual Occupation none Maid
11. Industry or business

FATHER
12. Name Danial Webster
13. Birthplace --- ?

MOTHER
14. Maiden Name Mary String
15. Birthplace --- ?

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-40 (month) (day) (year)
(c) Cemetery or crematory Arbuting Memorial Park
Location Baltimore Co. Md

18 (a) Funeral director Mrs Frances A. Hensley
(b) Address 6[illegible] W. Biddle St. Huntington Williamsport, Md.

19 FEB 10 1940 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2 1940, at 10 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 9 1939 to Feb 2 1940, and that I last saw her alive on Feb. 2 1940.

Immediate cause of death	Duration
Hypertensive Cardiovascular Disease	unknown.
Due to	
Due to	
Other Conditions generalized arteriosclerosis	unknown.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Large heart, congestive failure.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J. Neuwaghelaten M. D.
Address Balto City Hosp. Date signed 2-8-40

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66020

CERTIFICATE OF DEATH

83-0

Registered No. F 66030

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 921 Myrtle St. 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Spears

If U. S. Veteran specify WAR

(a) Residence: No. 921 Myrtle Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: James H. Spears

6. DATE OF BIRTH (month, day, year): 1858

7. AGE: Years: 82 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Calvert Co. Md.

FATHER

13. NAME: Augustus Boone

14. BIRTHPLACE (city or town) (State or country): Calvert Co Md

MOTHER

15. MAIDEN NAME: Dinah Locke

16. BIRTHPLACE (city or town) (State or country): Calvert Co Md.

17. INFORMANT: Mrs Florence B. Locks

(Address) 921 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Arlington Mem. Park Feb. 11, 1940

19. UNDERTAKER: Mrs Frances A. Hensley

(Address) 578 N. Bigelow Ave Huntington Park Md.

Filed FEB 10 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 9, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1940 to Feb 9, 1940

I last saw her alive on Feb 9, 1940 Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 3
Arterial Sclerosis	1940
Chronic Nephritis	1935

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) Hensley M. D.

(Address) 578 N. Bigelow Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK. This is a permanent record. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V2 8

F 66031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-G

F 66031 Registered No.

LS 52628

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 37 min. 17 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. no home
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Nutt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	divorced

6 (b) Name of husband or wife Emma S. Nutt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 8, 1873

8. AGE: Years	Months	Days	If less than one day
66	11	29	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation laborer
11. Industry or business unemployed

FATHER
12. Name John W. Nutt
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Haynie
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore Md.
18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 N. Biddle, St.
FEB 10 1940 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7 1940, at 8 42 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 6 1940, to Feb. 7 1940, and that I last saw him alive on Feb. 7 1940.

Immediate cause of death	Duration
Hypertensive Cardiovascular Disease	unknown
Due to	
Due to	
Other Conditions Syphilis	unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Emmaraghelstein M. D.
Address Balto City Hosp. Date signed 2-9-40.

66032

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66032

Registered No. 52667 SD

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1024 W. Saratoga Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ruth Cooper

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/20/1894

8. AGE: Years 45 | Months 3 | Days 12 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER 12. Name Frank Roberts

13. Birthplace Md.

MOTHER 14. Maiden Name Clara Harris

15. Birthplace Maryland

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb 12, 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location

18 (a) Funeral director Mrs Katie R Williamson

(b) Address 322 N Schroeder St.

19 (a) FEB 10 1940 (b) Huntingtown Williams M.D. Registrar

(b) Date received

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 8 1940, at 1:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 7 1940 to Feb 8 1940, and that I last saw her alive on Feb 8 1940.

Immediate cause of death: Lobar Pneumonia — Duration 3 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D.

Address Baltimore City Hosp. Date signed 2-8-40

66033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

Registered No. 66033

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 1213 Whatcoat St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Williams Beverly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	Colored	married

6 (b) Name of husband or wife Alice Beverly
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
66	—	-	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation — old age P.
11. Industry or business —

FATHER
12. Name Unknown
13. Birthplace —

MOTHER
14. Maiden Name Louise —
15. Birthplace Va

16 (a) Informant Alice Beverly
(b) Address 1213 whatcoat St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location West Port. Md

18 (a) Funeral director Thos. E. Kelson
(b) Address 1303 Pressman St

19 (a) (Date rec'd by registrar) (b) Huntington Wil Registrar

VS 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 - 9 - 1940, at 12.35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2 - 5 - 1940, to 2 - 9 - 1940 and that I last saw him alive on 2 - 9 - 1940.

Immediate cause of death Hypertensive Cardio - Vascular Dis — Duration ?
Due to Mitral Insufficiency & Rt Hemiplegia — 14 hrs?
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. F. Maloney M. D.
Address Provident Hospital Date signed 2/9/40

Howard J. Mellon, M.D. Asst Medical Examiner

M. D. B. 1288-9

66034

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66034

CERTIFICATE OF DEATH

92-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 581 Baker St. 14-3 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Charles Jones

(a) Residence: No. 581 Baker St., ... Ward. S. S. No. 219-01-7335

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Alice Jones

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Edward Jones

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Celia Galloway

(Address) 1538 Penna Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 2/12 1940

19. UNDERTAKER Thomas E. Kelso

(Address) 1383 Pennsylvania Ave.

20. FILED Feb 10 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1940 to Feb 7, 1940

I last saw him alive on Feb 6, 1940. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	?

Other contributory causes of importance:

Barber Compensation [illegible]

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Wellington Frey M. D.

(Address) 1928 Penna Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

66035 F4849 BALTIMORE CITY HEALTH DEPARTMENT 161B F 66035

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days.
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 714 W. Lafayette St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Gerald O'neil Mallory

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-16-40

8. AGE: Years	Months	Days	If less than one day
		23	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER 12. Name Herman Mallory
13. Birthplace Balto Md.

MOTHER 14. Maiden Name Bernice Hall
15. Birthplace Balto. Md.

16 (a) Informant Estelia Mallory
(b) Address 1417 Myrtle ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) 10 19 40 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-8- 1940. at 12.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-29-1940 to 2-8-1940 and that I last saw h[illegible] alive on 2-8-1940.

Immediate cause of death: Sepsis of New Born
Pyemia 10th
Due to Multiple abscesses
umbilicale, elbow
Due to Lt. and Left wrist.
(Streptococcic)
Other Conditions

Duration
?
2 wks

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Osteomyelitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. F. Maloney M. D.
Address Provident Hospital Date signed 2/9/40

VS 3

F 66036

F 66036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 854 S. Bond Street

(c) Hospital or institution: Home

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)

(d) Street No. 854 S. Bond Street (If rural give location)

3

(e) If foreign born, how long in U. S. A.? Unknown years

3 (a) FULL NAME Helen Kluga

3 (b) If veteran, name war ------

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband ~~of XXXX~~ Martin Kluga

6 (c) If alive, give age deceased years

7. Birth date of deceased (mo., day, yr.) Unknown ?

8. AGE: Years	Months	Days	If less than one day
74 ?			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Mrs. Agnes Hendricks (Daughter)

(b) Address 854 S. Bond Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2--12--40 (month) (day) (year)

(c) Cemetery or crematory St. Stanislaus

Location Baltimore, City.

18 (a) Funeral director George A. Weber

(b) Address 705 South Ann Street

19 (a) [illegible] (b) Huntington for Williams, M.D. Registrar

FEB 10 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 9th 1940 at 5, A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1, 1939 to Feb 9, 1940.

and that I last saw h[illegible] alive on Feb 7 1940.

Immediate cause of death Hypostatic Cardio Vascular Renal

Duration

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?

(e) Means of injury

23. Signature Andrew J. Landowski M. D.

Address 2579 Eastern Ave. Date signed 2/9/1940

66037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66037 Registered No. 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1717-E. Lanvale Street

(c) Hospital or institution: --

(d) Length of stay in hospital or inst. (yrs., mos., or days) --

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

4-6

(d) Street No. 1717-E. Lanvale Street (If rural give location)

(e) If foreign born, how long in U. S. A. Unknown years

3 (a) FULL NAME John C. Puls Sr

3 (b) If veteran, name war -

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Louisa (Stamm)

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) 1/1/1869

8. AGE: Years	Months	Days	If less than one day
71	1	7	hr. ------ min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business (Self)

FATHER

12. Name ?

13. Birthplace Germany

MOTHER

14. Maiden Name ?

15. Birthplace Germany

16 (a) Informant Clement Puls

(b) Address 1821-N. Durham St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/40 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore Md.

18 (a) Funeral director George J. Kuth, Inc.

(b) Address 1735-Harford Ave.

19 (a) FEB 10 1940 (Date received by Registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-8-1940, at 8 27 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-18-1934 to 2-8-1940, and that I last saw h alive on 2-8-1940.

Immediate cause of death Cerebral Hemorrhage — Duration 2-7-40

Due to Diabetes mellitus — 1934

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Jno. B. Sybert M. D.

Address 2802 Harford Ave. Date signed 2-9-40

F 66038

COK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

55-49 66038
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1028 Greenmount Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Kila Magee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 8, 1865

8. AGE: Years	Months	Days	If less than one day
74	5	29	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name William Magee
13. Birthplace Ireland

MOTHER
14. Maiden Name Kila Conley
15. Birthplace Ireland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 2/12/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Catholic Cem
Location Old Frederick Rd.

18 (a) Funeral director John J. Fahey Mgr
(b) Address 22 E. Lexington St.

19 (a) FEB 10 1940 (b) Huntington Williams, M.D.
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-7- 1940, at 7 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-13- 1938 to 2-7- 1940 and that I last saw h alive on 2-7- 1940.

Immediate cause of death	Duration
Bronchopneumonia	4 days
Due to Gen. arteriosclerosis Hypertension CVD	? ?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. M. Wright M.D.
Address Balto City Hosp Date signed 2-8-40

VS 2

F 66039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

125-B

Registered No. F 66039

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2days.
(e) Length of stay in Baltimore (yrs., mos., or days) 22yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1002 McKean Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Lillie Higgs.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Rev. Daniel E. Higgs
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1890

8. AGE: Years	Months	Days	If less than one day
49	11	24	....hr. ....min.

9. Birthplace Hagerstown, maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Marcellus Allen
13. Birthplace Washington D. C.

MOTHER
14. Maiden Name Lillie Proctor
15. Birthplace Hagerstown, Md.

16 (a) Informant Husband
(b) Address 1002 McKean Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 12 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Lebanon, Md.
Location Washington Blvd.

18 (a) Funeral director Roland E. Forsbe
(b) Address 62 E. Monroe Street

19 (d) FEB 10 1940 (Date rec'd by registrar) (e) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 8 1940 at 4:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 7 1940, to Feb 8 1940, and that I last saw h.. alive on 4:30 Feb 8 1940.

Immediate cause of death: Acute Hepatitis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard W. Ambrose, M.D.
Address Union Memorial Hosp. Date signed 2-10-40

VS 3

66040

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

164a Registered No. F 66040

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 321 Fort Hill Ave
(c) Hospital or institution:
St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) -

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
2b Street No. 321 Fort Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 36- years

3 (a) FULL NAME JACOB KUGLER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Ernestina Kugler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25 1872

8. AGE: Years 67 | Months 6 | Days 13 | If less than one day hr. min.

9. Birthplace Hungaria (Town, county, and state)

10. Usual Occupation Retired Bricklayer

11. Industry or business

FATHER
12. Name unknown
13. Birthplace Hungaria

MOTHER
14. Maiden Name unknown
15. Birthplace Hungaria

16 (a) Informant Ernestina Kugler - Wife
(b) Address 321 Fort Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 10, 40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Road

18 (a) Funeral director Albert M Sarsony
(b) Address 441 E North Ave Huntington Woods

19 (a) FEB 10 1940 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 8 1940, at 7:15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Suicide by hanging by neck — Duration unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence Feb 8, 1940
(c) Where did injury occur? 321 Fort Hill Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury hanging from rafter with rope

23. Signature [illegible] M.D. Medical Examiner.

Date signed Feb 9th, 1940

VS 6

F 66041

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

307

Registered No. F 66041

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Corner Fayette & Calhoun
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 1415 Hollins St
(If outside city or town limits, write RURAL and give town)
(d) Street No. 13 Baltimore
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John C Kuhbet = John C. Kuhbet

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife Mrs. Leola

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Sept. 1884

8. AGE: Years	Months	Days	If less than one day
55	5		hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Steward Trip. Co

11. Industry or business Steam Boiler

FATHER
12. Name John L. Kuhbet
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Emma Campbell
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Claude Aliker
(b) Address 4410 Reels ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director F. B. Wippert & Son
(b) Address 1300 Eutaw Place

19 (a) FEB 10 1940 (Date received by Registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7 1940, at 10 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-13 1940 to 2-7 1940, and that I last saw him alive on Feb. 7, 1940.

	Duration
Immediate cause of death Bronchopneumonia	
Chronic Hepatitis	
Due to Generalized Syphilis	
Chronic alcoholism	
Due to	
Other Conditions Syphilitic Aortitis	
Coronary arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Wolf M. D.
Address Franklin Sq Hosp Date signed 2-7-40

F 66042

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 66042

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 323 so Fremont St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 323 S Fremont St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Fisher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Widower

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Ann Arundel Co Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name John Fisher
13. Birthplace Md

MOTHER 14. Maiden Name Sophie ?
15. Birthplace Md.

16 (a) Informant Alberta Jones
(b) Address Glenburnie Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-10-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Wm. Kate R. Williams
(b) Address 322 N Schroeder St Huntingtown Prince Georges, Md.

19 (Date rec'd by registrar) FEB 10 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7 1940 at 9:45 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Cardiorenal - renal disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. (Medical Examiner)
Date signed 2/7/40

VS 6

F 66043

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66043 Registered No. 24-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) died
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Lutherville (If outside city or town limits, write RURAL and give town)
(d) Street No. Middle River (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME REGINA HEIL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug-3-1939

8. AGE: Years 1 | Months 6/28 | Days 7 | If less than one day: hr. min.

9. Birthplace Balto Co. Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Harry Heil
13. Birthplace Balto Md.

MOTHER 14. Maiden Name Jenevie O'Connell
15. Birthplace Balto, Md.

16 (a) Informant Mr. Harry Heil
(b) Address Govt, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director John F. Connelly
(b) Address Govt Md.

(c) FEB 11 1940 (Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10 1940, at 8 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death: ~~Cerebral hyperemia~~ Septicemia, cause unknown — Duration 17½ hrs.
Due to undetermined
Due to streptococcus pyogenes
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollaeger M.D. Medical Examiner.
Date signed 2-10-40

over

F 66044

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13-B

F 66044
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The street age is especially important. Physician: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 603 South Ellwood ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits write RURAL and give town)
(d) Street No. 603 S Ellwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? yrs.

3 (a) FULL NAME Thomas Luber

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-6646

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Grace Luber
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 25 1873

8. AGE: Years	Months	Days	If less than one day
66 67	2	14	hr. min.

9. Birthplace Laurel Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Federal Fin Corp

FATHER
12. Name Frederick Luber
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary Fisher
15. Birthplace Savage Maryland

16 (a) Informant Grace Luber
(b) Address 603 S. Ellwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-40 (month) (day) (year)
(c) Cemetery or crematory Mt Moriah Woodlawn
Location Catonsville Md

18 (a) Funeral director A. R. Waghalter
(b) Address 3539 Fall Road

19 (a) (Date received by registrar) (b) Registrar

FEB 13 1940

Hunter for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 9 1940, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1939 to Feb 9 1940, and that I last saw h[illegible] alive on Feb 9 1940.

Immediate cause of death Pulmonary Tuberculosis — Duration 3 yrs

Due to

Due to

Other Conditions Contributing cause — 3 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herman F. Blackman M.D.
M. D.
Address 6 East Biddle St Date signed 2/10/40

F 66045

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66045

CERTIFICATE OF DEATH

83-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-26 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alberta Ward

If U. S. Veteran specify WAR .....

(a) Residence: No. Linthicum Heights St., ... Ward. Anne Arundel

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jabon Ward

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	25			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Novelty

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mill

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph Bicklus

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Rose Bicklus

16. BIRTHPLACE (city or town) (State or country) Lith

17. INFORMANT Albert Ward

(Address) Linthicum

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb 13 1940

19. UNDERTAKER Joseph Krampke Jr.

(Address) Foster Ave. Balt.

20. FILED ..... 19... .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-10-1940

I HEREBY CERTIFY, That I attended deceased from Feb 5th 1940 to Feb 10th 1940

I last saw h.. alive on Feb 10th 1940. Death is said to have occurred on the date stated above, at 4:55 Am.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Thrombopenic Purpura	July 1939
Cerebral Hemorrhage	"
Anemia	"

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify .....

(Signed) Louis C. Garess M. D.

(Address) University Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

FEB 11 1940

Huntington Williams, M.D.

F 66046

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66046 Registered No. 131-M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1718 W. Pratt St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1718 W Pratt St (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME VINCENT. A. Dober.
3 (b) If veteran, name war –
3 (c) Social Security Account No. 215-01-6151

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife CHENTINA.
6 (c) If alive, give age 55 years
7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Lith (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Benedictas Dober
13. Birthplace Lith

MOTHER
14. Maiden Name Unknown
15. Birthplace Lith

16 (a) Informant CHENTINA Dober
(b) Address 1718 W Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 12 40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Blair Rd

18 (a) Funeral director Joseph Kasmakas Inc
(b) Address 603 Washington Blvd

19 (a) (Date received by registrar) Huntingtown, Williams, Md

FEB 11 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 6 1940 to Feb 8 1940 and that I last saw him alive on Feb 7 1940

Immediate cause of death: Coronary Thrombosis — Duration 1 hr

Due to Chronic Nephritis

Due to Chronic Nephritis –

Other Conditions –

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M S Gomy –
Address 62 W 44. Baltimore Date signed 2/14/40 M. D.

66047

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-6 Registered No. E-66047

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2225 Kirk Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore City (If outside city or town limits write RURAL and give town)

Street No. 2225 Kirk Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rosa E. Cofield

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex F

5. Color or race W.

6 (a) ~~Single~~, married, widowed, or divorced. Widowed.

6 (b) Name of husband or wife Amos.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 23-1858

8. AGE: Years 81 | Months 7 | Days 15 | If less than one day hr. min.

9. Birthplace Towson Balto Co Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business at home

FATHER 12. Name William Bowen

FATHER 13. Birthplace Balto Co. Md

MOTHER 14. Maiden Name Sarah VanHorn

MOTHER 15. Birthplace Md.

16 (a) Informant Charles Purtle

(b) Address 2225 Kirk Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2- 11- 40 (month) (day) (year)

(c) Cemetery or crematory Bonlys Cem-

Location Balto Co. Md.

18 (a) Funeral director William Cook

(b) Address 147 St Paul st

19 (a) (Date received by registrar) Hunting Town Registrar

REC'D FEB 11 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8- 1940, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April - 1937, to Feb - 1940, and that I last saw h. alive on Feby 7th 1940.

Immediate cause of death Arteriosclerosis Hypertension

Due to Myocarditis Interstitial.

Due to

Other Conditions Both Kidneys.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration: 2 1/2 yrs.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Orion H. Magruder

Address 14. E. Read St Date signed 2/8/40 M.D.

Vernon 2689

F 66048

BALTIMORE CITY HEALTH DEPARTMENT 62305 F 66048

CERTIFICATE OF DEATH 46-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1916 N. Chester Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Ernst

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex: F
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/14/1882

8. AGE: Years 57 | Months 5 | Days 15 (25) | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at Home

FATHER
12. Name William Sandmann (d)
13. Birthplace Germany

MOTHER
14. Maiden Name Dorothy Albert (d)
15. Birthplace Baltimore

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 2/12/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

19 (a) (Date received by Registrar) (b) Registrar

FEB 11 1940 VS 2

Huntington Hill, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-9 1940, at 3.45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-26 1940 to 2-9 1940, and that I last saw her alive on 2-8 1940.

	Duration
Immediate cause of death: Bronchopneumonia	four days
Due to: Carcinoma cervix with metastasis	?
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Kuhlmann Jr. M. D.
Address Balto City Hosp. Date signed 2-9-40

66049 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 66049

CERTIFICATE OF DEATH 131-a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3033 Belvedere Ave) (Ward 24)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edgar J. Sheiblein (SHEIBLEIN) If U. S. Veteran specify WAR .....

(a) Residence: No. 3033 Belvedere Ave Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Julia A. Sheiblein

6. DATE OF BIRTH (month, day, year) Nov 3rd 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Govt

10. Date deceased last worked at this occupation (month and year) 1935 | 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Sheiblein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sarah Parrott

16. BIRTHPLACE (city or town) (State or country) Talbot Co Md

17. INFORMANT Julia A. Sheiblein
(Address) 3033 Belvedere Ave

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place London Park Date Feb 13th 1940

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19.....
Registrar.

FEB 11 1940 Huntington Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-9-40

22. I HEREBY CERTIFY, That I attended deceased from Nov 14 ... to Feb 9 ... 1940

I last saw him alive on Feb 9 1940 Death is said to have occurred on the date stated above, at 1.15 P m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Arteriosclerosis	5
Cerebral Hemorrhage	1935
Coronary Thrombosis	1-24-40
Chronic Nephritis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Samuel D. Cohen M. D.

(Address) 610 Penrhyn Rd

F 66050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163B Registered No. F 66050

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1313 W. 40th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1313 W 40th St (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME WALTER H MORRISON

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 213-01-2631

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 27 1894

8. AGE: Years	Months	Days	If less than one day: hr.	min.
45	11	13		

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Salesman (manufg)

11. Industry or business Office Equipment

FATHER
12. Name Edward H Morrison
13. Birthplace Boston, Mass

MOTHER
14. Maiden Name Annie E Howe
15. Birthplace Washington D.C.

16 (a) Informant Sister Leslie Morrison
(b) Address 1313 W 40th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 12 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Greenmount
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) FEB 11 1940 (Date rec'd by local registrar) (b) [illegible] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10 1940, at 8 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

Immediate cause of death: Poisoning, "seconal" (Barbital derivitive) — Duration: —

Due to suicide

Due to mental depression

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence February 10th 1940
(c) Where did injury occur? 1313 W 40th St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? house (Specify type of place) While at work? no
(e) Means of injury 18 grains of Seconal

23. Signature J. H. Wollenweber Asst Medical Examiner M.D.

Date signed Feb 10 1940

F 66051

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66051

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 346 E. 25th St., 12-3 Ward)

Registered No. 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Bernard J. McFarland

If U. S. Veteran specify WAR

(a) Residence: No. 346 E. 25th St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. McFarland

6. DATE OF BIRTH (month, day, year): Feb. 1-1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Rochester N.Y.

FATHER

13. NAME: John McFarland

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Rosie

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs Mary E. McFarland

(Address) 346 E. 25th St

18. BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Date: 2-12- 19

19. UNDERTAKER: Williams Cook

(Address) 1217 St Paul St.

20. FILED 19

Registrar.

Huntington Williams M.D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH 3:30 PM

21. DATE OF DEATH (month, day, year): Feb. 9 - 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1940 to Feb 9 1940 that h— alive on Feb 9 1940 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	

Other contributory causes of importance:

Bronchio Pneumonia

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) H. E. Ephraim M. D.

(Address) 1934 W. North Ave

FEB 11 1940

F 66052 HEALTH DEPARTMENT—CITY OF BALTIMORE F 66052

CERTIFICATE OF DEATH

131-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1648 Gorsuch Ave, Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary V. Einolf If U. S. Veteran specify WAR

(a) Residence: No. 1648 Gorsuch St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. Married, widowed, or divorced (or) WIFE of Louis Jr.

6. DATE OF BIRTH (month, day, year) Dec 14-1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Henry Hughes.

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Ellen ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary M Einolf (Address) 1648 Gorsuch Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date 2-12 19 40

19. UNDERTAKER Williams Goff (Address) 1217 St Paul St

20. FILED FEB 11 1940 19 Registrar. Huntington Williams, Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9, 1940

22. I HEREBY CERTIFY, That I attended deceased from 12-15-1936 to 2-9-1940

I last saw her alive on 2-7-1940 Death is said to have occurred on the date stated above, at 12½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-renal disease	About 1934

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. B. Sylvester M. D.

(Address) 2802 Harford Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ALL information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 66053 HEALTH DEPARTMENT—CITY OF BALTIMORE F 66053

CERTIFICATE OF DEATH 131-a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3512 Old York Rd 4 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME William F. Fitzgerald

If U. S. Veteran specify WAR _____

(a) Residence: No. 3512 Old York Rd Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Jessie Fitzgerald

6. DATE OF BIRTH (month, day, year) Oct 9th 1863

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
76	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as ~~cotton mill~~, saw mill, bank, etc. ~~Office~~ Electrical Engineer

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William F. Fitzgerald

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Louisa Collins

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Jessie Fitzgerald
(Address) 3512 Old York Rd

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 13th 1940

19. UNDERTAKER William Cook
(Address) 1217 St. Paul St

FEB 11 1940 19 Huntington Williams, Registrar.

VS 2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10th, 1940

22. I HEREBY CERTIFY, That I attended deceased from Mch 18 1939 to Feb 10 1940

I last saw ~~he/she~~ alive on Feb 10, 1940 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	many years
Other contributory causes of importance: Arteriosclerosis & Chronic Nephritis	many years

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) [signature] M.D.

(Address) 1120 W. 20th St

F. 66054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

F 66054 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Franklin Square Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3310 Alto Rd. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

151

3 (a) FULL NAME Mr. W. Gordon Isaac

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Cora Roberta Isaac

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 24th 1885

8. AGE: Years 54 | Months 11 | Days 15 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Wholesale Dealer

11. Industry or business Lumber

FATHER

12. Name Joseph Isaac

13. Birthplace Balto Md

MOTHER

14. Maiden Name Jennie Gordon

15. Birthplace Balto, Md.

16 (a) Informant Cora R. Isaac

(b) Address 3310 Alto Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/40 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Balto. Co. Md.

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

19 (a) FEB 11 1940 (Date rec'd by registrar) (b) Huntingtown Williamsburg Md

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-9 1940, at 6 55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-1 1940, to 2-9 1940, and that I last saw h[illegible] alive on 2-9 1940.

	Duration
Immediate cause of death: Cardiac Insufficiency	1 mth
Due to: Hypertensive Cardio Vascular Disease	7
Due to:	
Other Conditions: Subacute Glomerulo nephritis	7

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature A B Longhurst M. D.

Address Franklin Sq. Hosp. Date signed 2-9-40

F 66055

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 8 3-a

Registered No. 66055

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ...
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs 20 min
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4714 Amberley Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME MELVIN SEIFERT

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-09-1314

4. Sex M | 5. Color or race W | 6 (a) Single, married, ~~widowed, or divorced~~ Married

6 (b) Name of ~~husband or~~ wife Thelma M. Seifert

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Jan 23rd 1907

8. AGE: Years 33 | Months 0 | Days 19 | If less than one day ... hr ... min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Wm Speilman

FATHER
12. Name William F. Seifert
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Emma Wissel
15. Birthplace Balto. Md.

16 (a) Informant Thelma Seifert
(b) Address 4714 Amberley Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 2-12-40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) ... (Registrar) (b) Huntington Williams, M.D.

FEB 11 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH February 9, 1940, at ... M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Cerebral hemorrhage — Duration 7 hrs.

Due to Essential hypertension

Due to ...

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ...
(b) Date of occurrence ...
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury ...

23. Signature J. L. Wollenweber M.D.
Medical Examiner.

Date signed Feb 10, 1940

F 66056

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 66056 Registered No. 108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carter
(c) City or town Granite (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Eugene Guy

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Lottie Guy
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Oct 31st 1884

8. AGE: Years 55 | Months 10 | Days 9 | If less than one day: hr. min.

9. Birthplace Towson Md. (Town, county, and state)

10. Usual Occupation Carpenter
11. Industry or business Building

FATHER
12. Name James E. Guy
13. Birthplace Md

MOTHER
14. Maiden Name Laura V. Carter
15. Birthplace Md

16 (a) Informant Lottie Guy
(b) Address Granite Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Providence
Location Balto Co. Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date rec'd by registrar) (b) Huntington Filing Station

FEB 13 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 1940, at 5:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 6 1940 to Feb 10 1940, and that I last saw him alive on Feb 10 1940.

Immediate cause of death: Lobar Pneumonia, right lung — Duration: 14 Days
Due to
Due to
Other Conditions: Hypertensive a. V. disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Lobar pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas Sexton M. D.
Address Mercy Hosp. Date signed 2/10/40

F 66057

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 171-a

F 66057 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 50 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 841 Hollins St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME ADAM KICAS

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr) May 15, 1873

8. AGE: Years	Months	Days	If less than one day
66	8	27	hr. min.

9. Birthplace Lithuania (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business Tailor

FATHER
12. Name George Kicas
13. Birthplace Lithuania

MOTHER
14. Maiden Name Eva Slachas
15. Birthplace Lithuania

16 (a) Informant Vincent Kicas
(b) Address 643 W. Balto. St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 2/12/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Holy Redeemer
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date received by Registrar) (b) Hunter Robertson Williams, M.D. Registrar
FEB 11 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH February 8 1940, at 7 50 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Shock, Traumatic — Duration 50 hrs

Due to Fracture, base of skull

Due to

Other Conditions 2 fractures, multiple ribs. Ruptured Spleen
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above.

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence February 8th, 1940
(c) Where did injury occur? Arch and Fayette sts. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? no (Specify type of place)
(e) Means of injury struck by street car while crossing street

23. Signature H. Lee Alexander M.D. Medical Examiner
Date signed Feb 9th, 1940

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66058

CERTIFICATE OF DEATH

83-a

F 66058

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2802 Miles Ave St. 42-7 Ward)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME D. Blanche Karcher

If U. S. Veteran specify WAR ...

(a) Residence: No. 2802 Miles Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: (or) WIFE of George W

6. DATE OF BIRTH (month, day, year): July 8 — 1885

7. AGE: Years 54 | Months 7 | Days 1 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Jeremiah Wagemore
14. BIRTHPLACE (city or town) (State or country): Balto Co.

MOTHER

15. MAIDEN NAME: Ella S Sullivan
16. BIRTHPLACE (city or town) (State or country): Balto Co Md.

17. INFORMANT: Geo W Karcher
(Address) 2802 Miles Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Date: 2-12-1940

19. UNDERTAKER: Williams Coole
(Address) 1217 St Paul St

20. FILED: FEB 11 1940 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 9, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1940 to Feb 9, 1940

I last saw h[illegible] alive on Feb. 9, 1940 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2-7-40
Other contributory causes of importance:	
Arterio-sclerosis	2

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) George W E Crico M. D.

(Address) 28 W 25th St.

F. B.—WRITE PLAINLY, WITH INK. ANSWER ALL QUESTIONS. Unless information is carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

F 66059 HEALTH DEPARTMENT—CITY OF BALTIMORE F 66059

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 521 Orkney Road (Street) (Ward) 27-8

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. .... mos. .... da. How long in U. S. if of foreign birth? .... yrs. .... mos. .... da.

2. FULL NAME Harry C. Shryock

If U. S. Veteran specify WAR .....

(a) Residence: No. 521 Orkney Road Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie O.

6. DATE OF BIRTH (month, day, year) April 6 - 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired liquor gager U.S. Gov.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Wm H Shryock

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Eliza Foxcroft

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Annie J. Shryock

(Address) 521 Orkney Road

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 2/11/40 19

19. UNDERTAKER Willis Cook

(Address) 1217 St Paul st

20. FILED ..... 19 ..... Registrar.

FEB 11 1940 Hunter for Mathews, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9, 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1936 to 2/9 1940

I last saw h Live alive on 2/9 1940 Death is said to have occurred on the date stated above, at 10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio - sclerosis	
cardio vascular disease	Oct 1939
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury, ... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C H Reese M. D.

(Address) 4111 York Rd

NOTE.—WRITE PLAINLY with pen and ink. AGE should be stated EXACTLY. PHYSICIANS should be careful in filling out information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Unverzagt

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66060 — F 66060

CERTIFICATE OF DEATH

61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 19-4 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Dan Unverzagt

If U. S. Veteran specify WAR _____

(a) Residence: No. 103 S. Monroe St., _____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Henry Unverzagt

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Magdeline Rapp

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Daniel Unverzagt (Address) New York

18. BURIAL, CREMATION, OR REMOVAL Place Middletown Md. Date Feb. 11th, 1940

19. UNDERTAKER A. J. Jones (Address) 111 S. Gilmor St

20. FILED _____, 19___ _____ Registrar.

FEB 11 1940

Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 5, 1940

22. I HEREBY CERTIFY, That I attended deceased from February 5, 1940 to February 5, 1940

I last saw him alive on February 5, 1940. Death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
Coma and gangrene	?
Dehydration and alimentation	?

Other contributory causes of importance:

Arteriosclerotic cardiovascular disease

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Joseph W. Engle, M. D.

(Address) University Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

66061
374156

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-w F 66061
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days) 62 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. MD Club - Chas. & Eager (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME RICHARD H THOMPSON
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: ~~WIDOWED~~ SINGLE
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 7-2-78
8. AGE: Years 61 Months 7 Days 6 If less than one day hr. min.
9. Birthplace MD (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business INSURANCE
FATHER 12. Name Charles R Thompson
FATHER 13. Birthplace ?
MOTHER 14. Maiden Name Sallie M Hardesty
MOTHER 15. Birthplace ?
16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 12 1940 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto Md
18 (a) Funeral director Henry W Jenkins & Sons Co
(b) Address McCulloh & Orchard Sts
19 (a) Date received by Registrar FEB 11 1940 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8 1940, at 945 P M
21. I certify that death occurred on the date above stated; that I attended deceased from JAN. 14 1940, to Feb 8 1940, and that I last saw him alive on Feb 8 1940.

	Duration
Immediate cause of death: cerebral embolism	5 min.
Due to: mural thrombi	5 mo.
Due to: coronary occlusion	5 mo.
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Confirmed above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Henry Fraser, Jr. M. D.
Address Baltimore Date signed 2/9/40

42 2

F 66062

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

F 66062
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1408 N. Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs 7 Mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1408 N. Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret E. Lee Schrom (nee Booz)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Robt E. Lee Schrom

6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) July 2 1873

8. AGE: Years 66 | Months 7 | Days 7 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Daniel W. Booz
13. Birthplace Not known

MOTHER
14. Maiden Name Not known
15. Birthplace Not known

16 (a) Informant Margaret Umbart
(b) Address 1408 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 12 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor ave

18 (a) Funeral director Henry Lutz
(b) Address 1203 N. Broadway

FEB 11 1940 (Date rec'd by Registrar)

(b) Time for filing Standard.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/9 1940, at 12 40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-16 1939 to 2/9 1940.
and that I last saw h[illegible] alive on 2/9 1940.

Immediate cause of death	Duration
Mitral Regurgitation	1 year
Due to	
Myocardial Insufficiency	2 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Not

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence No
(c) Where did injury occur? No (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? No (Specify type of place) While at work?
(e) Means of injury None

23. Signature Daniel Miller M. D.
Address 1500 N Bdway Date signed 2/9/40

F 66063

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87-B

F 66063

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3901 Barrington Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 65

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3901 Barrington Rd. (If rural, give location)
(e) If foreign born, how long in U. S. A.) V V years

1540

3 (a) FULL NAME Sarah Engelman

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Meyer Engelman
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 1877
8. AGE: Years 63 | Months | Days | If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation: House Wife
11. Industry or business

FATHER
12. Nathan Goodman
13. Birthplace Russia

MOTHER
14. Maiden name Rachael Goodman
15. Birthplace Russia

16 (a) Informant Benj. Engelman
(b) Address 3901 Barrington Rd
17. Burial (Burial, cremation, or removal) (b) Date thereof 2-11-40 (month) (day) (year)
(c) Cemetery or crematory Israel
Location Southern Ave
18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto St
19. (a) (Date rec'd by Registrar) FEB 11 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-10-40 19 , at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1930 to 2-10- 1940, and that I last saw h alive on 2-10 1940.

Immediate cause of death: Neuritis; Shock — Duration: V
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney L. Levy M. D.
Address 2324 Eutaw Place Date signed 2-11-40

F 66064

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-T

F 66064 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 632 N. Carrollton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 632 N. Carrollton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Turner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col	Widow

6 (b) Name of husband ~~or wife~~ Edmund Turner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant Ella Haynie

(b) Address 632 N. Carrollton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-40 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Mt. Calvary

Location Anne Arundel County

18 (a) Funeral director Saml. M. Chase & Son

(b) Address 632 N. Gilmor St.

FEB 11 1940 (Date rec'd by Registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-9- 1940, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-7- 1940, to 2-9- 1940, and that I last saw h~~er~~ alive on 2-9- 1940.

Immediate cause of death Myocarditis — Duration Unknown

Due to Unknown

Due to

Other Conditions Unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operation

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Jane A. Saunders M. D.

Address 1029 N. Stricker St. Date signed 2-10-40

F 66065

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 66065

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address GREENWAY APARTMENTS
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 6 MOS.

2. USUAL RESIDENCE OF DECEASED: Anne
(a) State MD. (b) County ARUNDEL
(c) City or town GIBSON ISLAND
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME HOWELL FISHER

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex MALE

5. Color or race WHITE

6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife ELIZABETH FISHER

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) MAY 24 1876

8. AGE: Years 63 Months 8 Days 16 If less than one day hr. min.

9. Birthplace BOSTON, MASS
(Town, county, and state)

10. Usual Occupation RETIRED

11. Industry or business BUSINESS

FATHER
12. Name HORACE B. FISHER
13. Birthplace NEW HAMPSHIRE

MOTHER
14. Maiden Name MARIAH HOWELL
15. Birthplace NEW YORK

16 (a) Informant MRS. HOWELL FISHER
(b) Address GREENWAY APTS

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Feb. 12 40 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location Baltimore

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 100 W. NORTH AVENUE

19 (a) FEB 14 1940 (Date received by registrar) (b) Huntington Williamsport Pa.

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB. 10 1940, at 7 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/8/ 1940 to 2/10 1940, and that I last saw h[im] alive on 2/10 1940.

Immediate cause of death BRONCHO PNEUMONIA
Due to ARTERIOSCLEROTIC HEART DISEASE
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration 4 DAYS

Major findings:
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stuart D. Sunday
Address Union Memorial Hospital Date signed 2/10/40

Spec—8-39—A. & I Co.—250 Bks.

66066

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66066

CERTIFICATE OF DEATH.

115-C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2512 E Baltimore St Ward)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clark Ross Stevens

(a) RESIDENCE No. 2512 E Baltimore St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If NON-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 28th 39

7 AGE — Years | Months: 3 2 | Days: 15 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER P A Stevens

11 BIRTHPLACE OF FATHER (city or town) (State or country): Conneaut Ohio

12 MAIDEN NAME OF MOTHER J C Calcano

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant: P A Stevens

(Address) 2512 E Baltimore St

15 Filed FEB 11 1940, 19

Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10th 40

17

I HEREBY CERTIFY. That I attended deceased from Feb 4th 40, 19, to Feb 10th 40, 19, that I last saw him alive on Feb 10th 40, 19, and that death occurred, on the date stated above, at 12.10AM

The CAUSE OF DEATH* was as follows:

bronchopneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) pharyngitis c emesis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) [illegible] M. D.

2/10 1940 (Address) 824 E Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem

DATE OF BURIAL 2/12/40

20 UNDERTAKER: Wendell J. Deffet

ADDRESS 1405 Eastern

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 66067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

Registered No. F 66067

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1920 N Rose St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1920 N Rose St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** AUGUST Fb. HARTMAN

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Elizabeth Hartman
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Aug 24th 1879

8. AGE: Years	Months	Days	If less than one day
60	5	15	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Grocer
11. Industry or business Grocery

FATHER
12. Name Charles Hartmann
13. Birthplace Germany

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Elizabeth Hartman
(b) Address 1920 Rose St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 12th 1940 (month) (day) (year)
(c) Cemetery or crematory Balto Cem
Location E North Ave Ext

18 (a) Funeral director Leo S. Leppo
(b) Address 1701-03 N Pratt Park Ave

19 (a) (Date received by registrar) (b) Huntington Williams M.D. (Signature of registrar)

FEB 11 1940

MEDICAL CERTIFICATION

20. **DATE OF DEATH** February 9 1940, at 11 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration sudden
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** H. L. Wallenmeyer M.D. Asst Medical Examiner.
Date signed Feb 9, 1940

F 66068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 66068 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3125 E. Elliott St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3125 Elliott St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lula A. Perkins

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Wm. H. Perkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11, 1890

8. AGE: Years	Months	Days	If less than one day: hr.	min.
49	10	28		

9. Birthplace Pittsburg Pa. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER 12. Name Thomas L. Rose
13. Birthplace Pittsburg, Pa.

MOTHER 14. Maiden Name Isabelle Barnett
15. Birthplace Pa.

16 (a) Informant Harry Miller
(b) Address 3222 Boone St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location

18 (a) Funeral director John A. Miller
(b) Address 2334 Jefferson St.

(c) Date received by registrar FEB 11 1940 (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 9 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Paralysis of the heart	unknown
Due to Diabetes Mellitus	4 yr
Due to	
Other Conditions Chronic Nephro-lithiasis	unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations no operation
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. A. Rosenblatt M.D. Medical Examiner.
Date signed 2/10/40

F-66069

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 66069 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1716 Druid Hill Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1716 Druid Hill Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie V. Bannister

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Thomas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 3, 1868

8. AGE: Years	Months	Days	If less than one day
70	11	6	hr. min.

9. Birthplace Calvert Co. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James M. Grosa
13. Birthplace Calvert Co. Md.

MOTHER
14. Maiden Name Nellie ? ? ?
15. Birthplace Calvert Co. Md.

16 (a) Informant Mary B. Beckett
(b) Address 1716 Druid Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/40 (month) (day) (year)
(c) Cemetery or crematory Mutual, Md.
Location Mutual, Md. - Calvert Co.

18 (a) Funeral director Mrs. Geo. M. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) (Date rec'd by registrar) (b) Huntingtop Williams, M.D.

FEB 11 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH February 9 1940. at 2.20 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 24 1940. to Feb 9 1940. and that I last saw her alive on Feb 9 1940.

Immediate cause of death
Coronary Failure
Due to Cardio Vascular Renal
Due to Arterio Sclerosis
Other Conditions

Duration
1/24-2/9 1940
1939.

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Hengst M. D.
Address 1209 Cathedral Date signed 2/11/40

P 66070

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

41389 SD P 66070 Registered No. 93-7

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr. & Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1470 Woodall Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella Clocker

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Widowed

6 (b) Name of husband or wife John A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7;27, 1853

8. AGE: Years	Months	Days	If less than one day
86	6	12	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Louis M. Mead
13. Birthplace Maryland

MOTHER
14. Maiden Name Louise Price
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 13 '40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Town
Location Balto. Md.
18 (a) Funeral director Charles F. Dill
(b) Address 501 E. Fort Ave

(c) FEB 11 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 9 1940, at 10:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 28 1939, to Feb. 9 1940, and that I last saw h.er. alive on Feb. 9 1940.

Immediate cause of death: 1) Hypertensive Cardiovascular disease — Duration: unknown.
Due to
Due to
Other Conditions Terminal Bronchopneumonia — 3 days.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no abuse.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 2-10-40

F 66071

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 66071

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 418 South Font Hill Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 71 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 418 South Font Hill Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? 71 years

206 6

3 (a) FULL NAME .... LOUIS ANGER Sr. .....

3 (b) If veteran, name war: No.....

3 (c) Social Security Account No.: No.....

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Annie E. Anger

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 7, 1851

8. AGE: Years 88 | Months 9 | Days 1 | If less than one day: ___ hr. ___ min.

9. Birthplace: Germany (Town, county, and state)

10. Usual Occupation: Lamb Butcher

11. Industry or business: Own Business

FATHER 12. Name: Charles Anger

FATHER 13. Birthplace: Germany

MOTHER 14. Maiden Name: Unknown

MOTHER 15. Birthplace: Germany

16 (a) Informant: Mr. Charles Anger

(b) Address: N. Bentalou Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/11/40 (month) (day) (year)

(c) Cemetery or crematory Baltimore Maryland

Location Loudon Park Cemetery

18 (a) Funeral director C. W. & F. B. Hilbert & Son

(b) Address 1300 Eutaw Place

(c) [illegible] Hilbert Williams, Registrar

FEB 11 1940

(Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

P

20. DATE OF DEATH February 8, 1940, at 8:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6 Feb 1940 to 8 Feb 1940, and that I last saw h[illegible] alive on 8 Feb 1940.

Immediate cause of death: Broncho Pneumonia — Duration 1 wk.

Due to: None

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Z Vance Hooper

Address 1 Frederick Ave. Date signed 2/11/40

M. D.

Dr. Vance Hooper

F 66072

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F. 66072 Registered No. 114E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 N. Patterson Park Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Meyer Flitt

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M

6 (b) Name of husband or wife Julia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation
11. Industry or business Barber own Shop

FATHER
12. Name Harry Flitt
13. Birthplace Russia

MOTHER
14. Maiden Name Violet
15. Birthplace Russia

16 (a) Informant Julia Flitt
(b) Address 17 N Patterson Park ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 12 40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Philadelphia Rd.

18 (a) Funeral director Sol Levinson Bros
(b) Address 1124-26 W North ave

19 (a) Date received by registrar FEB 12 1940

VS 8

MEDICAL CERTIFICATION 9:15a

20. DATE OF DEATH Feb. 11 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Interstitial bronchopneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. H. Sprunt Craft M.D. Medical Examiner.
Date signed 2/11/40

HEALTH DEPARTMENT—CITY OF BALTIMORE

66073

66073

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1733 Ellamont St. 15-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Frances M. St. Clair

If U. S. Veteran specify WAR

(a) Residence: No. 1733 Ellamont St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Louis C. St. Clair

6. DATE OF BIRTH (month, day, year) May 17th 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1940

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

FATHER

13. NAME James N. Cox

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER

15. MAIDEN NAME Mary Ellen Gibson

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Louis C. St. Clair

(Address) 1732 Ellamont st

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date 2/12 1940

19. UNDERTAKER Williams & Co

(Address) 1214 E Cold St

FILED FEB 12 1940, 19.....

Registrar.

Huntingtop Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9th 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 1940 to Feb 9 1940

I last saw h[illegible] alive on Feb 9 1940. Death is said to have occurred on the date stated above, at 9:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Lobar Pneumonia Type III	5 Days

Other contributory causes of importance:

Lobar Pneumonia Type III	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, specify

(Signed) [illegible] M. D.

(Address) 2220 Garrison Blvd

VS 3

66074 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 66074

CERTIFICATE OF DEATH

F5586 160-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp 2401 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Jr Warner

If U. S. Veteran specify WAR. Balto Co.

(a) Residence: No. 113 Poplar Grove St., Ward. Catonsville Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 10, 1940

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME John A. Warner

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Ethel B Lesher

16. BIRTHPLACE (city or town) Pa (State or country)

17. INFORMANT Jno B Warner (Address) Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL Pikesville Date Feb 12 1940

19. UNDERTAKER Geo A Starkey (Address) Baltimore & Stafford

20. FILED FEB 12 1940 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1940 to Feb 10, 1940

I last saw him alive on Feb 10, 1940. Death is said to have occurred on the date stated above, at 12 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	2-10-40

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J M Collins, M. D.

(Address)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

66075 HEALTH DEPARTMENT—CITY OF BALTIMORE 66075

CERTIFICATE OF DEATH

74-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hosp. for the Women of Maryland St. Lowndes) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise Milke Sullens

If U. S. Veteran specify WAR

(a) Residence: No. 1020 Highland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Sullens

6. DATE OF BIRTH (month, day, year) April 26, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	9	15	12

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Milke

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Isebelle Hudtson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT George Sullens
(Address) 1020 S. Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cemt. Date Feb. 12, 1940

19. UNDERTAKER Laurence F. Hoffmann
(Address) 2723 E. Preston St.

20. FILED 19 Huntington Williams, Registrar

FEB 12 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1939 to Feb. 9, 1940

I last saw her alive on Feb. 9, 1940. Death is said to have occurred on the date stated above, at 9:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma Leukaemia, type undetermined	
Cachexia	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Blood count Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Richard W. Wolfenstein M. D.

(Address) Woman's Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 66076 F 5729 BALTIMORE CITY HEALTH DEPARTMENT F 66076

CERTIFICATE OF DEATH 107

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1521 Ashland ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1521 Ashland ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marion Cloude

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 22/1940

8. AGE: Years | Months | Days 16/9 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Hampton Cloude
13. Birthplace NC

MOTHER
14. Maiden Name Anobell McCorkle
15. Birthplace NC

16 (a) Informant Hampton Cloude
(b) Address 1521 Ashland ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 12 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Balto Co.

18 (a) Funeral director Rayam Sanders
(b) Address 1412 E Preston St
(c) Huntington Williams MD (Date rec'd by registrar) (Registrar)

FEB 13 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 2·10 1940 at 5A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2·8 1940 to 2·10 1940 and that I last saw her alive on 2·9 1940.

	Duration
Immediate cause of death: Primary pneumonia	7 days
Due to	over
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address 1500 E. Madison St Date signed 2/13/40

VS F 1940

F 66077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-0 Registered No. F 66077

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 934 Brooks Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 914 Brooks Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SAMUEL MAY

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. 215-09-0122

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 23.1887

8. AGE: Years 52 | Months 5 | Days 18 | If less than one day 17 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Building Contractor
11. Industry or business

FATHER
12. Name Louis May,
13. Birthplace Germany

MOTHER
14. Maiden Name Sophie Oppenheimer,
15. Birthplace Germany

16 (a) Informant Miss. Edna May,
(b) Address 914 Brooks Lane.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director David Sonnheim & Son
(b) Address 1902 Eutaw Place.

FEB 12 1940 (Date rec'd by registrar) (c) Harry [illegible] Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby. 10th. 1940 at 11.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 24 1940 to Feb 10 1940. and that I last saw h[illegible] alive on Feb 10 1940.

Immediate cause of death	Duration
Coronary thrombosis	1 day
Due to	
Due to Hypertension	6 mos.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Frederick Lantz M. D.
Address Temple Garden Apt. Date signed 2/11/40

66078

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 66078 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 13 N. Fulton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 66 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 13 N. Fulton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Kern

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
None	None	Male	White	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 7th, 1857

8. AGE: Years	Months	Days	If less than one day
83		1	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Martin Kern
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Blanche M. Harward
(b) Address 13 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/40. (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Frederick A. Dyle
(b) Address 1700 W Lombard St

19 (a) (Date rec'd by registrar) (b) [illegible] Williams, M.D. Registrar

FEB 12 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8th, 1940, at 11 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1935 to Feb 8 1940, and that I last saw him alive on Feb 8 1940.

Immediate cause of death Acute cardiac dilatation — Duration 2 days

Due to Chronic myocarditis

Due to hypertension — 4 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 4 N Fulton Date signed 2/9/40 M. D.

F 66079

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66079
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 17 S. Smallwood St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 S. Smallwood St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Roberta Burns

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 18, 1939.

8. AGE: Years | Months: 2 | Days: 23 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles R. Burns
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Lois White
15. Birthplace Madisonville, Tenn.

16 (a) Informant Mrs Edith E. Burns
(b) Address 17 S. Smallwood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/40. (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md.

18 (a) Funeral director Frederick A. Cole
(b) Address 1260 W. Lombard St.

19 (a) 2-12-1940 (Date received by local registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 7. 1940. to Feb. 11 1940 and that I last saw her alive on Feb. 10 1940.

Immediate cause of death: Bronchopneumonia — Duration: 3 days.

Due to: Marasmus — Duration: 1 mo. birth.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edw. Flaming M.D. M. D.
Address 1904 W. Balto St. Date signed

F 66080

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 66080 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5113 Greenwich
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5113 Greenwich (If rural give location)
(e) If foreign born, how long in U. S. A.? years

2-86-4

3 (a) FULL NAME Hellen Noyes (Nee Durgin)

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife John B. Noyes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 11, 1866

8. AGE: Years	Months	Days	If less than one day
74	1	0	hr. min.

9. Birthplace Berwick, York Co., Maine (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business Old Age Pension

FATHER
12. Name ? Durgin
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Norris L. Genese
(b) Address 5113 Greenwich Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 13, 1940 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore, Md.

18 (a) Funeral director Frederick A. Cole
(b) Address 220 W. Lombard St.

19 (a) 1940 (Date filed by registrar) (b) Milton Robbins, Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11, 1940, at 3:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/2 1940 to 2/11 1940 and that I last saw h alive on 2/10 1940

Immediate cause of death Cardio Vascular disease
Arterio-sclerosis

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Zach. R. Morgan M. D.
Address 6-E-Read St. Date signed 2/11/43

66081

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66081

Registered No. 108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct data is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton aves
(c) Hospital or institution: St. Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4403 Adelle Terrace (If rural give location)
(e) If foreign born, how long in U. S. A.? 46 years

3 (a) FULL NAME Samuel a (Brown) Facterowitz

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-5625

4. Sex: male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years 55 | Months | Days | If less than one day: hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Checker

11. Industry or business

FATHER
12. Name Myer Facterowitz
13. Birthplace

MOTHER
14. Maiden Name Sarah
15. Birthplace

16 (a) Informant Hospt - Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-40 (month) (day) (year)
(c) Cemetery or crematory Ohab Sholom
Location D'Ronell St.

18 (a) Funeral director Jack Levin
(b) Address 1434 E. Baltimore St.

19 (a) Date received by registrar 2-12-40 (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10 1940, at 6:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 4 1940 to Feb. 10 1940, and that I last saw him alive on Feb. 10 1940.

Immediate cause of death	Duration
Lobar pneumonia bilateral	
Due to Type 7 pneumococcus	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles V. Lewis M. D.
Address St Agnes Hospt Date signed 2-10-40

66082 Wiener

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. 66082

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert Street

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Bo

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3805 Greenmount Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mrs. Rosalie R. Wisner

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Charles Wisner Jr

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 23. 1882

8. AGE: Years	Months	Days	If less than one day
57	8	18	hr. ..... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife & Graduate Nurse

11. Industry or business .....

FATHER 12. Name ? Rasin

13. Birthplace Chestertown, Md

MOTHER 14. Maiden Name Florence Rasin

15. Birthplace Chestertown, Md.

16 (a) Informant Hospital Records

(b) Address .....

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 12 /40 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville Md

18 (a) Funeral director John Archibald Sons

(b) Address 900 Eutaw Place

19 (a) Date received by registrar FEB 12 1940 (b) Registrar Huntington Hollyman Jr. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/10 1940, at 9:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/7 1940, to 2/10 1940 and that I last saw h..... alive on 2/10 1940

Immediate cause of death	Duration
(a) Acute Myocardial Failure	
Due to (b) Coronary Thrombosis	10 days
Due to (c) Hypertension - Arteriosclerotic C. V. disease	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury .....

23. Signature Harry W. Beck M. D.

Address Mercy Hospital Date signed 2/10/40

F 66083

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-7

F 66083 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3328 Fleet St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 3328 Fleet St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Dorsch

3 (b) If veteran, name war:
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Frederick Dorsch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22, 1867

8. AGE: Years 72 | Months 87 | Days 16 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation housework
11. Industry or business

FATHER
12. Name Jacob Becker
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany

16 (a) Informant Helen Snyder
(b) Address 3328 Fleet St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 12 40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location

18 (a) Funeral director John A. Miller
(b) Address 2330 Jefferson St.

19 (a) FEB 12 1940 (Date rec'd by registrar) Huntington Williamson, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-8-40 19 . at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 23, 1939 to Feb 8 1940. and that I last saw h[illegible] alive on Feb 8 1940.

Immediate cause of death Cardiac failure
Myocarditis
Acute cardiac Chronic
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 301 S Ellwood Ave Date signed 2-12-40

F 66084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 66084 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2512 E Jefferson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2512 E Jefferson St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FRANK DE REDTMANN

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
m	W	widowed

6 (b) Name of husband or wife Louisa Behrendt
6 (c) If alive, give age deceased years

7. Birth date of deceased (mo., day, yr.) Aug. 19-1872

8. AGE: Years	Months	Days	If less than one day: hr.	min
67	5	21		

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Mill-wright
11. Industry or business factory

FATHER
12. Name Christian Redtmann
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mary J Redtmann
(b) Address 2725 Roland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2, 19, 40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location

18 (a) Funeral director John A. Miller
(b) Address 2334 Gilmor St

19 (a) (Deputy) (Registrar) (b) Registrar

FEB 12 1940
Vs. 12 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Cerebral hemorrhage — Duration —
Due to Hypertensive heart disease
Due to
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D H L Wollenweber M.D.
Medical Examiner
Date signed Feb 10, 1940

66085

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 66085

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 933 N. Calvert St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ------ years

3 (a) FULL NAME Hugh J. Phillips

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower

6 (b) Name of husband or wife Anna M. ------
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) -------- 1861

8. AGE: Years	Months	Days	If less than one day hr.	min.
79	---	---		

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business -----

FATHER
12. Name Hugh L. Phillips
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Mary Egan
15. Birthplace Baltimore, Maryland

16 (a) Informant Mr. Edward J. Phillips
(b) Address 915 N. Calvert Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/40 (month) (day) (year)
(c) Cemetery or ~~######~~ Loudon Park
Location Frederick & Loudon Avenues

18 (a) Funeral director H. B. Means & Son
(b) Address 800 N. Calvert St.

19 (a) (Date rec'd by Registrar) FEB 17 1940 (b) Registrar 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 1940, at 5:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5 1940, to Feb. 10 1940, and that I last saw him alive on Feb 10 1940.

Immediate cause of death Coronary Thrombosis — Duration 5 weeks
Due to Arteriosclerosis
Due to
Other Conditions Pleural effusion
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas Peyton M. D.
Address Mercy Hospital Date signed 2/10/40

66086 HEALTH DEPARTMENT—CITY OF BALTIMORE 66086

CERTIFICATE OF DEATH 93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 N. Howard St. St. 4-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louise E. Clopton

(a) Residence: No. 8 N. Howard St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Capet Clopton

6. DATE OF BIRTH (month, day, year) Nov. 17, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) St. Louis, Mo.
(State or country)

FATHER

13. NAME Louis Espenschied

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Not Obtainable

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Henry V. Lucas
(Address) New Howard Hotel

18. BURIAL, CREMATION, OR REMOVAL Burial
Belfontaine Cem, St. Louis, Mo. 2/12/40

19. UNDERTAKER Henry H. Meaks & Son
(Address) 805 W. Eaton St. Huntington, W. Va.

20. FILED FEB 12 1940 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 11, 1940

22. I HEREBY CERTIFY, That I attended deceased from February 7, 1940, to February 11, 1940

I last saw h[illegible] alive on 2/11, 1940. Death is said to have occurred on the date stated above, at 2:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumothorax, [illegible]	2/7
Other contributory causes of importance: Arteriosclerotic cardio vascular disease	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, state .....

(Signed) Theodore E. Stacy, M. D.

(Address) 3803 Edmondson Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Via Pennsylvania R. R. Escort Henry V. Lucas

F 66087

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49-a Registered No. 66087

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 530 N. Fulton Ave.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 5 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 530 N. Fulton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mary Elizabeth Troyer Markley

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-07-3267

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	MARRIED

6 (b) Name of husband or wife John R. Markley
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Nov. 4, 1891

8. AGE: Years	Months	Days	If less than one day
48	3	6	— hr. — min.

9. Birthplace Harford County, Md. (Town, county, and state)
10. Usual Occupation Nurse
11. Industry or business Medical Profession

FATHER
12. Name Charles C. Troyer
13. Birthplace Harford County, Md.

MOTHER
14. Maiden Name Mary E. Miles
15. Birthplace Baltimore County

16 (a) Informant Robert R. Markley
(b) Address 4802 Frederick Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/40 (month) (day) (year)
(c) Cemetery or crematory McKENDREE CHURCH CEM. Location Black Horse, HARFORD COUNTY MD.

18 (a) Funeral director Walter Bruce Bradley
(b) Address 1922 W. Baltimore St. Baltimore, Md.

19 (a) (Date received) FEB 12 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 3 1940, to Feb. 10 1940 and that I last saw h[illegible] alive on Feb 10 1940.

Immediate cause of death: General Carcinomatosis — Duration ?
Due to Ovarian Carcinoma — 4 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Ovarian Carcinoma
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Augustus P. Von Schrader M.D.
Address 818 Edmondson Ave. (Date signed) Feb 11 1940

66088

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

12-W F 66088 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution: Franklin Square Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3d.
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1206 Carroll St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 yrs. years

3 (a) **FULL NAME** Lewis Dood (Dietz)

3 (b) If veteran, name war: None

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Anna Volkmann

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) June 15 1877

8. AGE: Years	Months	Days	If less than one day
62	7	26	hr. min.

9. Birthplace Germany. (Town, county, and state)

10. Usual Occupation Blacksmith.

11. Industry or business B & O R.R.

FATHER
12. Name Gotlieb Dood, Dietz
13. Birthplace Germany.

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany.

16 (a) Informant Anna Dood, Dietz
(b) Address 1206 Carroll St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14/40 (month) (day) (year)
(c) Cemetery or crematory St Pauls Cem
Location Violetsville Md.

18 (a) Funeral director Mrs Chas A. G. Rohde
(b) Address 7327 Edmondson Ave

19 (a) [illegible] (b) [illegible] (Registrar)

FEB 12 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-10 1940, at 9.40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-7 1940 to 2-10 1940.
And that I last saw h[illegible] alive on 2-10 1940.

Immediate cause of death Acute Cardiac Failure due to Auricular fibrulation of the Myocardium

Due to Auricular Fibrulation

Due to Chronic Myocarditis

Other Conditions Strangulated Femoral Hernia

(Include pregnancy within 3 months of death)

Major findings:
Of operations Strangulated Femoral Hernia
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan Wolf M. D.
Address Franklin Sq Hosp. Date signed 1-10-40

66089

HEALTH DEPARTMENT—CITY OF BALTIMORE

66089

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 N. Central Ave. St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Julia A. M. Ackerman

If U. S. Veteran specify WAR

(a) Residence: No. 904 N. Central Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 50Yrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Bernard Ackerman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Frances Kelner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Ackerman
(Address) 904 N. Central Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Feb.-13-1940

19. UNDERTAKER Henry Hoech & Sons Inc
(Address) 1301 E. Eager St.

FILED Huntington [illegible] Registrar

FEB 12 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb.-10-1940

22. I HEREBY CERTIFY, That I attended deceased from April 15 1939 to Feb 10 1940

I last saw h[illegible] alive on Feb 8 1940 Death is said to have occurred on the date stated above, at 2.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema of Lungs	1 day
Other contributory causes of importance: Chronic Myocarditis	1 yr

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) E. Gill Wall M. D.

(Address) 1631 E North av

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

66090 6102-FU

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 66090 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:

Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6yr. 4mo. 18das.

(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto.

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2406 Wilkens Ave.

(If rural give location)

(e) If foreign born, how long in U. S. A.? 52 years

3 (a) FULL NAME John Setherley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Emma

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-28-1866

8. AGE: Years	Months	Days	If less than one day
73	7	12	hr. min.

9. Birthplace Cornwall, England (Town, county, and state)

10. Usual Occupation stonemason

11. Industry or business

FATHER 12. Name Edward

13. Birthplace England

MOTHER 14. Maiden Name Kath. Edgecomb

15. Birthplace England

16 (a) Informant B.V.H. records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/40 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Balto. Co. Maryland

18 (a) Funeral director George F. Schwartz

(b) Address 2101 Frederick Ave.

19 (a) FEB 12 1940 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10 1940, at 11:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 22 1939, to Feb. 10 1940, and that I last saw him alive on Feb 10 1940.

Immediate cause of death	Duration between onset and death
Arteriosclerotic Heart Disease	
Due to	
Due to	
Other Conditions Bronchopneumonia	3 days.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Not Completed

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. Murray Callahan M. D.

Address Balto City Hosp. Date signed 2-10-40

W 66091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. W 66091

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution Lloyd Street & Portland Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1933 W. Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Fink

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 30 - 1939

8. AGE: Years 1 | Months - | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Louis Fink

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Margaret Carey

15. Birthplace Baltimore Md

16 (a) Informant Louis Fink

(b) Address 1933 W. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/40 (month) (day) (year)

(c) Cemetery or crematory, London Park

Location Baltimore Md

18 (a) Funeral director George Lyddane

(b) Address 2101 Frederick Ave

FEB 19 40 (Date rec'd) (b) Huntington Williams M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-10 1940 at 2 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-7- 1940 to 2-10 1940, and that I last saw h/s alive on 2-10 1940.

Immediate cause of death Pulmonary Edema
Lobar pneumonia
Sepsis, ? ? ?

Duration 4 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Pells M. D.
Address Sinai Hospital Date signed 2-10-40

66092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-a F 66092 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2906 Riggs Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2906 Riggs Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Josiah S. Briscan

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Minnie L.
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) June 1, 1859

8. AGE: Years	Months	Days	If less than one day
80	8	9	hr. min.

9. Birthplace Wilmington Delaware
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William Briscan
13. Birthplace Delaware

MOTHER
14. Maiden Name Mary Robertson
15. Birthplace Del.

16 (a) Informant Mrs Louisa Bunny
(b) Address 2906 Riggs Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 13 1940 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Edmondson Ave
18 (a) Funeral director J. Vernon Kuhn
(b) Address 2301 Edmondson Ave
19 (a) (b) Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 10 1940, at 9 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1937, to Feb. 10 1940, and that I last saw h[illegible] alive on Feb. 10 1940.

Immediate cause of death	Duration
Uraemia	24 hrs.
Due to Arteriosclerotic cardiovascular - renal disease	5 yr.
Due to	
Other Conditions Hypertrophic arthritis	7 yr.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George H. Yeager M. D.
Address Medical Arts Bldg Date signed Feb. 13 1940

F 66093

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-W F 66093
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4215 Elderon Ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 60 days
(e) Length of stay in Baltimore (yrs., mos., or days) 21 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4215 Elderon Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maurice Leonard

3 (b) If veteran, name war: no
3 (c) Social Security Account No.:

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Carrie E Leonard
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) June 18, 1877

8. AGE: Years 62 | Months 7 | Days 21 | If less than one day: hr. min.

9. Birthplace Penna (Town, county, and state)

10. Usual Occupation clerk
11. Industry or business market

FATHER
12. Name Samuel E. Leonard
13. Birthplace Penna

MOTHER
14. Maiden Name Mary Adaline Leonard
15. Birthplace Pa

16 (a) Informant Carrie E. Leonard
(b) Address 4215 Elderon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 12 40 (month) (day) (year)
(c) Cemetery or crematory Mount Olivet Grove
Location Baltimore County Md

18 (a) Funeral director Albert W Herzog
(b) Address 440 E North Ave

19 (a) FEB 12 1940 (b) (Date rec'd by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/9 1940, at 8:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/11/39 19 to 2/9/40 19, and that I last saw him alive on 2/9/40 19.

Immediate cause of death: Cardio-Vascular-Renal Disease — Duration: 2 mo
Due to: Acute Oedema of Lungs
Due to: Aneurysm Aorta-Dissecting
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. Frederick Johnston Jr. M. D.
Address Md General Hospital Date signed 2/9/40

F 66094

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 66094

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 315 REGESTER ST.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MD. (b) County BALTIMORE

(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)

(d) Street No. 315 S. REGESTER ST?
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ROSE A. ROME.

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	NONE	FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife WILLIAM A. ROME

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) JUNE 14 1891

8. AGE: Years	Months	Days	If less than one day
48	8	24	hr. min.

9. Birthplace A. A. COUNTY.
(Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business AT HOME

FATHER

12. Name LUTHER WILSON

13. Birthplace A. A. CO. MD.

MOTHER

14. Maiden Name MARY CHASE

15. Birthplace A. A. CO. MD.

16 (a) Informant WILLIAM A. ROME HUS.

(b) Address 315 S. REGESTER ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 12/40 (month) (day) (year)

(c) Cemetery or crematory OAK LAWN

Location EASTERN AVE. EXTD.

18 (a) Funeral director Lilly & Zeiler Inc

(b) Address 403 S. WOLFE ST.

19 (a) Huntington Williams, M.D. Registrar

(Date received by registrar) FEB 12 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB. 8 1940, at 10. P M

21. I certify that death occurred on the date above stated, that I attended deceased from Jan 19 40 to Feb 8 1940 and that I last saw h[illegible] alive on Feb 8 1940

Immediate cause of death	Duration
Coronary occlusion	acute
Due to Congenital Preston's Chr. Hypertension	
Due to	
Other Conditions Diabetes Mellitus ?	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Isaac H. Zeiler

Address 208 E. Read Date signed 2/9/40 M. D.

F 66095

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56-B

F 66095 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County BALTIMORE
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1229 N. Curley St (If rural give location)
(e) If foreign born, how long in U. S. A.? 16 years

3 (a) FULL NAME Rosa Frisch

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: ONE

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Peter Frisch

6 (c) If alive, give age: 40 years

7. Birth date of deceased (mo., day, yr.): March 31, 1901

8. AGE: Years: 38 | Months: 10 | Days: 109 | If less than one day: hr. min.

9. Birthplace: Germany (town, county, and state)

10. Usual Occupation: HOUSE WIFE

11. Industry or business: AT HOME

FATHER
12. Name: George Salbeck
13. Birthplace: Germany

MOTHER
14. Maiden Name: Francis Sobel
15. Birthplace: Germany

16 (a) Informant: Peter Frisch
(b) Address: 1229 N. Curley St

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 13/40 (month) (day) (year)
(c) Cemetery or crematory: HOLY REDEEMER
Location: BELAIR ROAD

18 (a) Funeral director: Lilly & Zeiler INC.
(b) Address: 403 S. WOLFE ST.

19 (a) FEB 12 1940 (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

28. DATE OF DEATH 2/10 1940, at 5 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/8 1940, to 2/10 1940, and that I last saw her alive on 2/10 1940.

Immediate cause of death: Uterine Fibroids — Duration

Due to: Circulatory Collapse Surgical Shock

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Uterine Fibroids Chronic Salpingitis (Bil)
Of autopsy: (Non Specific)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: C. Frederick Johnston Jr. M. D.
Address: Md General Date signed: 2/10/40

F 66096

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-B

F 66096 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 821 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 821 Edmondson Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mollie Johnson

3 (b) If veteran, name war

(c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Wm Johnson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 24 1876

8. AGE: Years 63 | Months 4 | Days 16 | If less than one day: hr. min.

9. Birthplace Alexander Va (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

MOTHER / FATHER

12. Name Wallace Wanzer

13. Birthplace Alexander Va

14. Maiden Name Not known

15. Birthplace

16 (a) Informant Ulysses Johnson

(b) Address 822 Edmondson Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb 13 1940 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 322 N Stricker St

19 (a) Feb 12 1940 (Date received by registrar) Mrs Katie R. Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 9 1940 at 7:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/24 1940 to 2/9 1940 and that I last saw him alive on 2/8 1940

I. Disease causing death: Chronic Myocarditis
Chronic Endocarditis
Chronic Nephritis — Duration: 2 Yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Manner of injury

23. Signature W. F. Howell M. D.

Address 601 Mercantile Bldg Date signed 2/11/40

VS 3

66097

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 66097

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1707 W Lexington St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1707 W Lexington St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

19 2

3 (a) FULL NAME WILLIAM McBRIDE

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Single widowed

6 (b) Name of husband or wife Gertrude

6 (c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day hr.	min.
64				

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business W. P. A.

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Rev. Geo. Matthews
(b) Address 1707 W. Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 12, 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St

FEB 12 1940 (Date received by Registrar)

(b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 9th 1940, at 6 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — **Duration** sudden

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Coroner Medical Examiner

Date signed Feb 9th 1940

Trueschler

F 66098 HEALTH DEPARTMENT—CITY OF BALTIMORE F 66098

CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 5304 Plymouth St., 27-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Guiard Trueschler

If U. S. Veteran specify WAR

(a) Residence: No. 5304 Plymouth St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Marguerite Trueschler

6. DATE OF BIRTH (month, day, year) March 15 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	10	326	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturing Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Joseph F Trueschler

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Augusta Wallbrich

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Joseph F Trueschler
(Address) 1232 E Federal St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 2-13 40

19. UNDERTAKER Leonard J. Rusk
(Address) 5305 Harford Rd.

20. FILED , 19 Registrar.

FEB 12 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1938 to Feb 10, 1940

I last saw him alive on Feb. 9, 1940 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Lung,	
Recto vesical ulceration	17 mo
Other contributory causes of importance:	

Was an operation performed? Yes Date of Sept. 38

For what disease or injury? Carcinoma Testicle

Name of operation Removal Testicle

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Thos. F. A. Storms, M. D.

(Address) 2878 Harford Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3 Huntington Williams, M.D.

66099 375092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-E F 66099

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 411 N. Spring St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rosie Molocke -

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-19-03

8. AGE: Years 36 35 | Months 10 | Days 21 | If less than one day hr. min.

9. Birthplace Maryland - (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Nemare Hopkins
13. Birthplace Maryland

MOTHER 14. Maiden Name Annie Boardley
15. Birthplace Maryland -

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 13th 1940 (month) (day) (year)
(c) Cemetery or crematory Salem Md.
Location near Cambridge Md.

18 (a) Funeral director Elroy O Wilson
(b) Address 1000 Hanlon Av

19 (Signature of registrar) (b) [illegible] Registrar

FEB 12 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10, 1940 at 9 05 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 3 1940 to Feb. 10 1940 and that I last saw her alive on Feb. 10 1940.

Immediate cause of death Hyperthyroid Heart Disease due to Toxic Diffuse Goiter — Duration

Due to Syphilis - rate undetermined

Due to

Other Conditions Syphilitic Myocarditis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature O. M. Welty M. D.
Address Johns Hopkins Hosp Date signed 2-14-40

66100

HEALTH DEPARTMENT—CITY OF BALTIMORE

66100

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1066 W Fayett St. 18 Ward)

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Harriet Brown

If U. S. Veteran specify WAR

(a) Residence: No. 1066 W Fayett St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of not none

6. DATE OF BIRTH (month, day, year) 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Crewe Va

FATHER

13. NAME Richard Folks

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Rebecca Folks

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Sevina Brown

(Address) 1066 W Fayett st

18. BURIAL, CREMATION, OR REMOVAL. Place Crewe Va. Date Feb. 14th 40 19

19. UNDERTAKER Elroy D Wilson

(Address) 1000 Brantley Ave

20. FILED Feb 12 1940 Hunter-Wilson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9th, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1940, to Feb 9, 1940

I last saw her alive on Feb 9, 1940 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/2/40
Other contributory causes of importance: Nephritis + Abdominal growth	
over	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so,

(Signed) Elmer Woodward M. D.

(Address) 703 W Lafayette ave Patient

VS 8

Feb 12 1940

By L

F 66101 .

F 66101

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2602 Hoffman ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2602 Hoffman ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Erhart – Earhardt

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	Married

6 (b) Name of husband or wife John H.
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Aug 10 1904

8. AGE: Years	Months	Days	If less than one day
35 36	6	0	hr. min.

9. Birthplace Balto.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Joseph Hesselek
13. Birthplace Poland

MOTHER
14. Maiden Name Eva Fijerska
15. Birthplace Poland

16 (a) Informant John H. Earhardt
(b) Address 2602 Hoffman ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 13 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave Rd.

18 (a) Funeral director Martin W. C. Eppel
(b) Address Ann & Lombard Sts.

19 (a) FEB 12 1940 (Date rec'd by local registrar) (b) Huntingtown, Md. (Signature of local registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 1940 at 8 15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 10 1939 to Feb 10 1940, and that I last saw her alive on Feb 10 1940

Immediate cause of death Pulmonary Tuberculosis — Duration 6 years
Due to Tuberculosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Michael J. Dousch M. D.
Address 2530 E. Baltimore St. Date signed 2-11-40

66102

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 66102

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 21 N. Collington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 21 N. Collington Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 27 years

3 6

3 (a) FULL NAME ELVIRA BARNABEI

3 (b) If veteran, name war

3 (c) Social Security Account No. no

4. Sex: Fem.

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or ~~wife~~: Abramo Barnabei

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 20 1894

8. AGE: Years 45 | Months 1 | Days 21 | If less than one day: hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER
12. Name Rocco Falconi
13. Birthplace Italy

MOTHER
14. Maiden Name Rosa Maricttti
15. Birthplace Italy

16 (a) Informant Abramo Barnabei (Husband)
(b) Address 21 N. Collington Ave

17 (a) Holy Redeemer (Burial, cremation, or removal) (b) Date thereof Feb. 13-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Ce,
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 (a) FEB 12 1940 (Date received by Registrar) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 - 1940 at 5a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 10 1939 to Feb 10 1940 and that I last saw h Cr alive on Feb 9 - 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage Feb -	5 40
Hypertension Nov 10 -	5 40
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Abram P. Lee Chan M. D.
Address 350 N Fort Ave Date signed Feb 12 1940

F 66103

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-V

Registered No. F 66103

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Gas & Electric Co, Western
(c) Hospital or institution:
Md. R.R. and Mortimer Ave

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1923 Pearlman Pl.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elmer Krider (KREIDER)

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-3368

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Inez V. Kreider

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 4/1890

8. AGE: Years	Months	Days	If less than one day
50	1	6	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Survey Man
11. Industry or business Gas & Elec

FATHER
12. Name Unk
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Inez V. Krider
(b) Address 1923 Pearlman Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/40 (month) (day) (year)
(c) Cemetery or crematory Balto
Location Baltimore

18 (a) Funeral director Philip Sterling Sons
(b) Address 2016 Orleans St

19 (Date received by Registrar) Huntington Williams M.D. Registrar

FEB 12 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10 1940 at 4 45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H W Vandegrift M.D.
Medical Examiner.
Date signed 2/12/40

VS 6

M. D. B. 1268-9

Margaret URANA Ross

66104 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-D F 66104

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 541 Presstman St. 14-3 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Margaret Urana Ross

(a) Residence: No. 541 Presstman St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced ~~HUSBAND OF~~ (or) WIFE of Dennis Ross

6. DATE OF BIRTH (month, day, year) 1878 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Thurmond (State or country) W. V. A.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Calvin Ross
(Address) 1020 Wilcox St.

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Mem. Park Date 2-13 1940

19. UNDERTAKER Mrs. Charles L. [illegible]
(Address) [illegible]

20. FILED FEB 12 1940 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1940 to Feb 10 1940

I last saw her alive on Feb 10 1940. Death is said to have occurred on the date stated above, at 6 45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	1935
Other contributory causes of importance: Broken compensation	2/1/40

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___ 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ___

(Signed) C Walburn Frey M. D.

(Address) 928 Penna Ave

F 66105

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

Registered No. F 66105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3547 Roland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 3547 Roland Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Benjamin E. Howard.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married.

6 (b) Name of husband or wife Margaret Howard
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Aug 30, 1862

8. AGE: Years	Months	Days	If less than one day hr.	min.
77	3	12		

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Benjamin F. Howard.
13. Birthplace Md.

MOTHER
14. Maiden Name Clara Hedrick.
15. Birthplace Md.

16 (a) Informant Margaret Howard.
(b) Address 3547 Roland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14, 1940 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Loudon Park.
Location Balto Co. Md

18 (a) Funeral director Ehrensperger & Donovan
(b) Address 3615-17 Eastern Ave

19 (a) (Date rec'd by registrar) Huntington Williams M.D.

FEB 12 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12, 1940, at 2 9. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-8 1940 to 2-12 1940 and that I last saw h/M alive on 2-11 1940.

Immediate cause of death Coronary Thrombosis — Duration 3 da.
Due to Hypertensive Arteriosclerotic Cardiovascular Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lawrence J. Shumaneke M. D.
Address 3711 Falls Rd Date signed 2-12-40

F 66106

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-1

F 66106
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3023 Elm Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME JAMES. W. CHILDS. JR.

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-0995

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 16, 1910

8. AGE: Years	Months	Days	If less than one day
29	4	24	hr. min.

9. Birthplace VA. (Town, county, and state)

10. Usual Occupation Greenskeeper

11. Industry or business GLEN L MARTIN

FATHER
12. Name JAMES W. CHILDS. Sr.
13. Birthplace VA.

MOTHER
14. Maiden Name HATTIE V. TOMLIN.
15. Birthplace VA

16 (a) Informant JAMES W. CHILDS. SR.
(b) Address 3023 ELM AVE

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 13, 1940 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Chestnut Ridge
Location Balto Co, Md

18 (a) Funeral director Edmondson & Donovan
(b) Address 3615-17 Edmondson Ave

19 Feb 12 1940 (Date filed by registrar) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10th 1940, at 2 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	sudden
Due to Sclerosis of aorta & left coronary	years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeier Asst Medical Examiner. M.D.

Date signed Feb 10th 1940

F 66107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 Registered No. F 66107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 513 W. Central Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 513 W. Central Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice Moore.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Col.

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife William Moore

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2 1880

8. AGE: Years 59 Months 11 Days 8 If less than one day hr. min.

9. Birthplace Nellville Va. (town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden Name Annie Brown

15. Birthplace " Va.

16 (a) Informant Virginia Jerrow

(b) Address 513 W. Central Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 13 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location

18 (a) Funeral director Robert H. Greene

(b) Address 504 W. Cathedral St

19 (a) (Died) (Buried) by (b) Registrar

FEB 12 1940 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 10 1940, 12:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 5 1940 to Feb 10 1940 and that I last saw h[illegible] alive on Feb 10 1940.

Immediate cause of death Coronary Thrombosis Pneumonia

Duration 5 D 1943

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. P. Allen M.D.

Address 513 W. Central Ave Date signed 2-10-40

F 66108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No.

F 66108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 669 Sterling St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 669 Sterling St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lovie Davis (Lora)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Joe Davis

6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) March 14, 1892

8. AGE: Years 47 | Months 10 | Days 25 | If less than one day hr. min.

9. Birthplace Ala. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Charles Diggs.
13. Birthplace Md

MOTHER
14. Maiden Name Harriett Colbert
15. Birthplace Md.

16 (a) Informant Lucy Diggs
(b) Address 130 N. Walker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 12 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Robert L. Young
(b) Address 804 W. Caroline St

19 (a) (Date rec'd by registrar) (b) Registrar

FEB 12 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8 1940 at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1940 to Feb 8 1940 and that I last saw h[illegible] alive on Feb 8 1940.

Immediate cause of death
Acute Lobar Pneumonia
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
Feb 1
1940

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed

F 66109

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C

F 66109 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3700 Belvedere Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ambrose Leiben, Jr.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 27, 1932

8. AGE: Years	Months	Days	If less than one day
7	2	14	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation School boy
11. Industry or business

FATHER
12. Name Ambrose R. Leiben, Sr.
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Dorothy Elizabeth Stein
15. Birthplace Baltimore, Md.

16 (a) Informant Ambrose R Leiben, Sr.
(b) Address 3700 Belvedere Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director L. Verna Lennon
(b) Address 4611 Park Heights Ave.

19 (a) (Date rec'd by registrar) (b) Hunter Stuart Nottingham, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-11- 1940, at 8:27 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest Autopsy thereon and from the evidence obtained by said Inquest Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of Base of Skull + brain & skull

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident 27-18
(b) Date of occurrence 2-11-40
(c) Where did injury occur? 5200 block Auchentoroly Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Walked out from 2 parked cars + was struck by automobile

23. Signature Howard J. Leiden M.D.
Date signed 2-12-40 Medical Examiner.

8 12 1940

66110 Mainhart ✓ F 66110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-E Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland Eye Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3111 Guyon Falls Parkway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Jennie E. Mainhart ✓

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: John H. Mainhart
6 (c) If alive, give age 78 years
7. Birth date of deceased (mo., day, yr.) 5-2-1876
8. AGE: Years 63 | Months 9 | Days 9 | If less than one day: hr. min.
9. Birthplace: Md (Town, county, and state)
10. Usual Occupation: Hsw.
11. Industry or business

FATHER
12. Name: Edward Brunner
13. Birthplace: Md

MOTHER
14. Maiden Name: Annie Miller
15. Birthplace: Md

16 (a) Informant: John H Mainhart
(b) Address: 3111 Guyon Falls Parkway
17 (a) Frederick Md (Burial, cremation, or removal) (b) Date thereof: Feb 14 1940 (month) (day) (year)
(c) Cemetery or crematory: Mt Olivet
Location: Frederick Md
18 (a) Funeral director: Mr - Mrs. John W. Teufel & Son
(b) Address: 801 W. Fayette St

FEB 12 1940 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-11 1940. at 6:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-20 1940 to 2-11 1940, and that I last saw her alive on 2-11 1940.

Immediate cause of death: Carcinoma of Inguinal Lymph Glands — Duration:
Due to
Due to
Other Conditions: Pneumonia (Bronchial)
(Include pregnancy within 3 months of death)
Major findings:
Of operations: Carcinoma of Vulva
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Scarborough Jr. M. D.
Address: Md Gen Hosp Date signed 2-11-40

F 66111

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-B Registered No. F 66111

PLEASE WRITE PLAINLY, WITH UNPADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 65 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2058 111 S. Loudon Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elsie Bennett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1889

8. AGE: Years 50 | Months 3 | Days | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

MOTHER | FATHER
12. Name Edward R Bennett
13. Birthplace Balto Md
14. Maiden Name Martha A Harris
15. Birthplace Balto Md

16 (a) Informant Mrs. Lottie Burke
(b) Address 111 S London ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director Geo. L Beyer Jr
(b) Address 1512 Hollins st

19 (a) FEB 12 1940 (Date rec'd by registrar) (b) Wilhelmina M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 1940 at 9 40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1939 to Feb 10 1940, and that I last saw h[illegible] alive on Feb 10 1940.

Immediate cause of death	Duration
Generalized metastatic carcinoma abdomen	10 mos?
Due to Adeno carcinoma uterus	2 1/2 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations 10-29-37 Adenoca. uterus
12-12-39 - Metastasis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. McClafferty M. D.
Address Bon Secours Hosp Date signed 2-10-40

373 F 66112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-P

F 66112 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 645-S Belmont St Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 645 S Belnord St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Backus (Francis V. Byczkowski)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 4-4-23

8. AGE: Years	Months	Days	If less than one day
16	10	6.	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Anthony Backus
13. Birthplace Md

MOTHER 14. Maiden Name Marie Rupinskunis
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) X (Burial, cremation, or removal) (b) Date thereof 2/13/40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Germany Hill Rd

18 (a) Funeral director John Jurkunda
(b) Address 2869 Hudson St

19 (a) (b) (Date received by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 10 1940, at 4:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 22 1939 to Feb 10 1940, and that I last saw him alive on Feb. 10 1940.

	Duration
Immediate cause of death Uremia	
Due to Chronic nephritis	6 yrs.
Due to Repeated infections	
Other Conditions, Otitis media	6 wks.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. W. Dewar M. D.
Address Johns Hopkins Hosp Date signed 2-10-40

F 66113

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-0 V

Registered No. F 66113

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: O. U. A. Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 519 W. Madison St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Seibert

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 9, 1882

8. AGE: Years	Months	Days	If less than one day
57	11	1	hr. min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John C. Seibert
13. Birthplace Baltimore, Maryland.

MOTHER
14. Maiden Name Bertha Lober
15. Birthplace Baltimore, Maryland.

16 (a) Informant John C. Seibert
(b) Address 319 W. Madison Street.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 2/13/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore City

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Pennsylvania Avenues

19 (d) FEB 12 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10 1940, at 3 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Cardiovascular renal disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Landeffe M.D. Medical Examiner.
Date signed 2/12/40

HEALTH DEPARTMENT—CITY OF BALTIMORE

66114

CERTIFICATE OF DEATH

92-3 F 66114

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2944 W. North Avenue St. 15-6 Ward)

Length of residence in city or town where death occurred 86 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sarah E. Smith

If U. S. Veteran specify WAR

(a) Residence: No. 2944 W. North Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Francis A. Smith

6. DATE OF BIRTH (month, day, year) February 5th 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Barker

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Patience Jones

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Daisy E. O'Connor

(Address) 2944 W. North Avenue.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Feb 14th 1940

19. UNDERTAKER Wm. J. Tickner & Sons.

(Address) North Ave. Bonne Aves.

20. FILED FEB 12 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11th, 1940

22. I, HEREBY CERTIFY, That I attended deceased from April, 1934, to Feb 11th, 1940

I last saw h[illegible] alive on Feb 10th, 1940. Death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral and aortic regurgitation and Stenosis	1920
Other contributory causes of importance: Arteriosclerosis Nephritis	1935

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Herbert E. Zapp M. D.

(Address) 3048 W. North Ave Baltimore Md

A. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 66115

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a

Registered No. F 66115

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CAUTION: REMOVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1213 Light St.

(c) Hospital or institution: So. Balto. Gen. Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos

(e) Length of stay in Baltimore (yrs., mos., or days) 29-5-22

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County ---

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3105 W. Garrison Avenue. (If rural give location)

(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME James Edward Henthornx (Henthorn)

3 (b) If veteran, name war: ---

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mabel E. Henthorn

6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) August 19th 1910

8. AGE: Years	Months	Days	If less than one day
29	5	22	... hr. ... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Chaueffer

11. Industry or business Taxicab

FATHER

12. Name James H. Henthorn

13. Birthplace Baltimore, Md.

MOTHER

14. Maiden Name Anna Fuller

15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Mabel E. Henthorn

(b) Address 3105 W. Garrison Avenue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14th 1940 (month) (day) (year)

(c) Cemetery or crematory Meadowridge Memorial

Location Howard Co. Md.

18 (a) Funeral director Wm. J. Tickner & Sons

(b) Address Penna Ave. Huntingtown Williams, Md.

FEB 12 1940

19 (a) ... (b) ... (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11 1940, at 2 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/8/39 to 2/11/40 and that I last saw him alive on 2/11/40

Immediate cause of death: Rheumatic Carditis

Due to Aortic Stenosis

Due to Mitral Stenosis

Due to Pericarditis, fibrinous

Due to Pleurisy & Effusion

Other Conditions ... (Include pregnancy within 3 months of death)

Major findings:

Of operations ...

Of autopsy As above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No.

(a) Accident, suicide, or homicide ...

(b) Date of occurrence ...

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury ...

23. Signature Samuel L. Lop

Address So. Balto. Gen. Hosp. Date signed 2/11/40 M. D.

VS 8

F 66116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

Registered No. 66116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert & 33rd St

(c) Hospital or institution: Union Memorial Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days

(e) Length of stay in Baltimore (yrs., mos., or days) 10 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County —

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

Street No. 802 Cathedral St

(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Isaac Newton Beatty

3 (b) [redacted]eran, name war

3 (c) Social Security Account No. 219-01-4893

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 6, 1871

8. AGE: Years 68 | Months 10 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace Chester Pa (Town, county, and state)

10. Usual Occupation Secretary AAA-Md

11. Industry or business

FATHER 12. Name John E. Beatty

13. Birthplace Pa

MOTHER 14. Maiden Name Jean Wood

15. Birthplace Scotland

16 (a) Informant Patient Mrs Vernon Boggs

(b) Address Lewdenmere Delaware

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14 1940 (month) (day) (year)

(c) Cemetery or crematory Wilmington Del

Location Wilmington Delaware

18 (a) Funeral director Wm J Berkenfield & Sons

(b) Address Wilmington Del

19 (a) FEB 12 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11, 1940, at 2.04 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1940, to Feb 11, 1940, and that I last saw him alive on Feb 11, 1940

Immediate cause of death cardiac failure and uremia — Duration 5 days

Due to Urinary tract infection E. B. coli. — Duration 4 yrs.

Due to [redacted]

Other Conditions Abdominal Lymphosarcoma ?

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy (obtained)

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....

(Specify type of place)

(e) Means of injury .....

23. Signature Frank W. Sutterlin M. D.

Address Union Memorial Hosp. Date signed 2-14-40

VS 8

F 66117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 66117

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [redacted]
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2620 Fait ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME John F. Kalendek (Collins)

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-1456

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Anna Kalendek

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Nov 15 - 1894

8. AGE: Years 45 | Months 2 | Days 26 | If less than one day hr. min.

9. Birthplace Penn.
(Town, county, and state)

10. Usual Occupation Millwright

11. Industry or business Crown Cork seal Co

FATHER
12. Name Frank
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Kylengak
15. Birthplace Poland

16 (a) Informant Anna Kalendek
(b) Address 2620 Fait Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 15-40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location O Donnell & Ert

18 (a) Funeral director Wm. Fialkowski
(b) Address 2007 Eastern Ave

FEB 12 1940 (Date received by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 - 11 1940, at 11-35 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1 1940, to Feb. 11 1940 and that I last saw him alive on Feb. 11 1940.

Immediate cause of death Edema of the brain, postoperative — Duration: over

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations increased intra cranial pressure
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. P. Crumpt M. D.
Address St. Joseph's Hosp. Date signed

VS 3

F 66118

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-B Registered No. F 66118

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 314 Barclay St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 314 Barclay St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Agnes Coleman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	Colored	Widowed

6 (b) Name of husband or wife James Coleman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20th 1871

8. AGE: Years	Months	Days	If less than one day: hr.	min.
68	6	20		

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name James Salsbury
13. Birthplace Md

MOTHER 14. Maiden Name Rachel Woodland
15. Birthplace Md

16 (a) Informant Mary Gittings
(b) Address 314 Barclay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Brooklyn a. a. Co. Md

18 (a) Funeral director Byron Thomas & Wright
(b) Address 1218 Dolphin & Edgerly Sts

19 (a) FEB 12 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 10 1940, at 8:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 26 1940 to Feb 10 1940 and that I last saw h[illegible] alive on Feb 10 1940.

Immediate cause of death Carcinoma of uterus
Metastasis

Duration
Past
Months

Due to

Due to

Other Conditions Fibroma Uteri

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature E. Walton Sherrington M.D.
Address 201 N Caney St. Date signed 2/12/40

52271-HD

66119

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

45-B

Registered No. F 66119

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 716 W. Lombard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? [redacted] years

3 (a) FULL NAME Helen Leonard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-31-1901

8. AGE: Years	Months	Days	If less than one day
38	3	11	hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER
12. Name James Flynn
13. Birthplace Pa.

MOTHER
14. Maiden Name Emma Swinger
15. Birthplace Pa.

16 (a) Informant B. of H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 14/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Frederick Rd

18 (a) Funeral director Margaret H. Flynn
(b) Address 442 Light St.

19 (a) FEB 12 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-12 1940 at 10:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-25 1940, to 2-12 1940, and that I last saw he alive on 2-12 1940.

Immediate cause of death	Duration
Bronchopneumonia	four days
Due to Carcinoma Tongue	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Balto City Hosp. Date signed 2-12-40

VS 3

66120

HEALTH DEPARTMENT—CITY OF BALTIMORE 66120

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1228 Oakhurst Pl. St. 16-7 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME Christina E. Brashear

If U. S. Veteran specify WAR _____

(a) Residence: No. 1228 Oakhurst Pl. St., _____ Ward. _____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Late Cornelius Brashear

6. DATE OF BIRTH (month, day, year) June 21, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
79	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Carroll Co. (State or country) Md.

FATHER

13. NAME William H. Donald

14. BIRTHPLACE (city or town) _____ (State or country) Maryland

MOTHER

15. MAIDEN NAME Ruth Leatherwood

16. BIRTHPLACE (city or town) _____ (State or country) Maryland

17. INFORMANT Mrs. Gladys Selby

(Address) 1228 Oakhurst Pl.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olive Cemy Date Feb. 13 '40

19. UNDERTAKER C. M. Waltz

(Address) Westminster Md

FEB 13 1940

Registered by _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1940, to Feb 10, 1940

I last saw her alive on Feb 10, 1940. Death is said to have occurred on the date stated above, at 11:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb 10 1940

Other contributory causes of importance:

Acute Dilatation of Heart

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) James A. Packard M. D.

(Address) 1219 Eutaw Place

VS 8

E. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE 66121

66121

CERTIFICATE OF DEATH 72-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 13-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yr. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Thomas H. Knight

If U. S. Veteran specify WAR

(a) Residence: No. Wyman Park Apts. St., Ward Ridgefield N.J.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret C. Knight

6. DATE OF BIRTH (month, day, year) Feb 15 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Orange N.J.

FATHER

13. NAME Knight

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Frederick T. Cooper

(Address) Wyman Park Apts

18. BURIAL, CREMATION, OR REMOVAL Place Rittenhouse Orange N.J. Date 2/13/1940

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St

20. FILED FEB 13 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-12-1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30 1940 to Feb. 1940

I last saw him alive on Feb. 12 1940 Death is said to have occurred on the date stated above, at 10:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Idiopathic Thrombocytopenic Purpura	Nov 1939 (?)
Other contributory causes of importance: Arterio-sclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B. O. Thomas Jr. M. D.

(Address) University Hospital

A. L.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 66122

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43-D

F 66122 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1352 Washington Blvd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bert Gunderson

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	217-05-6612	M.	W.	M.

6 (b) Name of husband ~~or wife~~ Maidee E. Gunderson
6 (c) If alive, give age 36 years
7. Birth date of deceased (mo., day, yr.) June 5th 1892

8. AGE: Years	Months	Days	If less than one day hr.	min.
47	8	1		

9. Birthplace Minnesota (Town, county, and state)
10. Usual Occupation Shop Foreman
11. Industry or business Penna Greyhound
12. FATHER Name Unknown Gunderson
13. Birthplace Norway
14. MOTHER Maiden Name Elizabeth Unknown
15. Birthplace
16 (a) Informant Maidee Gunderson
(b) Address 1352 Washington Blvd
17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 2/14/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md.
18 (a) Funeral director William Cook
(b) Address 1219 St Paul St
19 (a) (Date rec'd by Registrar) (b) Huntington Williams Funeral Home

FEB 13 1940
Vs-13

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 10, 1940, at 2 55 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 6 1940, to Feb. 10 1940, and that I last saw h alive on Feb. 10, 1940.

Immediate cause of death	Duration
Streptococcus Viridans septicemia	
Due to	
Due to	
Other Conditions Leukoplastic Anemia	?

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. R. Cumpt M. D.
Address St. Josephs Hosp. Date signed

F 66123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52654 SD 93-D F 66123 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town 649 W. Fayette Street (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wilbur Wingate

3 (b) If veteran, name war No | 3 (c) Social Security Account No. [illegible]

4. Sex M | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Emma Wingate
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/4/1856

8. AGE: Years 83 | Months 3(5) | Days 4 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Unemployed

FATHER
12. Name Wm. Wingate
13. Birthplace Maryland

MOTHER
14. Maiden Name Emma Miller
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/14/40 (month) (day) (year)
(c) Cemetery or crematory St Mathews
Location Baltimore Md

18 (a) Funeral director [illegible]
(b) Address 1219 N Pond St

19 (a) (Date received by registrar) Registered for Williams M.D. Registrar

1-VS-5

MEDICAL CERTIFICATION

20. DATE OF DEATH February 8 1940, at 6.45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 7 1940, to Feb. 8 1940, and that I last saw him alive on Feb. 8 1940.

Immediate cause of death: Arteriosclerotic Heart Disease — Duration unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. McVaugh Lakein M. D.
Address Balto City Hosp. Date signed 2-10-40

F 66124

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52768 BD 93-D

Registered No. F 66124

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1614 Thames Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herman Dieckvoss

3 (b) If veteran, name war W

3 (c) Social Security Account No. none

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10, 1879

8. AGE: Years 60 | Months 10 | Days 2 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Odd Jobs - Labor

11. Industry or business

FATHER
12. Name Herman (d) Dieckvoss
13. Birthplace Germany

MOTHER
14. Maiden Name Augusta Eg - (d)
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 2/14/40 (month) (day) (year)
(c) Cemetery or crematory Schwarz
Location Balto Md

18 (a) Funeral director William Doyle
(b) Address 1217 St Paul St

19 (a) 1940 FEB 13 (Date received by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 12 1940, at 6:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 10 1940 to Feb. 12 1940, and that I last saw him alive on Feb. 12 1940.

Immediate cause of death Arteriosclerotic Heart Disease — **Duration** unknown

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Monaghan M. D.
Address Balto City Hosp. **Date signed** 2-12-40

F 66125

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 66125

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Md. Gen'l Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore Co.

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 2120 Barclay bb.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Sanner

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mabel Sanner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 7th 1860

8. AGE: Years	Months	Days	If less than one day
79	11	3 4	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Marine engineer

11. Industry or business

FATHER

12. Name Joseph M Sanner

13. Birthplace Md

MOTHER

14. Maiden Name Martha Sullon

15. Birthplace Md

16 (a) Informant M. Mabel Sanner

(b) Address Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/14/40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto Md

18 (a) Funeral director William Cook

(b) Address 1217 E. Fayette St

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

FEB 13 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 11 1940, at 8:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 7 1940 to Feb 11 1940, and that I last saw h[illegible] alive on Feb 11 1940.

Immediate cause of death Broncho-pneumonia — **Duration**

Due to

Due to

Other Conditions Senility aortic sclerosis. Parkinsonism
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature L. B. Post M. D.

Address Maryland General Hosp Date signed 2-11-40

F 66126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131-B F 66126

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3124 Foster Ave St. 1-E Ward)

Length of residence in city or town where death occurred yrs. mos. 66 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Edward L Rondeau

If U. S. Veteran specify WAR No

(a) Residence: No. 3124 Foster Ave St., Ward No 6 So Gamber
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 3 1873

7. AGE Years 66 Months 3 Days 8 If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Trenton N J

FATHER

13. NAME Samuel Rondeau

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Harriet L Bri

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary E Rondeau
(Address) 3126 Foster Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Johns Date 2/14 19 40

19. UNDERTAKER Wm J Todd
(Address) 1214 E Oliver St

20. FILED FEB 13 1940 19 Hamilton Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1939 to Feb 11 1940

I last saw him alive on Feb 10 1940 Death is said to have occurred on the date stated above, at 3:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Myocarditis	Feb 1 1940
Other contributory causes of importance:	
Nephritis	Feb 9 1940

Was an operation performed? No Date of ✓

For what disease or injury? ✓ ✓

Name of operation ✓ ✓

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Adam Todd M. D.

(Address) 4616 Eastern Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 66127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-D

F 66127 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 39 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3428 Kenyon Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

26 3

3 (a) FULL NAME Florence Hager (51533)

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 25, 1903

8. AGE: Years	Months	Days	If less than one day
36	9	17/6	hr. min.

9. Birthplace West Virginia (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name Charlie Holmes
13. Birthplace W. Va.

MOTHER
14. Maiden Name Mrs Hulda Hoover
15. Birthplace West Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/14/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Williams Bok
(b) Address 1217 St Paul St

FEB 13 1940 (Date rec'd by Registrar) Huntington Williams MD

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11, 1940, at 7:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 3, 1940, to Feb. 11, 1940, and that I last saw Mr alive on Feb. 11, 1940.

Immediate cause of death: Rheumatic Heart disease — Duration: 9 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Rheumatic Heart Disease Pulmonary Emphysema

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address Balto. City Hosp. Date signed 2-12-40 M. D.

F 66128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-E Registered No. F 66128

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5609 Merville Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (~~yrs., mos., or~~ days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5609 Merville Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charlotte Lubbert

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband~~ wife George L. Lubbert

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Aug 17th 1874

8. AGE: Years	Months	Days	If less than one day
65	5	24	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business At Home

FATHER
12. Name Henry Lutz
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Ruff
15. Birthplace Baltimore Md.

16 (a) Informant George L. Lubbert
(b) Address 5609 Merville Ave

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 13th 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location Baltimore Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date rec'd by registrar) Huntington Williams M.D.

FEB 13 1940

VS-8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11th 1940, at 3:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1st 1937 to Feb 11 1940, and that I last saw her alive on Feb 11 1940.

Immediate cause of death: Lymphosarcoma with Splenic involvement.

Due to: Unknown

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: 11 months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sherman A Kraus M. D.
Address 2601 Manhattan Ave Date signed 2/11/40

F 66129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 66129 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 126 S. Exeter St.

(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) 57

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County —

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 126 S. Exeter St. (If rural give location)

(e) If foreign born, how long in U. S. A.? —

3 (a) FULL NAME George Frederick Christian

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Martha W.

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Dec. 29, 1883

8. AGE: Years	Months	Days	If less than one day
56 57	1	16 15	hr. min.

9. Birthplace Baltimore City, Md. (Town, county, and state)

10. Usual Occupation Hostler (P. R. R.)

11. Industry or business

FATHER 12. Name Frederick Christian

13. Birthplace Germany

MOTHER 14. Maiden Name Sophie Stahl

15. Birthplace Germany

16 (a) Informant Mrs. Martha Christian

(b) Address 126 S. Exeter St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/40 (month) (day) (year)

(c) Cemetery or crematory Bald Town

Location Baltimore

18 (a) Funeral director Philip Herring Sons

(b) Address 2016 Orleans St.

FEB 13 1940 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 12 1940 at 1.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 12 1940, to — 19—, and that I last saw him alive on Feb. 12 1940.

Immediate cause of death	Duration
Chronic myocarditis and myocardial degeneration	2 mo.
Due to Pulmonary Tuberculosis 12 yrs.	
Due to	
Other Conditions Bronchial Asthma	12 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Pasquale J. Truraldi M. D.

Address 244 S. Exeter Date signed 2-12-40

VS 3

Caldwell

F 66130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 66130

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 814 Edison
(c) Hospital or institution:
(d) ~~Length of stay in hospital or inst. (yrs., mos., or days)~~
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 813 814 Edison
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mary Caldwell
~~3 (b) If veteran, name war~~
~~3 (c) Social Security Account No.~~

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife James
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 16 1876
8. AGE: Years 63 | Months 5 | Days 24 | If less than one day hr. ^ min.
9. Birthplace Baltimore City
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name James Riddle
13. Birthplace Md

MOTHER
14. Maiden Name Caroline Thomas
15. Birthplace Md

16 (a) Informant Mrs. Caldwell
(b) Address 814 Edison

17 (a) Burial (b) Date thereof 2-14-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Auburn
Location Balto. City

18 (a) Funeral director Saml. M. Shawkey
(b) Address 638 N. Gilmor St.

19 (a) FEB 13 1940 (Date) received by Registrar (b) Transcribed by [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/10/40 at 6 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/1/39 to 2/10/40 and that I last saw h[illegible] alive on 2/9/40.

Immediate cause of death Uremia | Duration 4 days
Due to Chronic Interstitial Nephritis | Duration 4 years
Due to Hypertension | Duration 4 years
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
~~Of autopsy~~ —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. ~~If~~ death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 2/13/40

F 66131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 66131 Registered No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: W. Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3311 Menlo Drive (If rural give location)
(e) If foreign born, how long in U. S. A.? 8 years

3 (a) FULL NAME Dr. Chester E. Miller

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Annie Miller

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years 50 | Months | Days | If less than one day hr. min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation Dentist

11. Industry or business

FATHER
12. Name Hilel Miller
13. Birthplace Lithuania

MOTHER
14. Maiden Name Rachel Millis
15. Birthplace Lithuania

16 (a) Informant Mrs Annie Miller
(b) Address 3311 Menlo Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 13/40 (month) (day) (year)
(c) Cemetery or crematory Beth Jacob Cemetery
Location Windsor Mill Road.

18 (a) Funeral director Sol Levinson & Bros.
(b) Address 1124-26 W. North ave

19 (a) [illegible] (Filed by registrar) (Huntington Williams, M.D. Registrar)

FEB 13 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-12 1940, at 9:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-10 1940 to 2-12 1940, and that I last saw him alive on 2-12 1940.

Immediate cause of death: Coronary Infarction — Duration: 2 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. Shear
Address W. B. G. H. Date signed 2/12/40 D.

66132

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66132

83-40 Registered No. 88151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton + Wilkens ave
(c) Hospital or institution: St. Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day 6 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Baltimore
(c) City or town Overlea (If outside city or town limits, write RURAL and give town)
(d) Street No. 14 Chesley ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Forrie E. Emaor

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 212-05-3623

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 24th 1881

8. AGE: Years 59 | Months 0 | Days 17 | If less than one day hr. min.

9. Birthplace Balto. Co. Maryland (Town, county and state)
10. Usual Occupation Salesman
11. Industry or business Gas + Elec. Co.

FATHER
12. Name Abram W. Emaor
13. Birthplace Balto. Co. Maryland

MOTHER
14. Maiden Name Sarah A. Emaor
15. Birthplace Balto. Co. Maryland

16 (a) Informant Mrs Wm R. Clayton
(b) Address 14 Chesley ave Overlea

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14th 1940 (month) (day) (year)
(c) Cemetery or crematory Bosley Methodist
Location Bosley Balto. Co. Maryland

18 (a) Funeral director Wm H. Loughborough
(b) Address 7401 Belair Road

19 (a) (Date received by registrar) (b) Huntingtown Williamsport Md (Registrar)

FEB 13 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/11 1940 at 11 55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/11 1940 to 2/11 1940 and that I last saw h/M alive on 2/11 1940.

Immediate cause of death: (a) Cerebral Hemorrhage — Duration: 12 Hrs.
Due to (b) Hypertension — ?
Due to
Other Conditions (c) Pneumonia RT, (d) Hepatitis — 2 days?
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy (1) (3) (4)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel Jos. Wehner M. D.
Address St Agnes Hospital Date signed 2/12

F 66133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1941-D

Registered No. F 66133

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1410 W. Franklin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1410 W. Franklin St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Isaac

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife Marie

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) May 1, 1882

8. AGE: Years	Months	Days	If less than one day hr.	min.
68	9	9		

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Pensioner

11. Industry or business

FATHER 12. Name Jose Isaacs

13. Birthplace Md.

MOTHER 14. Maiden Name Sara Wallace

15. Birthplace Md

16 (a) Informant Marie Isaacs

(b) Address 1410 W. Franklin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/14/40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Jno. E. Kelson

(b) Address 1303 Pleasant

19 (a) Date received FEB 13 1940 (b) Signature of local registrar Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION 7a

20. DATE OF DEATH Feb 10 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said Autopsy find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death Carcinoma of lung — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. P. Lucas M.D. Medical Examiner

Date signed 2/12/40

F 66134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1950 Registered No. F 66134

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1110 McCulloh St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME DOROTHY JOHNSON

3 (b) If veteran, name war	3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	S.

6 (b) Name of husband or wife none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 29/39

8. AGE: Years	Months	Days	If less than one day
	5	11	hr. min.

9. Birthplace Balto Md. (Town, county, or state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Robert Johnson
13. Birthplace Md

MOTHER
14. Maiden Name Edith V. Scott
15. Birthplace Md.

16 (a) Informant Robert A. Johnson
(b) Address 1118 McCulloh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/14/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Thos. E. Kelson
(b) Address 1303 Pressman St

19 (a) 2-13 1940 (Date received by registrar) (b) Huntington Willis (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10 1940, at 12 25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Asphyxia	
Due to Ingested foreign body in larynx — rubber nipple	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence February 10th, 1940
(c) Where did injury occur? 1110 McCulloh St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? —
(e) Means of injury choked on rubber nipple

23. Signature J. T. Wallenmeyer M.D. Medical Examiner.
Date signed Feb 13 1940

66135 HEALTH DEPARTMENT—CITY OF BALTIMORE F 66135

CERTIFICATE OF DEATH V131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1604 Madeira St. 14-2 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Charles Maseby

If U. S. Veteran specify WAR _____

(a) Residence: No. 1604 Madeira Ave St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	M.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) _____

17. INFORMANT Mrs. Porter
(Address) 617 Wilson St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 2/13/1940

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pressstman St

20. FILED _____ 19___ _____ Registrar.

FEB 13 1940 Huntington Millwood, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-10- 1940

22. I HEREBY CERTIFY, That I attended deceased from 2-2- 1940 to 2-10- 1940

I last saw him alive on 2-9 1940 Death is said to have occurred on the date stated above, at ___ m.

The principal cause of death and related causes of importance were as follows:

	Date of Death
Primary Cause: Cerebral Vascular Renal disease	2/12/40
Other contributory causes of importance: Anemia	2/7/40

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19___

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, state _____

(Signed) H. C. Harkey M.D.

(Address) 1604 Madeira Ave

N. B.—WRITE PLAINLY WITH UNFADING INK. Information should be carefully supplied. AGE should be stated EXACTLY. The state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-6

66136 HEALTH DEPARTMENT—CITY OF BALTIMORE 66136

CERTIFICATE OF DEATH 33-A

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1032 N. Stockton St. 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Edna Breckenbridge

(a) Residence: No. 1032 N. Stockton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col.	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 24/1913

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic (Cook)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Robert Breckenbridge

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sidney Dorman

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Ernest Wright 1032 N. Stockton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Glen Date 2-14 19 40

19. UNDERTAKER Mrs. Frances G. Hemsley
(Address) 578 N. Biddle St.

20. FILED ... 19 ...
FEB 13 1940 Huntington Williams REGR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-10-40 19

22. I HEREBY CERTIFY, That I attended deceased from 2-5-40 19 ... to 2-10-40 19 ...
I last saw her alive on 2-5-40 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2-6-40

Other contributory causes of importance:

La Grippe	1-30-40
Mitral Insufficiency	

Name of operation — Date of

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) George C. Bagley M. D.

(Address) 1516 N. Mount St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

66137

CERTIFICATE OF DEATH

F 66137

131-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2105 Druid Hill St. 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Harman

If U. S. Veteran specify WAR

(a) Residence: No. 2105 Druid Hill St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Colored | 5. (Single, Married, Widowed, or Divorced (write the word)): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Lydia H. Harman

6. DATE OF BIRTH (month, day, year): Mar. 1861

7. AGE: Years: 78 | Months: 11 | Days: 6 5 | If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Druid Hill, Md

FATHER

13. NAME: Peter Harman

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Mrs. Lydia H. Harman

(Address) 2105 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 2-14 19 40

19. UNDERTAKER: Mrs. Frances M. Kennedy

(Address) 578 N. Bradford St.

20. FILED: Huntington Williams, M.D. Registrar.

FEB 13 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-10, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-1, 1940, to 2-10, 1940

I last saw him alive on 2-10, 1940. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis — Date of onset 1-1-1940

Other contributory causes of importance:

Nephritis

Hypertension.

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Not Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis E. Harman M. D.

(Address) 2240 Madison Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 66138

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 66138 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2019 McKean Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2019 McKean Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15

3 (a) FULL NAME Oscar B. Sloffer,

3 (b) If veteran, name war ----
3 (c) Social Security Account No. ----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Birdie A. Sloffer,
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) April 16, 1875

8. AGE: Years	Months	Days	If less than one day
64	9	26	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Keeper of Market Stall
11. Industry or business

FATHER
12. Name Frederick Sloffer.
13. Birthplace Not Known

MOTHER
14. Maiden Name Elizabeth Phillips,
15. Birthplace Not Known

16 (a) Informant Mrs Birdie A. Sloffer,
(b) Address 2019 McKean Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-40 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore County

18 (a) Funeral director Geo. W. Little
(b) Address 2700 Edmondson Ave.

19 (a) (Date rec'd by registrar) FEB 13 1940 (Signature of registrar) Mary Williams Asst.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-12-40 19 , at 7 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 8 1940 to Feb. 12 1940 and that I last saw him alive on Feb. 10 1940

Immediate cause of death	Duration
Chronic Myocarditis	1
Due to Cardiac Insufficiency	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Elbert C. Reitz M.D.
Address 2245 Reisterstown Rd Balto. Md. Date signed 2/12/40 M. D.

FEB 13 1940

66139

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 66139

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied—correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 73 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1556 N. Fremont Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15-1

3 (a) FULL NAME Frank Payton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 22, 1909

8. AGE: Years	Months	Days	If less than one day
31		17	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Payton (D)
13. Birthplace Virginia

MOTHER
14. Maiden Name Lottie Hardman (D)
15. Birthplace Virginia

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb 11 40 (month) (day) (year)
(c) Cemetery or crematory Mt. calvery
Location Va a country

18 (a) Funeral director Edward Burgon
(b) Address 1241 Orleans St. Washington Wilmington, Del.

Date rec'd 2-10-1940 (Registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 8, 1940, at 10:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 27, 1939, to Feb. 8, 1940, and that I last saw him alive on Feb. 8, 1940.

Immediate cause of death Tuberculosis of the lungs — Duration Dec 1938

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.

Address Baltimore City Hosp. Date signed 2/8/40

F 66140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52514 SD

Registered No. F 66140

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 705 S. Robinson Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Holland

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-10-9200

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife Rose

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7, 1889

8. AGE: Years	Months	Days	If less than one day
50	8	3	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Railroader

11. Industry or business Unemployed

FATHER 12. Name James

13. Birthplace Maryland

MOTHER 14. Maiden Name Francis Riney

15. Birthplace Baltimore

16 (a) Informant Baltimore City Hospitals Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore

18 (a) Funeral director Joky Allis

(b) Address 200 E Allens

19 (a) Huntington Williams (Date rec'd by registrar) 1940

FEB 13 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-10 1940, at 5:40 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-1 1940 to 2-10 1940, and that I last saw him alive on 2-9 1940.

	Duration
Immediate cause of death Generalized peritonitis	about 2 weeks
Due to Acute appendicitis with perforation	
Due to	
Other Conditions Pulmonary tuberculosis over	?

(Include pregnancy within 3 months of death)

Major findings:

Of operation Appendicitis with perforation and peritonitis

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L K. Woodward Jr. M. D.

Address Balto. City Hosp. Date signed 2-10-40

F 66141 .

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-C

F 66141 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1214 S Paca St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1214 S Paca St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Marie DeHeumann

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Frank DeHeumann
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 18 1865

8. AGE: Years 74 | Months 3 | Days 24 | If less than one day hr. 23 min.

9. Birthplace Louisville Ky.
(Town, county, and state)

10. Usual Occupation At Home
11. Industry or business

FATHER 12. Name Joseph DeHeumann
13. Birthplace Germany

MOTHER 14. Maiden Name Dont Know
15. Birthplace Germany

16 (a) Informant Frank DeHeumann
(b) Address 6260 Eaton St

17 (a) Burial (b) Date thereof 2/14/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Edmondson Ave

18 (a) Funeral director John Ulrich
(b) Address 2008 Gilmor St

19 (a) FEB 13 1940 (b) Washington Williams Registrar
(Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 11 1940, at 3 20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1940 to Feb 6 1940. that I last saw h— alive on Feb 6 1940

Immediate cause of death	Duration
Cardiac Asthma	1/25/40
Due to	
Due to Dropsy	1/25/40
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard Dean M. D.
Address 1212 N Broadway Date signed

Howard J. Walden, M.D., Chief Medical Examiner
per [illegible]

F 66142

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Fr. 66142

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 531 N Castle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 42
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 531 N Castle St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary M Harman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife William H Harman

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar 31 - 1876

8. AGE: Years	Months	Days	If less than one day
63	2	12	hr. min.

9. Birthplace Pennsylvania
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name G. A Davis
13. Birthplace Pa

MOTHER
14. Maiden Name Susan M Baker
15. Birthplace Pa

16 (a) Informant Miss Julia Davis
(b) Address 531 N Castle St

17 (a) Burial (b) Date thereof 2/14/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Balto

18 (a) Funeral director John Ellis
(b) Address 205 E Orleans

19 (a) (b)
(Date received by registrar) (Registrar)

FEB 13 1940

VS-3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1940, at 4 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to Feb 12 1940, and that I last saw h r alive on Feb 12 1940.

Immediate cause of death
Arterio-sclerosis Cardiac Failure — Duration 7 years 2 years

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward Eschliman M. D.
Address 1514 E. Baltimore St Date signed Feb 12/40

F 66143

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 193 D F R 66143

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 606 N Kennard Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 68
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 606 N Kennard (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick Kalinc

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Frederick Kalinc
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27 1871

8. AGE: Years 68 | Months 8 | Days 24 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation
11. Industry or business Carpenter

FATHER
12. Name Dont know
13. Birthplace Germany

MOTHER
14. Maiden Name Dont know
15. Birthplace Germany

16 (a) Informant Mrs Dorothy Hyde
(b) Address 606 N Kennard

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/14/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Baltimore

18 (a) Funeral director John Ellis
(b) Address 2007 Aisquith

19 (a) FEB 13 1940 (Date rec'd by Registrar) (b) Burying or Cremation Permit No.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11, 1940, at 1:05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 7, 1940, to Feb 11, 1940, and that I last saw h[illegible] alive on Feb 10, 1940.

Immediate cause of death: Chronic Myocarditis — Duration 2 yrs
Due to Generalized Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel A Work M. D.
Address 1331 E Northern Date signed 2-12-40

AACo. 5-11 2500 NO Number

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66144 . F 66144

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 102 E. 32nd Street St. 12-2 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U.S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Lenora M. Gordy

(a) Residence: No. 102 E Thirty Second St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late James H. Gordy

6. DATE OF BIRTH (month, day, year) 8-27-1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Somerset Co

FATHER

13. NAME Jos Maddox

14. BIRTHPLACE (city or town) (State or country) Somerset Co

MOTHER

15. MAIDEN NAME Sallie Ballard

16. BIRTHPLACE (city or town) (State or country) Somerset Co

17. INFORMANT Francis Wilhelm

(Address) 102 E. 32nd Strat

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 2/13 1940

19. UNDERTAKER E. A. Downing

(Address) 2924 Edmondson Ave

FEB 13 1940 Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11th 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1939 to Feb 11th 1940

I last saw her alive on Feb 11, 1940 death is said to have occurred on the date stated above, at 2:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Left Breast	about Jan 1937

Other contributory causes of importance:

Name of operation Removal of L Breast Date of 1/5/38

What test confirmed diagnosis Microscopy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh H. Young M.D.

(Address) 720 N. Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 66145

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-3 Registered No. E 66145

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 702 N. Monroe St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 702 N. Monroe St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry H. Burns

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 705035193

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Cora M. Burns
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1877

8. AGE: Years	Months	Days	If less than one day
62	5	2	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Pipe Fitter
11. Industry or business B. & O. R. R. Co.

FATHER
12. Name Walter Burns
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Frances Fitch
15. Birthplace Baltimore, Md.

16 (a) Informant Cora M. Burns
(b) Address 702 N. Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 15, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Ellis S. White.
(b) Address 2840 W. Cold Spring Lane.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

FEB 13 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 12th, 1940, at 3.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from August 1936, to Feb 12 - 1940, and that I last saw him alive on Feb 10 - 1940

Immediate cause of death	Duration
Aneurism Aortic	2 yr. 7 mo.
Due to Hypertension	Unknown
Due to	
Other Conditions Arteriosclerosis	7 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chester Riland, M.D.
Address 2532 Edmondson Ave. Date signed 2-13-40 M. D.

F 66146

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66146 Registered No. 9406

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 330 So Bentalou St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
Or Street No. 330 So Bentalou St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John E. Rider

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Wh	M

6 (b) Name of husband or wife Sadie.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 2 1901

8. AGE: Years	Months	Days	If less than one day
38	11	8	hr. min.

9. Birthplace Balto, Md (Town, county, and state)
10. Usual Occupation Restaurant
11. Industry or business

FATHER
12. Name John E. Rider
13. Birthplace Md

MOTHER
14. Maiden Name German
15. Birthplace Ireland

16 (a) Informant Mrs Ida L. Rider
(b) Address 331 S. Bentalou St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14 '40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd

18 (a) Funeral director Harry H Withe
(b) Address 4101 Edmondson Ave

FEB 13 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION 1030a

20. DATE OF DEATH February 11 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration
Due to
Due to
Other Conditions Acute alcoholism

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Landenschlager M.D.
Medical Examiner.
Date signed 2/13/40

F 66147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 66147 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1745 Druid Hill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1745 Druid Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Philip W. Booker

3 (b) If veteran, name war

3 (c) Social Security Account No. ++++

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Mary

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
79			hr. min

9. Birthplace Buckingham Co Va. (Town, county, and state)

10. Usual Occupation Grocer

11. Industry or business

FATHER 12. Name Philip W. Booker Sr.
13. Birthplace Buckingham Co. Va.

MOTHER 14. Maiden Name ? ? ? ?
15. Birthplace Buckingham Co. Va.

16 (a) Informant Mary Booker
(b) Address 1745 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 13, '40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Mem. Park
Location Balto. Md.

18 (a) Funeral director Mrs. Geo. A. Holland
(b) Address 1631 Pennsylvania Ave

19 (a) FEB 13 1940 (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION 3 40 a

20. DATE OF DEATH Feb 11 1940 at ..... M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) I find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration .....

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Wm. Wade Gefter M.D. (Medical Examiner.)
Date signed 2/12/40

Wm. H. Williams, M.D. Registrar

F 66148

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 66148

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Sinai

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5d

(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1218 Ft. Mathews St (If rural give location)

(e) If foreign born, how long in U. S. A.? 22 years

3 (a) FULL NAME Ida Lapper

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Abraham

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 73 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER — 12. Name Not Known

13. Birthplace Russia

MOTHER — 14. Maiden Name Not Known

15. Birthplace Russia

16 (a) Informant Hosp Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel

Location Powell St

18 (a) Funeral director Jack Louis Inc.

(b) Address 1439 E. Balto St

Huntington Williams, M.D. (Date filed by registrar) FEB 13 1940 Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/13 1940 at 6:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/11 1940 to 2/13 1940 and that I last saw h e alive on 2/13 1940.

Immediate cause of death: Myocardial failure — Duration: one hour

Due to: Coronary occlusion — Duration: " "

Due to: Coronary sclerosis — Duration: 2 years

Other Conditions: Aged C. NO — Duration: years

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Edward A. Wright M. D.

Address Sinai Hospital Date signed 2/13/40

F 66149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 66149

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Hebrew Home for the Aged & Infirm

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 mos.

(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 710 Light St (If rural give location)

(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Mary Hayman. (Hyman)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Abraham

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 22 1872

8. AGE: Years	Months	Days	If less than one day
67	5	9	hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Not Known

13. Birthplace Russia

MOTHER

14. Maiden Name Not Known

15. Birthplace Russia

16 (a) Informant Aged Home

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-40 (month) (day) (year)

(c) Cemetery or crematory Herring Run

Location Pul. Rd. + Bowley Lane

18 (a) Funeral director Jack Lewis Inc

(b) Address 1439 E. Balto St

19 (a) FEB 13 1940 (Date received by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 13 1940, at 3:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-18 1939 to 2-13 1940, and that I last saw her alive on 2-12 1940.

Immediate cause of death Hypertension, Arteriosclerosis

Cerebral haemorrhage, left.

Due to Diabetes mellitus

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. Edmund Levin

Address Levindale Date signed 2/13/40

Dr Robert B Knight Med Arts Bldg Vs 7125 - Date 1645

F 66150 HEALTH DEPARTMENT—CITY OF BALTIMORE F 66150

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1144 Montpelier St., 9-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James G. Pryor

If U. S. Veteran specify WAR

(a) Residence: No. 1144 Montpelier St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie M. Pryor

6. DATE OF BIRTH (month, day, year) June 23rd 1889

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
50	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gov Navy Yard

10. Date deceased last worked at this occupation (month and year) Aug 1939

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Havre de Grace Md

FATHER

13. NAME James H. Pryor

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Annie Moore

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Harold Pryor

(Address) 2315 Rose St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Feb 13th 1940

19. UNDERTAKER William Bott

(Address) 217 N Paca St

FEB 13 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11th, 1940

22. I HEREBY CERTIFY, That I attended deceased from July, 1938, to Feb. 11, 1940

I last saw h~~im~~ alive on Feb. 10, 1940 Death is said to have occurred on the date stated above, at 1100 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, generalized	
Coronary arteriosclerosis, severe.	1938
Coronary occlusion (Thrombosis)	1938
Nephrosclerosis, severe	?
Other contributory causes of importance: Uremia	2/1/40

Was an operation performed? NO Date of

For what disease or injury? ←

Name of operation ←

What test confirmed diagnosis? Uremia Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) Robt. B. Knight M. D.

(Address) Medical Arts Bldg, Baltimore Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK. AGE should be stated EXACTLY. Every information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

VS 3

66151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P Registered No. F 66151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given if correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3331 W Belvedere Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3331 W Belvedere Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Gertrude Garrick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Arthur B Garrick

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) July 27/1873

8. AGE: Years 66 | Months 6 | Days 16½ | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name Halligan P Hunter
13. Birthplace Harford Co Md

MOTHER
14. Maiden Name Ella French
15. Birthplace Baltimore Md

16 (a) Informant Arthur B Garrick
(b) Address 3331 W Belvedere Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feby 15/1940 (month) (day) (year)
(c) Cemetery or crematory Laurel Ridge Cem
Location Baltimore Md

18 (a) Funeral director Harry R Arnsdorf
(b) Address 4202 Reisterstown Rd

19 FEB 12 1940 Washington Williamson MD
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 13 1940, at 4:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 8 1940, to Feb 12 1940, and that I last saw her alive on Feb 12 1940.

Immediate cause of death: Coronary Thrombosis
Hypertensive Heart Disease

Duration: 4 days, 4 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Manuel Levin, M.D.
Address 4818 Reisterstown Rd Date signed Feb. 14, 1940

66152 F 66152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 542 Dolphin St. 17-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Nora Johnson

If U.S. Veteran specify WAR .....

(a) Residence: No. 542 Dolphin St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Horace Johnson

6. DATE OF BIRTH (month, day, year) Sept 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54 53	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Coudersville Md

FATHER

13. NAME Daniel Garrett

14. BIRTHPLACE (city or town) (State or country) Arbutus Md

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Wilmington, Del

17. INFORMANT Bertha Taylor

(Address) 713 Dolphin St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Feb 13, 1940

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 S Schroeder St

20. FILED FEB 13 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1940 to Feb 9, 1940

I last saw her alive on Feb 9 1940 Death is said to have occurred on the date stated above, at 8 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Lobar Pneumonia	5 days

Other contributory causes of importance: Exhaustion

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) S B Hughes M. D.

(Address) 1413 Orleans St

information should be carefully supplied. AGE should be given accurately. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 13 1940

Registrar.

F 66153

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

92-D

F 66153 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 339 S. Payson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 339 S. Payson (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Charles Keller

3 (b) If veteran, name war None
3 (c) Social Security Account No. 213-01-3686

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Anna B.
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Dec 19 1875

8. AGE: Years 29 | Months 1 | Days 22 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business Baltimore Brick Co

FATHER
12. Name John Keller
13. Birthplace Unknown

MOTHER
14. Maiden Name Eliz. ?
15. Birthplace Germany

16 (a) Informant Mrs. Anna B. Keller
(b) Address 339 S. Payson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location Reisterstown Rd.

18 (a) Funeral director J. Benjamin & Son
(b) Address 3rd Broadway

FEB 13 1940

19 (a) (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1940, to Feb 11 1940, and that I last saw him alive on Feb 10 1940.

Immediate cause of death: Hypostatic Pneumonia, Hypostatic Decompensation
Due to Arteriosclerosis

Due to —

Other Conditions Prostatectomy 2 Wks

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature Norton C. Ketcham, M. D.
Address 257 Cathedral St. Date signed 2/12/40

F 66154

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 66154 ✓

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wilkens + Eaton Ave

(c) Hospital or institution St. Agnes' Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 707 S. Kossuth St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. August R. Volkert Sr.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Katherine A.

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 31 1877

8. AGE: Years	Months	Days	If less than one day
63	—	1110	— hr. — min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Engraver

11. Industry or business U.S. Printing Co

FATHER 12. Name August Volkert

13. Birthplace Germany

MOTHER 14. Maiden Name Elizabeth Schneider

15. Birthplace Germany

16 (a) Informant Mrs. August R. Volkert Sr.

(b) Address 707 S. Kossuth Street.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem

Location Baltimore, Maryland

18 (a) Funeral director F. B. Wiltpart + Son

(b) Address 1300 Reed Place

19 FEB 13 1940 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-11 1940, at 4:04 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-23 1940 to 2-11 1940 and that I last saw alive on 2-11 1940.

Immediate cause of death Broncho pneumonia.

Due to Hypostatic pneumonia

Due to Coronary atherosclerosis.

Other Conditions Cerebral arteriosclerosis.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Sadowz, M.D.

Address St Agnes Date signed 2-14-40

VS 2

66155

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66155

93-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: So. Balto. Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 416 Patapsco Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Antonne Helmstetter

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-18-3895

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22 1870

8. AGE: Years	Months	Days	If less than one day
69	6	21	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Night Watchman

11. Industry or business

FATHER 12. Name William Helmstetter
13. Birthplace Germany

MOTHER 14. Maiden Name Eva Reinhardt
15. Birthplace Germany

16 (a) Informant Miss I. Helmstetter
(b) Address 416 Patapsco Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Hill Cem
Location Balto. Maryland

18 (a) Funeral director John J. Fahey Sons
(b) Address 1300 Light St.

19 (a) FEB 13 1940 (Date received by registrar) (b) Huntington Williams, M.D. Address

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 12, 1940, at 4:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 11, 1940, to Feb. 12, 1940, and that I last saw h. in life on Feb. 12, 1940.

Immediate cause of death	Duration
Right Cerebral Hemorrhage	9 hrs.
Left Hemiplegia	9 "
Due to Hypertension & C-V disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel L. Fop M. D.
Address So. Balto Gen'l Hosp Date signed 2/17/40

F 66156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 66156 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 529 N. Broad St 2 3
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Peter Promobis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
51			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL FEB 13 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address Huntington Williams, M.D.

19 (a) FEB 13 1940 (Date rec'd by registrar) (b) 5686 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-27- 1940, at 9. P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration
Due to Sclerosis of coronary arteries.
Due to
Other Conditions Edema & Congestion of Lungs
Early Cirrhosis - Fatty degeneration of liver
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence -
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? -
(Specify type of place)
(e) Means of injury

23. **Signature** Howard J. Andersen M.D.
Medical Examiner.
Date signed 1-28-40

F 66157

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 66157

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 917 Booth St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 917 Booth St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Pearl Meyers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	D

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation
11. Industry or business

(Walter Green Col. 917 Booth St Common Law husband)

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL FEB 13 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) FEB 13 1940 (Date received by registrar) (b) Hewbert Wilkinson M.D.

FEB 13 1940
VS 6

MEDICAL CERTIFICATION

715a

20. DATE OF DEATH February 5 1940 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Confluent lobular pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard Kelly M.D. (Medical Examiner)
Date signed 2/5/40

F 66158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

F 66158 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1427 Duker Court
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Unidentified

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	—

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
55?			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery [illegible] MEDICAL SCHOOL FEB 13 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) FEB 13 1940 (Date received by registrar) (b) H Huntington Williams, M.D. Registrar
5387

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6 1940, at 3 45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquest) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Acute cardiac dilatation	sudden
Due to Cardio-vascular renal disease	uncertain
Due to	
Other Conditions no history	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Hammerbacher M.D.
Asst Medical Examiner.
Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66159

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

84 a

Registered No. F 66159

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D.O.A. University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt (If outside city or town limits, write RURAL and give town)
(d) Street No. 629 N Gilbert St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Long, Jr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-20-28

8. AGE: Years	Months	Days	If less than one day
1	14 2	11	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Jimmy Long
13. Birthplace Georgia

MOTHER
14. Maiden Name Beulah Watts
15. Birthplace Annapolis, Md

16 (a) Informant Beulah Long
(b) Address 629 N Gilbert

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL FEB 13 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) FEB 13 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar
5388

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7 1940, at 4:00 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Mongolian Idiocy	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm B Vandegrift M.D. Medical Examiner.
Date signed 2/8/40

CCK

F 66160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

45757 Registered No. F 66160

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Give exact residence and correct age in all cases. Data in items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19 must be filled in before certificate is issued. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1012 Woodyear St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Crawford

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1897

8. AGE: Years 42 | Months 8 | Days 24?? | If less than one day hr. min.

9. Birthplace Ga.
(Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name William
13. Birthplace N.C.

MOTHER
14. Maiden Name Eliz. Culver
15. Birthplace Ga.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL FEB 13 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) FEB 13 1940 (Date rec'd by registrar) Washington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 1940, at 10 55 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 6/19 1939, to 2/3 1940, and that I last saw h. alive on 2/3 1940.

Immediate cause of death: Tuberculosis of the lungs — Duration: August 1938

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address BCH Date signed 2/13/40

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 25648

F 66161 | F 66161

PLEASE WRITE PLAINLY, WITH UNFADING INK. ... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1604 Shakespeare St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Sleszynski (Crossfiled with John Slesinski

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Unknown

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown (1860)?

8. AGE: Years	Months	Days	If less than one day
80 77	?	?	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business

FATHER
12. Name John
13. Birthplace Poland

MOTHER
14. Maiden Name Julia
15. Birthplace Poland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL FEB 13 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) (Date received by Registrar) FEB 13 1940 (b) Huntington Williams, M.D. Registrar

VS 3 53881

MEDICAL CERTIFICATION

20. DATE OF DEATH February 5 1940, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 7 1937 to Feb. 5 1940, and that I last saw him alive on Feb. 5 1940.

Immediate cause of death Generalized arteriosclerosis — Duration unknown.
Due to
Due to
Other Conditions Terminal bronchopneumonia — 1 day. unknown
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Milton Hitchcock M. D.
Address Balto City Hosp. Date signed 2-12-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66162

CERTIFICATE OF DEATH

106-4 F 66162

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2139 Pine st 7th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernhardt Frederick Brandt

If U. S. Veteran specify WAR

(a) Residence: No. 433 N. Pulaski St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Worley

6. DATE OF BIRTH (month, day, year) March-8-1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wool Trader

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Bernhardt F. Brandt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bertha Hoffmeister

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Emma Sellman

(Address) 2139 Pine st

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 2/14/40

19. UNDERTAKER Geo. Weber & Son

(Address) 2503 Edmondson Ave

20. FILED Huntington Williams M.D. Registrar.

FEB 13 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11th, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feby 11, 1940 to Feby 11, 1940

I last saw him alive on Feby 11, 1940 Death is said to have occurred on the date stated above, at 7.35 P.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia with uremia acidosis.	
Other contributory causes of importance: Arteriosclerosis & Myocarditis	

Was an operation performed? No Date of

For what disease or injury? No

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Bernhardt M. D.

(Address) 1005 N. Monroe St

information should be carefully supplied. Exact statements of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66163 ,

CERTIFICATE OF DEATH

46-D F 66163

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 15-4 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Frank M. Rogers

If U. S. Veteran specify WAR _____

(a) Residence: No. 3671 Mount Pleasant Ave St., _____ Ward. _____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Rogers.

6. DATE OF BIRTH (month, day, year) 1899 Nov. 2

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	60	4 3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Transportation

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year) Feb 1940

11. Total time (years) spent in this occupation retired

12. BIRTHPLACE (city or town) (State or country) Brunswick Maine

FATHER

13. NAME Frank Rogers.

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME M. Hardy

16. BIRTHPLACE (city or town) (State or country) Strong Maine

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Reisterstown Md. Date Feb 15 1940

19. UNDERTAKER Wm. H. Keyser Sons

(Address) Booth & Fayles Huntington Ave. Baltimore, Md.

20. FILED FEB 13 1940 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/12 1940

22. I HEREBY CERTIFY, That I attended deceased from 2-4 1940 to 2-12 1940

I last saw him alive on 2/12 1940 Death is said to have occurred on the date stated above, at 5:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Indefinite
Angina Pectoris	
Other contributory causes of importance: Uremia	3 days

Was an operation performed? Yes Date 2/6/40

For what disease or injury? Chronic Nephritis

Name of operation Colostomy

What test confirmed diagnosis? Clinical Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Geo Shyrock M. D.

(Address) Union Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

VS 8

66164

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83-WF 66164

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1237 Washington Blvd ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J. Lafferty

If U. S. Veteran specify WAR .....

(a) Residence: No. 1237 Washington St. Blvd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jennie M. Lafferty

6. DATE OF BIRTH (month, day, year) May 29-1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	8	15 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Book-Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Printer's Shop.

10. Date deceased last worked at this occupation (month and year): About 1936 11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Philadelphia Pa.

FATHER

13. NAME: John Lafferty

14. BIRTHPLACE (city or town) (State or country): Penna

MOTHER

15. MAIDEN NAME: Mary McIntyre

16. BIRTHPLACE (city or town) (State or country): Penna.

17. INFORMANT: Mrs Jennie M. Lafferty
(Address) 1237 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Cem Date: 2/16/ 1940

19. UNDERTAKER: John J. Cowgill & Son
(Address) 901 Fulton St.

20. FILED FEB 13 1940 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/13/40, 19

22. I HEREBY CERTIFY, That I attended deceased from 2/4 1940 to 2/12/40 19

I last saw him alive on 2/12/40 19 Death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/4/40
Other contributory causes of importance: Arteriosclerosis	1/1/40
Arterial Tension	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Gilbert Dunn M. D.

(Address) 1 W Mad St Bty

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

VS 5

66165

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a F 66165 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Temple Gardens
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) L
(e) Length of stay in Baltimore (yrs., mos., or days) 58

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3-1 Temple Gardens
(If rural give location)
Cleveland + Laurel Rd
(e) If foreign born, how long in U. S. A.? 58 years

3 (a) FULL NAME Rebecca Goldstein
3 (b) If veteran, name war L
3 (c) Social Security Account No. L
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife Samuel
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 79 Months Days If less than one day hr. min.
9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Home Make
11. Industry or business
FATHER 12. Name Isaac Hertzberg
13. Birthplace Poland
MOTHER 14. Maiden Name Jenette Hertzberg
15. Birthplace Poland
16 (a) Informant Israel Rosenberg
(b) Address Temple Gardens
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-40 (month) (day) (year)
(c) Cemetery or crematory Asty Chapel
Location Wash Rd.
18 (a) Funeral director Jos. Lewis Inc
(b) Address 1439 E. Balto St.
19 (a) (Date received by registrar) (b) Lexington Millman M.D.

FEB 13 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 13 1940, at 5 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to Feb 13 1940, and that I last saw h alive on 19
Immediate cause of death Cerebral Hemorrhage — Duration 4 days
Due to
Due to Arteriosclerosis — 5 yrs
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J. Frederick Lantz M. D.
Address Temple Gardens Date signed 2-13-40

15527 - KB

66166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B Registered No. F 66166

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 yrs., 9 mo., 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1423 Mullikin St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harrison Beale

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/3/1897

8. AGE: Years	Months	Days	If less than one day
42	6	5	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name James Beale
13. Birthplace Virginia

MOTHER
14. Maiden Name Maria Richardson (dead)
15. Birthplace Virginia

16 (a) Informant Records
(b) Address Balto. City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

JOHNS HOPKINS MEDICAL SCHOOL FEB 13 1940
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address Huntington Williams, M.D.

19 (a) FEB 13 1940 (Date rec'd by registrar) (b) 5391 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-8 1940, at 6:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-10 1939 to 2-8 1940, and that I last saw h/ alive on 2-8 1940.

Immediate cause of death: Pulmonary tuberculosis — Duration several years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Wilcox deceased Jr. M. D.
Address Balto City Hosp. Date signed 2-9-40

66167

BALTIMORE CITY HEALTH DEPARTMENT 93-D
CERTIFICATE OF DEATH 28520 SD Registered No. 66167

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Ward No. 21-T Street No. 1114 South Charles St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice Rossbach

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/22/1869

8. AGE: Years 70 | Months 11 | Days 16 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Mary
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL FEB 13 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) Filed FEB 13 1940 (b) Registrar Huntington Williams, M.D.

VS 3

8392

MEDICAL CERTIFICATION

20. DATE OF DEATH February 8 1940, at 1.00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 24 1937, to Feb. 8 1940, and that I last saw him alive on Feb 8 1940.

Immediate cause of death Arteriosclerotic Heart Disease — Duration (months)

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Emmaglebstein M. D.
Address Balto City Hosp. Date signed 2-12-40

F 66168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

85

Registered No. F 66168

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 812 S. Clinton st

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 812 S. Clinton st.

(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

16 W

3 (a) FULL NAME James F. Bocklage

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Mary Bocklage

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Aug. 2 1874

8. AGE: Years	Months	Days	If less than one day
65	5	13	hr. ..... min.

9. Birthplace Baltimore Md.

(Town, county, and state)

10. Usual Occupation Retired Foreman

11. Industry or business American Can Co.

FATHER

12. Name Henry Bocklage

13. Birthplace Baltimore Md.

MOTHER

14. Maiden Name Barbara Wilhelm

15. Birthplace Baltimore Md.

16 (a) Informant Mary Bocklage Wife

(b) Address 812 S. Clinton st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 14 1940 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart

Location German Hill Road.

18 (a) Funeral director Lilly & Zeiler Inc.

(b) Address 405 S. Wolfe st.

19 (a) Date received by local registrar FEB 13 1940 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 11, 1940 at 4 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 8 1940 to Feb. 11 1940 and that I last saw him alive on Feb. 11 1940.

Immediate cause of death	Duration
Uremia Myocarditis	
Due to	
Due to	
Other Conditions Epilepsy	10 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Joseph Faubert

Address 1441 E. Ellwood Rd Date signed 2/13/40

F 66169

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a Registered No. F 66169

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3036 St Paul St
(c) Hospital or institution: at his home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3036 St Paul St (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Harry Walter Miller

3 (b) If veteran, name war none
3 (c) Social Security Account No. none

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Carrie W. Miller
6 (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) July-31-1857

8. AGE: Years 82 | Months 3 | Days 12 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Builder
11. Industry or business Building

FATHER
12. Name Charles F. Miller
13. Birthplace Manchester Md

MOTHER
14. Maiden Name Ann Matilda Fowble
15. Birthplace Balto. Md.

16 (a) Informant Mr. Chas. W. Miller (son)
(b) Address 2706 N Calvert St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Feb 14-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

19 (a) FEB 13 1940 (Date received by registrar) Beatrice for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-12 1940, at 3.00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-20 1937, to 2-12 1940, and that I last saw him alive on 12-13 1939

Immediate cause of death	Duration
CORONARY THROMBOSIS	
Due to ARTERIOSCLEROSIS	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John L. Toney M. D.
Address 1129 St. Paul St Date signed 2-13-40

VS 3

F 66170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-B Registered No. F 66170

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not abbreviate. Give full name of city or town. If death occurred in a hospital or institution, give its name instead of street and number. Fill in all items, and if any cannot be ascertained, state so. Physicians: please write the causes of death clearly and legibly. Cause of death may be entered in terms commonly accepted as representing the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6 Paddington Court
(c) Hospital or institution: at his home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Balls. (If outside city or town limits, write RURAL and give town)
(d) Street No. 6 Paddington Court (If rural give location)
(e) If foreign born, how long in U. S. A.? life years

3 (a) FULL NAME John Herbert Beatson

3 (b) If veteran, name war: none
3 (c) Social Security Account No. 215-10-1666

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Evelyn K. Beatson
6 (c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): March 17 1874

8. AGE: Years 65 | Months 10 | Days 26 | If less than one day — hr. — min.

9. Birthplace: Balls. Md. (Town, county, and state)

10. Usual Occupation: Vice President

11. Industry or business: Fidelity Trust Co.

FATHER
12. Name: Geo. H. Beatson
13. Birthplace: probably Virginia

MOTHER
14. Maiden Name: Amelia Doane
15. Birthplace: Maryland.

16 (a) Informant: W. P. Beatson (son)
(b) Address: 6 Paddington Court.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 15-40 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge
Location: Catonsville-Md.

18 (a) Funeral director: STEWART & MOWEN COMPANY
(b) Address: (W. F. WOODEN SUC.) 100 W. NORTH AVENUE

19 (a) Date received by Registrar: FEB 13 1940 Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 3 1940 to 19 .
and that I last saw him alive on Feb 3 1940
Had Grippe and 2nd hyperpyrexia
Immediate cause of death Cardiac Failure following
Due to Grippe.
Due to 3. other in Room also had Grippe
Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations /
Of autopsy

Duration: Not given because funeral arranged

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Thomas S. Cullen M. D.
Address 7 Feb 13 1940 Date signed

F 66171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No. F 66171

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1 Upland Road
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1 Upland Road (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Dr. Stewart Francis Cassidy

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anne Chinn Cassidy

6 (c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): Sept-24-1869

8. AGE: Years: 70 | Months: 4 | Days: 19 | If less than one day: ..... hr. ..... min.

9. Birthplace: Baltimore Md (town, county, and state)

10. Usual Occupation: Physician

11. Industry or business: Medicine

FATHER
12. Name: Francis Cassidy
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Katherine Callan
15. Birthplace: Bucks Md

16 (a) Informant: Mrs Anne C. Cassidy-(wife)
(b) Address: 1-Upland Road.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof: Feb 14-40 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge
Location: Pikesville-

18 (a) Funeral director: STEWART & MOWEN COMPANY (INC. S. WOODEN SUC.) 108 W. NORTH AVENUE
(b) Address:

19 (a) FEB 13 1940 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 12 1940, at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1937, to Feb. 1940, and that I last saw h/M alive on 2/11/ 1940.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to: Hypertension and Arteriosclerosis	
Due to:	
Other Conditions: Hypostatic Pneumonia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: [signature] M. D.
Address: 928 W. Lafayette Ave Date signed: Feb 13/40

DR SPEAR.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

66172

CERTIFICATE OF DEATH

48-B

F 66172

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1723 W. North Avenue St. 15-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Anna K. Snyder

If U. S. Veteran specify WAR

(a) Residence: No. 1723 W. North Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert J. B. Snyder

6. DATE OF BIRTH (month, day, year) November 13th 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Franz Hocheder

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Mary Bingold

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Robert J. B. Snyder
(Address) 1723 W. North Avenue.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date February 14th

19. UNDERTAKER Wm. J. Tickner & Sons.
(Address) North & Penna Aves.

20. FILED FEB 13 1940 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 11th, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 19[illegible] to Feb 11 19 40

I last saw her alive on Feb 10 19 40 Death is said to have occurred on the date stated above, at S:NP m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	1938
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Physical diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1901 Eutaw Pl

VS 8

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66173 — CERTIFICATE OF DEATH — 92B — F 66173

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 628 Clement St Ward 24)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Emily L. McQuay

If U. S. Veteran specify WAR

(a) Residence: No. 628 Clement St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
female	white	Widow

5a. If married, widowed or divorced, (or) WIFE of Daniel J. McQuay

6. DATE OF BIRTH (month, day, year) June 26, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77 81	7	6 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eastern Shore

FATHER

13. NAME Wm Fauntleroy

14. BIRTHPLACE (city or town) (State or country) Eastern Shore

MOTHER

15. MAIDEN NAME Mary Jones

16. BIRTHPLACE (city or town) (State or country) Talbot Co. Md

17. INFORMANT Daniel J. McQuay

(Address) 628 Clement St

18. BURIAL, CREMATION, OR REMOVAL

Place Bozman Cem. Md Date 2/14/40

19. UNDERTAKER Durward D. Carrington

(Address) 21 W. 23rd St.

20. FILED FEB 13 1940 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1940 to Feb. 11, 1940

That saw her alive on Feb. 10, 1940 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation (Undef.)	
Other contributory causes of importance: Acute dilatation of Heart	2/10/40

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Clinical Was an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Campbell M. D.

2/17/40 (Address) 1644 Hanover St

8

V.S.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66174

CERTIFICATE OF DEATH

131-a

F 66174

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 304 S. Catherine St. 20-th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick C. Kennerup

If U. S. Veteran specify WAR World

(a) Residence: No. 304 S. Catherine St., Ward. 212-05-6113

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Elizabeth M. Kennerup

6. DATE OF BIRTH (month, day, year) Feb. 5-1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	—	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas Electric Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Morristown New Jersey.

FATHER

13. NAME Julius F. Kjellerup

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Bertha A. Ryting

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Mrs. Elizabeth M. Kennerup

(Address) 304 S. Catherine St.

18. BURIAL, CREMATION, OR REMOVAL Feb 15-1940

Place London Park Date 19

19. UNDERTAKER George L. Schwab.

(Address) 2101 Frederick ave

20. FILED FEB 13 1940 Registrar Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12, 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1936 to Feb 12, 1940

last saw him alive on Feb 9, 1940 Death is said to have occurred on the date stated above, at 7-9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROTIC	
1. CARDIO VASCULAR DISEASE	1936
CHRONIC NEPHRITIS	1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exams Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward F. Mclean M. D.

(Address) 682 Washington Blvd

INFORMATION should be correct, so that it may be properly classified. Exact statements of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statements of OCCUPATION is very important. See instructions on back of certificate.

VS 2

F 66175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186-a

Registered No. F 66175

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 86

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1439 Patapsco st (If rural give location)
(e) If foreign born, how long in U. S. A.? 86. years

3 (a) FULL NAME MARGARET KESSLER

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Philip Kessler
6 (c) If alive, give age —, years

7. Birth date of deceased (mo., day, yr.) Aug 29, 1850

8. AGE: Years	Months	Days	If less than one day
89	5	13	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation housework
11. Industry or business own home

FATHER
12. Name Jacob Ambrose
13. Birthplace Germany

MOTHER
14. Maiden Name Not known
15. Birthplace Germany

16 (a) Informant Edward J Kessler
(b) Address 1439 Patapsco st

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Feb 15 1940 (month) (day) (year)
(c) Cemetery or crematory Loudenslager
Location A-G-80 Grave

18 (a) Funeral director A. Howard Evans
(b) Address 1440 W Baltimore

19 FEB 13 1940 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 12 1940, at 5:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Bronchopneumonia terminal	terminal
Due to Fracture, right femur intertrochanteric	Feb 5th 1940
Due to	
Other Conditions Arteriosclerosis cardiac disease	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence February 5th 1940
(c) Where did injury occur? 1439 Patapsco st (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? No
(e) Means of injury Fall out of bed on floor

23. Signature J & L W Waltemeyer M.D.
Medical Examiner.
Date signed Feb 12 1940

PLEASE WRITE PLAINLY, with ink or indelible pencil. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

TRZASKA

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

Registered No. F 66176

F 66176

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 508 So. Bethel St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 508 S. Bethel Street (If rural give location)

(e) If foreign born, how long in U. S. A.? 45 yrs years

3 (a) **FULL NAME** Frank Trzaska

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Josefa Trzaska (If alive, give age) 57 years

7. Birth date of deceased (mo., day, yr.) Sep 30 1881

8. AGE: Years	Months	Days	If less than one day
58	4	12	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Mateusz Trzaska

13. Birthplace Poland

MOTHER 14. Maiden Name Maryanna Kleczkowska

15. Birthplace Poland

16 (a) Informant Mrs Josefa Trzaska

(b) Address 508 S. Bethel Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/40 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary

Location Baltimore County

18 (a) Funeral director John M. Welsh

(b) Address 401 S. Chester St

19 FEB 13 1940 (Date received by registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1940, at 12 noon M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/9/40 19 to 2/12/40 19 and that I last saw him alive on 2/11/40 19

Immediate cause of death Terminal Bronchopneumonia — Duration 4 days

Due to

Due to

Other Conditions Arteriosclerosis — unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Winfred J. Vasiak M.D.

Address 526 S. Bond St Date signed 2/14/40

PLEASE WRITE PLAINLY, with ink. Make no erasures. Be sure that your answers are correct and complete. Answer all questions. If any question is not applicable, write "None," except age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66177

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 66177 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Monument St
(c) Hospital or institution: Sinai Hospital (Aged Home)
(d) Length of stay in hospital or inst. (yrs., mos., or days) Entire life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 Sinai Aged Home (If rural, give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Laura Schwartz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years 70 | Months | Days | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace —

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Hospital Records
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-13-40 (month) (day) (year)
(c) Cemetery or crematory New York, New York
Location Lee Lawn Inc

18 (a) Funeral director Lee Lawn Inc
(b) Address 1439 E. Balto. St.

19 (a) Huntington Williams, M.D. (Date received by registrar)

FEB 14 1940
VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/13/40 19 , at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/8 1940, to 2/13 1940, and that I last saw her alive on 2/13 1940.

Immediate cause of death — Duration
Bronchopneumonia — 3 d.
Pulmonary Edema — 3 d.
Due to Arteriosclerotic Heart Disease — 10 y or more
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Seberlich M. D.
Address Sinai Hospital Date signed 2/13/40

F 66178 HEALTH DEPARTMENT—CITY OF BALTIMORE F 66178

CERTIFICATE OF DEATH 192-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2009 E. Hoffman St. 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine E. Carey

If U. S. Veteran specify WAR

(a) Residence: No. 2009 E. Hoffman St., Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced (or) WIFE of William Carey

6. DATE OF BIRTH (month, day, year) Jan 22 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) Feb 39 | 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Richard Kipp

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Bell

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT William Carey

(Address) 2009 E. Hoffman St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date 2/15 1940

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St

20. FILED FEB 14 1940 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1939 to Feb 12, 1940

I last saw h e alive on Feb. 12, 1940 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1934
Aortic Regurgitation	"
Acute Nephritis	2-9-40
Other contributory causes of importance:	
Cerebral Hemorrhage	12-3-39.

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Albert G Engelmeyer M. D.

(Address) 1613 E. North Ave.

(Information should be carefully supplied, so that it may be properly classified. State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.)

66179 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 1312 F 66179

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1944 Mosher St. 16-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Annie E. Helmuth

If U. S. Veteran specify WAR No

(a) Residence: No. 1944 Mosher St., ... Ward. W & S Dunmore

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Helmuth

6. DATE OF BIRTH (month, day, year) Aug 4th 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sales

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Alexandria Va

FATHER

13. NAME Calvin L. Smith

14. BIRTHPLACE (city or town) (State or country) ... Va

MOTHER

15. MAIDEN NAME Martha Hughes

16. BIRTHPLACE (city or town) (State or country) ...

17. INFORMANT Robert L. Helmuth SR

(Address) 2132 Vine St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 2/14/ 1940

19. UNDERTAKER Wm Pool

(Address) 127 N Paul St

20. FILED FEB 14 1940 19.. Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10th, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3 1940 to Feb 10 1940

I last saw h.. alive on Feb 9 1940 Death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dilatation of Heart about	6 Mths
Other contributory causes of importance:	
Chronic Nephritis about	2 yrs
Gen'l arterio Sclerosis about	15 yrs

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, how? ...

(Signed) Walter E. Knickman, M. D.

(Address) 225 Dundalk Rd

Information should be carefully supplied, so that it may be properly classified. State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 66180

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-N

52 F 66180 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Use only accepted medical terminology and abbreviations. The cause of death may be entered correctly, but if the underlying cause is not entered in the right line and the right sequence, or if modes of dying, such as heart failure, asphyxia, anemia, or uremia are entered as causes of death without the primary cause, the certificate will be returned for correction, thereby causing unnecessary delay in securing burial permit. Operations should be entered only if performed for the condition causing death. Typhoid fever, tuberculosis, cancer, and any other diseases constituting a public health hazard should be diagnosed as completely as the facts permit. Birth certificates should be filled out before certificates of death are prepared. Please answer all questions. If unknown, write "unknown" or "none" where applicable. Do not use abbreviations or ditto marks. Be sure that the personal particulars and statistical items are entered correctly and that the certificate is signed.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 ds
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
18-1
(d) Street No. 858 West Baltimore Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Desouter

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: none

4. Sex: F
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 17, 1891

8. AGE: Years: 48 | Months: 8 | Days: 26 | If less than one day: hr. min.

9. Birthplace: Virginia (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: Home

FATHER
12. Name: Robert Bell
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Bell ?
15. Birthplace: Virginia

16 (a) Informant: Records
(b) Address: Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 15 1940 (month) (day) (year)
(c) Cemetery or crematory: Parkwood
Location: Balto. Co. Md

18 (a) Funeral director: Williams Cook
(b) Address: 1219 St. Paul st

19 (a) Feb 14 1940 (b) Huntington Williams M.D.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13 1940, at 2.55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 31 1940, to Feb. 13 1940, and that I last saw h alive on Feb 13 1940.

Immediate cause of death: Arteriolar nephrosclerosis — Duration: unknown

Due to:

Due to:

Other Conditions: Hypertension cardiac - vascular disease — Duration: unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: I M Waghelstein M. D.
Address: Balto City Hosp. Date signed 2-13-40

VS 5

Barr

F 66181

66181

BALTIMORE CITY HEALTH DEPARTMENT /61 Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: W. Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 2901 Clifton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Ma Rosa Barr

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Peter Joseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years 77 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name ? Unknown
13. Birthplace Russia

MOTHER 14. Maiden Name ? Unknown
15. Birthplace Russia

16 (a) Informant Mrs. Charles Horwitz
(b) Address 2901 Clifton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14/40 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Philia Road

18 (a) Funeral director Jos Levinson & Bros
(b) Address 1124-26 W. North ave

19 (a) Date received by registrar FEB 14 1940 (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-13 1940, at 1:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-8 1940, to 2-13 1940, and that I last saw h[illegible] alive on 2-18 1940.

Immediate cause of death	Duration
Arteriosclerotic Heart disease	2 yrs.
Due to	
Due to	
Other Conditions Diabetes mellitus	10 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isadore Lehan M. D.
Address West, Balto. Md. Date signed 2/15/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made before burial or removal. Be sure to give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66182

F 66182

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Fill in all blanks. Be sure and answer every question. Where there is no entry to be made, write "None." Please see that your answers are full, complete and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and name town)
(d) Street No. 1522 E. Balto St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) **FULL NAME** Pearl Greenstein

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F.

5. Color or race W.

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Jacob

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) [illegible]

8. **AGE:** Years 55 | Months | Days | If less than one day hr. min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER 12. Name Victor Goldschader

13. Birthplace Austria

MOTHER 14. Maiden Name Unknown

15. Birthplace Austria

16 (a) Informant Ena Greenstein

(b) Address 1522 E. Balto St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-40 (month) (day) (year)

(c) Cemetery or crematory Northern Circle

Location Mt Carmel

18 (a) Funeral director Jos. Levin Jr.

(b) Address 1439 E. Balto St

19 FEB 14 1940 (Date rec'd by registrar) Clayton Williams M.D. Registrar

MEDICAL CERTIFICATION

20. **DATE OF DEATH** Feb 13 1940, at 3:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 6 1940, to Feb 13 1940, and that I last saw her alive on Feb 13 1940.

Immediate cause of death: Intestinal obstruction Peritonitis — Duration 1½ days

Due to: Carcinoma of colon — Duration ?

Due to: —

Other Conditions: —

(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of ascending + transverse colon

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Victor D. Pappalardo M. D.

Address Sinai Hospital Date signed 2-13-40

VS 3

F 66183

Tellum

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-N Registered No. 1

F 66183

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5045.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2106 E. Lombard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Jacob Tellum

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-8705

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Fannie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Chaim Tellem
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Hospital
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-40 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Phil Rd & Hamilton Ave.

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Baltimore St.

19 (a) FEB 14 1940 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-13 1940, at 12:04 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-12-1940, to 2-13 1940, and that I last saw h alive on 2-13 1940.

Immediate cause of death Coronary occlusion

Due to Arterio-sclerosis generalized

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration 1 day

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Wiley

Address Franklin Sq Hosp Date signed 2-12-40 M.D.

PLEASE WRITE PLAINLY. Physicians: please write the cause of death carefully and correct age is especially important.

66184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66184 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2322 Division St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Palmer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 15, 1860

8. AGE: Years 79 | Months 1 | Days 26 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Dr. Franklin Jones
13. Birthplace Statesville, N. C.

MOTHER 14. Maiden Name Amanda
15. Birthplace Statesville, N.C.

16 (a) Informant Susan R. Hines, sister
(b) Address 2322 Division St.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 2/14/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cemetery
Location Baltimore

18 (a) Funeral director Archibald A. Gaddis
(b) Address 2101 McCulloh Street.

19 (a) (Date rec'd by registrar) Hunting for Williamsburg Md.

FEB 14 1940

VS 6

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and report age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 11 1940, at 4 15 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death: Fracture, rt hip	
Due to: Lobular pneumonia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1/25/40
(c) Where did injury occur? 2322 Division St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? —
(e) Means of injury fell down steps

23. Signature W. H. Landeclust M.D. Medical Examiner.
Date signed 2/12/40

F 66185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-a

F 66185

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Answer all questions fully and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2520 Green Mount Ave.

(c) Hospital or institution:

Southern Hospital & Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs.

(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2520 Greenmount Ave.

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lavinia Muse

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Robert Hunter Muse

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 28, 1853

8. AGE: Years	Months	Days	If less than one day
86	1	15	hr. min.

9. Birthplace Virginia

(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER

12. Name John P. Williams

13. Birthplace Va.

MOTHER

14. Maiden Name Lonisa A. D. Hart

15. Birthplace Va.

16 (a) Informant Mr. Gordon Stiff

(b) Address

17 (a) Burial (b) Date thereof 2-17-40

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Exol Church

Location King & Queen County, Va.

18 (a) Funeral director John O. Mitchell & Sons Funeral

(b) Address 1900 Eutaw Place, Baltimore

19 (a) FEB 14 1940 (Signature of registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-13 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-9- 1940 to 2-13 1940, and that I last saw h-e- alive on 2-12 1940

Immediate cause of death	Duration
Bronchio Pneumonia	4 da
Due to La Grippe.	
Due to old age	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Huntington Williams M.D.

Address 2520 Greenmount Ave. Date signed

F 66186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 66186

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2925 N. Charles Street
(c) Hospital or institution:
none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2925 N. Charles Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marion Jane Lockard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife James Griffith Lockard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22, 1856

8. AGE: Years	Months	Days	If less than one day
83	7	14 21	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation housewife, retired

11. Industry or business

FATHER
12. Name John T. Riddle
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Ward
15. Birthplace Md.

16 (a) Informant Dr. Carroll Lockard
(b) Address 2925 N. Charles Street

17 (a) Burial (b) Date thereof Feb. 15, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Avenue, Baltimore, Md.

18 (a) Funeral director John J. Mitchell & Sons, Inc.
(b) Address 1906 Eutaw Place, Baltimore

19 (a) (Date rec'd by Registrar) Worthington Williams, M.D. Registrar

FEB 14 1940 VS-5

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-13 1940 at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-15 1939 to 2-12 1940.
and that I last saw her alive on 2-12 1940

Immediate cause of death

	Duration
Chronic Nephritis	3 yrs.
Chronic Pyelocystitis	5 yrs.
Due to Hypertension	5
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. L. Lemmon M. D.
Address 3025 Belair Road Date signed 2-13-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Be sure to give correct age in years. Physicians: please write the causes of death clearly and legibly.

F 66187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66187 Registered No. 930

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 215 Gittings Avenue
(c) Hospital or institution: None
(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) 57 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 215 Gittings ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 57 years

3 (a) FULL NAME Mary Fraser Anderson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Andrew Anderson

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) February 25 1858

8. AGE: Years 81 | Months 11 | Days 17th | If less than one day — hr. — min.

9. Birthplace Fochabers, Scotland (Town, county, and state)

10. Usual Occupation None

11. Industry or business —

FATHER
12. Name William Fraser
13. Birthplace Fochabers, Scotland

MOTHER
14. Maiden Name Margaret Campbell
15. Birthplace Edinburgh, Scotland

16 (a) Informant Mrs. B. H. Heath
(b) Address 215 Gittings ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof F 14 40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md

18 (a) Funeral director John C. Mitchell Sons
(b) Address 1900 Eutaw Place

19 (a) — (Date received by registrar) (b) Name of informant or person who supplied data for William Reddick

FR 1 VS 8 340

MEDICAL CERTIFICATION

20. DATE OF DEATH February 11th 1940, at 7:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from December 25 1938 to February 11th 1940, and that I last saw h[illegible] alive on February 10th 1940.

	Duration
Immediate cause of death: Bronchopneumonia	1 week
Arteriosclerotic Heart Disease	1 year
Due to: Senility	5 years
Due to:	
Other Conditions: None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence None
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? None While at work? (Specify type of place)
(e) Means of injury None

23. Signature A. S. Chaffant M.D.

Address 6210 York Road Date signed Feb 14 40

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

66188

HEALTH DEPARTMENT—CITY OF BALTIMORE

66188

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 S. Lakewood St., 1-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anthony Portera

(a) Residence: No. 601 S. Lakewood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosalie Tarsia Portera

6. DATE OF BIRTH (month, day, year) Dec 6 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Fruit

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Salvatore Portera

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Maria Bracato

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Sadie Portera
(Address) 782 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Feb 15 1940

19. UNDERTAKER Frank V. Pitsitone
(Address) 218 E. Balto St

20. FILED FEB 14 1940 Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1939, to Febr 2, 1940

I last saw him alive on Feb 12, 1940. Death is said to have occurred on the date stated above, at 4 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Chr Pulmonary Tuberculosis	
Congenital Tuberculosis	2-9-40

Other contributory causes of importance:

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ed Schumnick, M. D.

(Address) 842 S. East Ave

State CAUSE OF DEATH in plain terms, so that it may be easily understood. OCCUPATION is very important. See instructions on back of certificate.

66189

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-7

F 66189

Registered No.

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the causes of death clearly and legibly. Give correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2216 Garrison Blvd.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 79 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2216 Garrison Blvd.

(If rural give location)

(e) If foreign born, how long in U. S. A.? yrs.

5 7

f

3 (a) FULL NAME Anne Quick Sadtler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	White	Widow

6 (b) Name of husband or wife Morgan D. Sadtler

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 24-1860

8. AGE: Years	Months	Days	If less than one day
79	7	19	hr. min.

9. Birthplace Baltimore - Maryland (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER

12. Name Henry J. Quick

13. Birthplace Baltimore Md

MOTHER

14. Maiden Name Catherine Smith

15. Birthplace Baltimore Md.

16 (a) Informant Mrs. L. M. Womble

(b) Address 2216 Garrison Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 16-1940 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Balto Md.

18 (a) Funeral director Mamie Cook Syfert

(b) Address 600 W. North Ave.

19 (a) 2-14-40 (Date received by registrar) (b) Huntington Williams, M.D.

Gde

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 13-40 19 . at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1938. to Feb 13 1940.

and that I last saw h-r alive on Feb 13 1940.

Immediate cause of death Bronchopneumonia — Duration 8 days

Due to

Due to

Other Conditions arteriosclerosis - myocarditis — about 6 mo. — 9

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Stella Dubbell M. D.

Address 2220 Garrison Date signed Feb 14 40

VS 3

66190 Transcript

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66190
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3239 Clifton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 64 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3239 Clifton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mame Hofmann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12 1875

8. AGE: Years	Months	Days	If less than one day
64	9	1	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Andrew George Hofmann

13. Birthplace Neustadt Germany

MOTHER 14. Maiden Name Sophia Rammet

15. Birthplace Germany

16 (a) Informant Miss Pearl Bruce

(b) Address 3239 Clifton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 16 1940 (month) (day) (year)

(c) Cemetery or crematory Lorraine

Location Balto Md

18 (a) Funeral director Mann Oak Myers

(b) Address 1600 West North Ave

19 (a) FEB 14 1940 (Date received by registrar) Thanksgiving Maryland Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 13 1940 at 7 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 31 1939 to Feb 12 1940, and that I last saw her alive on Feb 12 1940

Immediate cause of death (other conditions)
Metastasis-Carcinoma left lung — Duration: about 6 Mo

Due to Carcinoma of breast

Due to

Other Conditions immediate cause Bronchial Pneumonia — 5 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter S Zubert M. D.

Address 2220 Garrison Blvd Date signed Feb 13 1940

66191

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52817 Pb 66191

Registered No. 107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3333 Paine Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Grace Smith

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Married

6 (b) Name of husband or wife: Beniel M. Smith
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 22, 1884

8. AGE: Years	Months	Days	If less than one day
55	6 7	20	hr. ..... min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business Home

FATHER
12. Name Zacharyius Kauy (d)
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Chenny (d)
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 15, 1940 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hampden

18 (a) Funeral director Edwards & Sonnen
(b) Address 3615 Chestnut Ave.

19 (a) ..... (Date rec'd by registrar) (b) ..... Registrar

FEB 14 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH February 12 1940, at 11:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 12 1940, to Feb. 12 1940, and that I last saw h in alive on Feb. 12 1940.

Immediate cause of death: Bronchopneumonia — Duration: 6 days.
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy Pneumonia and pulm. edema.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murphy Lakin M. D.
Address Balto City Hosp. Date signed 2-13-40

PLEASE WRITE PLAINLY. Physicians: please write the cause of death carefully and report correct age is especially important.

66192 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 66192

CERTIFICATE OF DEATH 61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 541 W 27th St St. 12-7 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR _____

2. FULL NAME Katherine E Cooley

(a) Residence: No. 541 W 27th St. St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George W. Cooley Sr.

6. DATE OF BIRTH (month, day, year) Sept 6, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
79	5	6.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Charles Merrill

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT George W. Cooley, Jr.
(Address) 3029 Mauvill Road

18. BURIAL, CREMATION, OR REMOVAL
Woodlawn Date Feb 15, 1940

19. UNDERTAKER Chenoweth & Donovan
(Address) 3615-17 Edmondson Ave

20. FILED _____ 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 12, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1940, to Feb. 12 1940

I last saw her alive on Feb 11 1940. Death is said to have occurred on the date stated above, at 12 50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Other contributory causes of importance: Diabetes	

Was an operation performed? Yes Date of Diabetic Gangrene

For what disease or injury?

Name of operation amputation of leg

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, how? _____

(Signed) C. E. Crawford M. D.

(Address) 1123 St Paul St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

FEB 14 1940

Registrar.

66193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 66193 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Accurate and correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 da;

(e) Length of stay in Baltimore (yrs., mos., or days) 59 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 805 N. Calhoun St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

16-2

3 (a) FULL NAME Marie White (52452)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15, ~~1890~~ 1840

8. AGE: Years	Months	Days	If less than one day
49 ~~59~~	4	29	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER 12. Name Robert White

13. Birthplace Md.

MOTHER 14. Maiden Name Catherine Frock

15. Birthplace Md.

16 (a) Informant Hospital records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-40 (month) (day) (year)

(c) Cemetery or crematory McCalmont

Location a a co Md

18 (a) Funeral director James A Hayes

(b) Address 142 Westwood Av

19 (a) FEB 14 1940 (Local registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 13, 1940 at 2:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 31, 1940 to Feb. 13, 1940. and that I last saw h er alive on Feb. 13, 1940.

Immediate cause of death Tuberculosis of the lungs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration September 1939

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [signature] M. D.

Address Balto. City Hospitals Date signed 2/13/40

F 66194

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 66194

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1417 Mary St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1417 Mary St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Cook

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years	Months	Days	If less than one day hr.	min.
49				

9. Birthplace Maryland (Town, county and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name John Johnson
13. Birthplace Md

MOTHER
14. Maiden Name Cook
15. Birthplace Md

16 (a) Informant Mattie Wyatt
(b) Address 5049 Mary Alford

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-16-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Westport

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave

19 (a) FEB 14 1940 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 13 1940 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 12 1940 to Feb 13 1940 and that I last saw him alive on Feb 13 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration Short

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Date signed 2-15-40

Please write the cause of death clearly and legibly. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 66195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 66195

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 605 Pearl Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Native

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 506 Pearl st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harriet Ridgley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F.

5. Color or race C

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years 80 Months Days If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name unknown

13. Birthplace

MOTHER 14. Maiden Name unknown

15. Birthplace

16 (a) Informant Mrs Fore

(b) Address 506 Pearl st.

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-14-40 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Brooklyn

18 (a) Funeral director A. J. Halstead

(b) Address 1182 Druid Hill Ave

19 (a) (Date rec'd by registrar) (b) Burlington, Williamsport, Md.

FEB 14 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/11 1940, at 10 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/10 1940, to 2/11 1940, and that I last saw h[illegible] alive on 2/11 1940.

Immediate cause of death: Myocardial Insufficiency — Senility — Duration: Indefinite

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Susan C. Johnson M. D.

Address 1801 Penna Ave Date signed 2/13/40

correct age is especially important. Physicians: please write the cause of death plainly

F 66196 D

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 66196

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:

Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 1101 Penna. Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Carrie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-25-1869

8. AGE: Years	Months	Days	If less than one day
70	5	15	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER 12. Name John Johnson

13. Birthplace Va.

MOTHER 14. Maiden Name Polly

15. Birthplace Va.

16 (a) Informant B.C.H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/14/40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cemetery

Location Balto. Md.

18 (a) Funeral director Robert E. Williamson

(b) Address 1515 McElderry St.

Date received FEB 14 1940 Huntington Williams M.D. Registrar

VS 3

PLEASE WRITE PLAINLY, with ink. Do not use pencil. Be sure to answer all questions. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-10 1940, at 6:55 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-23 1940, to 2-10 1940, and that I last saw him alive on 2-9 1940.

Immediate cause of death Arterio sclerotic gangrene right foot — Duration ?

Due to

Due to

Other Conditions Pulmonary tuberculosis ?

(Include pregnancy within 3 months of death)

Major findings: Of operations Gangrene of foot

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L. K. Woodward M.D.

Address Balto City Hosp. Date signed 2-10-40

F 66197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 46 D

F 66197 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts..
(c) Hospital or institution: Union Memorial Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 21 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Glyndon (If outside city or town limits, write RURAL and give town)
(d) Street No. 301 Central Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? -- years

3 (a) FULL NAME George B. Mott (George Booze Mott)

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: ---

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27th 1867

8. AGE: Years 72 | Months 8 | Days 16 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Manager

11. Industry or business Russia Cement Co.,

FATHER
12. Name George T. Mott
13. Birthplace Long Island, N.Y.

MOTHER
14. Maiden Name Elizabeth Carman
15. Birthplace Long Island, N.Y.

16 (a) Informant Mr. Charles Mott
(b) Address 2924 Guilford Avenue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 15th 1940 (month) (day) (year)
(c) Cemetery or crematory Greenfield
Location Hempstead, L.I. N.Y.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Aves..

FEB 14 1940 (Date received by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 13, 1940, at 4:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 8, 1940, to Feb. 13, 1940, and that I last saw him alive on Feb. 13, 1940.

Immediate cause of death	Duration
Acute Pulmonary Oedema.	
Due to Cardiac failure.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of rectum.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hammond J. Angas M. D.
Address Union Memorial Hosp. Date signed 2-13-40.

VS 3

Please write the cause of death clearly. Physicians: please write the cause of death clearly. Physicians: please write the cause of death clearly. Physicians:

66198

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-6

Registered No. F 66198

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Volunteers of America Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Odenton - R.F.D. Laurel
(If outside city or town limits, write RURAL and give town)
Street No. County (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Patrick Day

3 (b) If veteran, name war: no
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/7/6

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Harford County Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant James. Murphy.
(b) Address Laurel Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/40 (month) (day) (year)
(c) Cemetery or crematory Elkridge
Location W Baptist Ch
18 (a) Funeral director The D. C. White Co
(b) Address Laurel Md

FEB 14 1940
19 (a) (Date rec'd by registrar) Hunting for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13 1940, at 10 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquest find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Influenzal pneumonia	
Due to Influenzal encephalitis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. W. Hartsfield M.D.
Medical Examiner.
Date signed 2/14/40

VS .6

PLEASE WRITE PLAINLY. Fill in all blanks with the best information obtainable. Be sure to give correct age in years, months or days. Do not abbreviate. Write out fully. Do not use ditto marks. Be sure to answer each question. If none, write none, or insert "0" (cipher) where answer is zero. Do not leave blanks. Physicians: please write the causes of death clearly and legibly. Be sure to give correct age in years, months or days. Do not abbreviate. Write out fully. Do not use ditto marks. Be sure to answer each question. If none, write none, or insert "0" (cipher) where answer is zero. Do not leave blanks. Physicians: please write the causes of death clearly and legibly. Be sure to give correct age is especially important.

F 66199

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66199 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 183 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 11 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 528 Arlington Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Scott (46970)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 20, 1924

8. AGE: Years 15 | Months 11 | Days 24 | If less than one day hr. min.

9. Birthplace N. Y.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Leon Scott
13. Birthplace D. C.

MOTHER
14. Maiden Name Elizabeth Scott
15. Birthplace Palmer, Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-17-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto

18 (a) Funeral director James A Hayes
(b) Address 142 W Hill St

19 (a) Date received by Local Registrar FEB 14 1940 (b) Burial, removal, or cremation Washington Mills Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 13, 1940, at 7:45A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 14, 1939, to Feb. 13, 1940, and that I last saw her alive on Feb. 13, 1940.

Immediate cause of death: Tuberculosis of the lungs — Duration: July 1939

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto. City Hospitals Date signed 2/13/40

PLEASE WRITE CLEARLY — correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66200 HEALTH DEPARTMENT—CITY OF BALTIMORE F 66200

CERTIFICATE OF DEATH

48-3

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 900 W Fayette St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Vera Paige

(a) Residence: No. 900 W Fayette St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estel and Paige

6. DATE OF BIRTH (month, day, year) 10-28-91

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Yorktown Va.

FATHER

13. NAME William Brunell

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lucy Shields

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Florence Washington

(Address) 1117 Shields St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb 15 1940

19. UNDERTAKER Mrs Kate R. Williams

(Address) 322 N Schroeder St

20. FILED FEB 14 1940 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-12- 1940

22. I HEREBY CERTIFY, That I attended deceased from 2-1- 1940 to 2-12- 1940

I last saw her alive on 2-12- 1940 Death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal, Bronchopneumonia	2/10/40
Uterine Carcinoma & metastasis	6/1/39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. C. Jackson M. D.

(Address) 600 Washington Ave

State CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

66201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

F 66201

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1129 Somerset St

(c) Hospital or institution: at Home

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1129 Somerset St. (If rural give location)

(e) If foreign born, how long in U. S. A.? 75 years

10-1

3 (a) FULL NAME Martin Laughirt

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Kristowenina Jeller Laughirt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5th 1853

8. AGE: Years	Months	Days	If less than one day
86	7	5	hr. min.

9. Birthplace Germany (town, county and state)

10. Usual Occupation Retired Taylor

11. Industry or business

FATHER 12. Name Andrew Laughirt

13. Birthplace Germany

MOTHER 14. Maiden Name not known

15. Birthplace Germany

16 (a) Informant Mrs Margaret Reichert

(b) Address 1129 Somerset St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 17 1940 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cem

Location Belair Rd Morgan Rd.

18 (a) Funeral director Edward W. Conklin Sons

(b) Address 924 E Eager St.

19 (a) Date received by registrar FEB 14 1940 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 13th 1940 at 7P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/8/ 1939 to 2/13/ 1940 and that I last saw h/M alive on Feb. 13, 1940.

Immediate cause of death	Duration
Acute Cardiac Decompensation	
Myocarditis	
Due to Arterio-Sclerosis	
Acute Cardiac Dilatation	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?

(e) Means of injury —

23. Signature H O Littman M. D.

Address 1304 E. Chase St. Date signed 2/14/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

66202

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 66202

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 114 N. Kresson st

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 114 N. Kresson st. (If rural give location)

26 4

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Sadie E. Rogers

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	Married

6 (b) Name of husband or wife William Rogers

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Mar. 25. 1882

8. AGE: Years	Months	Days	If less than one day
57	10	18	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business at home

FATHER 12. Name William Buchanan

13. Birthplace Ohio

MOTHER 14. Maiden Name Sohara Miller

15. Birthplace Virginia

16 (a) Informant William Rogers Hus.

(b) Address 114 N. Kresson st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 15 1940 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location East end of Northaue.

18 (a) Funeral director Lilly & Zeiler inc.

(b) Address 403 S. Wolfe st.

19 (a) FEB 14 1940 (Date rec'd by registrar) (b) Interring for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 12 1940 at 12-30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-5 1940 to 2-12 1940.

and that I last saw h[illegible] alive on 2-11-40

Immediate cause of death	Duration
(a) Lobar Pneumonia	1 wk
Due to (b) Lobar Pneumonia	
Due to (c) acute Cardiac Dilatation	

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place.) While at work?

(e) Means of injury

23. Signature [illegible] M. D.

Address [illegible] Date signed

VS 2

F 66203

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 66203 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2029 Druid Hill
(c) Hospital or institution:

14-3

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2029 Druid Hill
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eva Corine McCard

3 (b) If veteran, name war | 3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Dr. H. S. McCord
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Nov. 11-1882

8. AGE: Years	Months	Days	If less than one day hr.	min.
57	3	20		

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Henry Smith
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary F. Sorrell
15. Birthplace Baltimore Md.

16 (a) Informant Della McCord
(b) Address 2109 McCulloh

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 14 '40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore, Md.

16 (a) Funeral director Mrs. Geo. A. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) Date received FEB 14 1940 (b) Registrar's signature for Hildegarde Mather

MEDICAL CERTIFICATION

20. DATE OF DEATH February 11 1940, at 11.17 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1938, to Feb 11 1940, and that I last saw her alive on Feb 11 1940.

Immediate cause of death
Cardiac Failure
Coma
Due to Cerebral Hemorrhage
Bronchial Convolution
Due to 2nd attack Dec 22/1939
To Feb 11 1940
Other Conditions Arterio Sclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
4 Hr days
"
14 yrs 4 mos
3 days
1 mos
14 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H Wright M. D.
Address 1209 Eutaw Pl Date signed Feb. 13/40

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and correct age is especially important.

F 66204

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66204 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dod
(e) Length of stay in Baltimore (yrs., mos., or days)

14-1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 816 Hampden Ave (If rural give location)
Hampden
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME GEORGE SMITH ALIAS GEORGE FORD

3 (b) If veteran, name war: World War

3 (c) Social Security Account No. No

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: W Dower

6 (b) Name of husband or wife: Catherine dead

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years 49 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business Apartment House

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant Eleanor Jackson
(b) Address 1604 Etting St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-40 (month) (day) (year)
(c) Cemetery or crematory National
Location

18 (a) Funeral director Thomas E Kelson
(b) Address 1303 Presstman St

19 (a) (Date received by registrar) (b) Registrar

FEB 14 1940 Huntington Williams M.D.

PLEASE WRITE PLAINLY with ink or indelible pencil. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 12 1940, at 9 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Cerebral hemorrhage — Duration: sudden

Due to

Due to

Other Conditions none known

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H H Williams M.D.
Medical Examiner.

Date signed Feb 12 1940

F 66205

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

171 - Registered No. F 66205

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2811 2011 Simpson st (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME ALICE NASH

3 (b) If veteran, name war —
3 (c) Social Security Account No. [illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	(Wd)

6 (b) Name of husband or wife Wm
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30 1885

8. AGE: Years	Months	Days	If less than one day
55 ?	2	12	hr. min.

9. Birthplace Md (Town, county and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Isaac Berry
13. Birthplace [illegible] Md.

MOTHER
14. Maiden Name Polly Edwards
15. Birthplace Md.

16 (a) Informant Wm Nash
(b) Address 2811 Simpson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Thos E. Kehoe
(b) Address 1303 Pennsylvania Ave

19 (a) [illegible] (b) [illegible]
(Date received by Registrar) (Registrar)
FEB 14 1940 [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH February 12 1940, at 6 55 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Hemorrhage, subarachnoid	1 hr
Due to accident	
Broncho-pneumonia	terminal
Due to	
Other Conditions arteriosclerotic heart disease	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence February 12, 1940
(c) Where did injury occur? Greenmount & 29½ st (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? (Specify type of place)
(e) Means of injury struck by street car while crossing street

23. Signature [illegible] M.D.
Medical Examiner.
Date signed Feb 12 1940

Over

Please write clearly with pen and ink. Be sure to fill in every blank. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

375265 F 66206 F 6x07

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-a Registered No. F 66206

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1825 Lorman St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Brooks

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Black
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 6-1940
8. AGE: Years | Months | Days | If less than one day: 9 hr. min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Landon Brooks
13. Birthplace Md.

MOTHER
14. Maiden Name Glennie Smith
15. Birthplace N-Car.

16 (a) Informant Parent
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 14 1940
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. McKim Huntington Williams, M.D.

19 (a) FEB 14 1940 (Date rec'd by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-6 1940, at 9.15 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 2-6 1940, to 19, and that I last saw him alive on 2-6 1940

Immediate cause of death: Intracranial Hemorrhage — Duration
Due to Prematurity
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 2/15/40

Please write correct age is especially important. Physicians: please write the cause of death clearly and legibly.

66207 LB 52491

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 66207

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1137 N. Lombard St. (If rural give location)
(e) If foreign born, how long in U. S. A.) 10 yrs. years

3 (a) FULL NAME Joseph Samek

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 17, 1891

8. AGE: Years	Months	Days	If less than one day
49	0	20	hr. min.

9. Birthplace Yugoslavia, Austria (Town, county, and state)
10. Usual Occupation Unemployed - laborer
11. Industry or business

FATHER
12. Name Steve Samek
13. Birthplace Austria

MOTHER
14. Maiden Name Ruby
15. Birthplace Austria

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 14 1940
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) FEB 14 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

5396

correct age is especially important. Physicians please write the cause of death plainly.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7 1940, at 7 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1 1940, to Feb. 7 1940, and that I last saw him alive on Feb. 7 1940.

Immediate cause of death: Bronchopneumonia — Duration: 6 days.
Due to
Due to
Other Conditions Pulmonary emphysema — unknown.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Balto City Hosp. Date signed 2-13-40

F 66208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

7040 SD

47-a

Registered No. F 66208

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals 2-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4½ yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 818 Barre Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Bayliss

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/20/1862

8. AGE: Years	Months	Days	If less than one day
78	0	9	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Rubin Bayliss
13. Birthplace Maryland

MOTHER
14. Maiden Name Sally
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL FEB 14 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) FEB 14 1940 Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

5397

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-9 1940, at 2:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-21 1940, to 2-9 1940, and that I last saw him alive on 2-8 1940.

Immediate cause of death	Duration
Carcinoma Corpus with metastasis	2
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Gastrostomy performed
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Kleinhendler M. D.
Address Balto City Hosp. Date signed 2-9-40

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 66209

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 108 ✓ F 66209 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County Balto
(c) City or town N.Y.C. (If outside city or town limits, write RURAL and give town)
(d) Street No. 25 Central Pk. West (If rural give location)
(e) If foreign born, how long in U. S. A.? Reisterstown Md. years

3 (a) FULL NAME Elsie H. Davis

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/20/13

8. AGE: Years 26 | Months 4 | Days 25/24 | If less than one day hr. min.

9. Birthplace ~~East Orange, N.J.~~ N.Y.C. (Town, county, and state)

10. Usual Occupation None, Invalid.

11. Industry or business

FATHER
12. Name Robt. L. Davis
13. Birthplace Pittsburgh.

MOTHER
14. Maiden Name Caroline Bushel
15. Birthplace East Orange, N.J.

16 (a) Informant Mr. R. L. Davis
(b) Address New York

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/15/40 (month) (day) (year)
(c) Cemetery or crematory Rest Olam Fields
Location Long Island, N.Y.

18 (a) Funeral director Harris Lowenthal & Son
(b) Address 902 Eutaw Place

19 (c) Date received 1940 Registrar's signature Hortense Worthington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/14 1940 at 6.35 a. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/9 1940 to 2/14 1940 and that I last saw her alive on 2/14 1940.

Immediate cause of death: Pneumonia, Lobar Bilateral. — Duration: 2/5/40
Due to: Pneumococcus Type 28.
Due to:
Other Conditions: Spastic Paraplegia, Congenital — Birth
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph M. Conte, M.D.
Address Union Memorial Hosp. Date signed 2/24/40

Strict age is especially important. Physicians: please write plainly.

66210 ,

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

9 ✓ F 66210 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and properly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital 10-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 6 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1112 N. Eden St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Gilliam X

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Black	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/31/39

8. AGE: Years	Months	Days	If less than one day
	6	13 12	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Frank Gilliam

FATHER 13. Birthplace Baltimore

MOTHER 14. Maiden Name Hattie Hooper

MOTHER 15. Birthplace Baltimore

16 (a) Informant Mother

(b) Address 1112 N. Eden St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 14, 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Brooklyn, Md

18 (a) Funeral director Mrs. Charles H. Bailey

(b) Address 1421 Jefferson St.

19 (a) (Date received by Registrar) (b) Registrar

FEB 14 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 13, 1940, at 8.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/12 1940 to 2/13 1940, and that I last saw h[illegible] alive on 2/13 1940.

Immediate cause of death	Duration
Pneumonia due to	
Pneum. Type 14 + 18.	
Due to	
Due to	
Other Conditions Pertussis, Hydrocephalus	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pneumonia, Brain anomaly

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Max Baum, M. D.
M. D.

Address Sydenham Hosp. Date signed 2/14/40

F 66211

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108 Registered No. F 66211

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2010 Barclay St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2010 Barclay St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME JOHN C BUTLER

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. Dec. 12, 1885

8. AGE: Years	Months	Days	If less than one day
54 55	1	23	hr. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual Occupation Lab Occ with Balto
11. Industry or business Steel Cleaning Dept.

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Annie Williams
(b) Address New Jersey. FEB

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14, 1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Edmondson Ave.

18 (a) Funeral director J. Lister Kirkpatrick
(b) Address 1001 E. 22nd Street

19 (a) Filed (Date received by registrar) Huntington Williams M.D. Registrar

FEB 14 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6 1940, at 10 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Pneumonia, lobar	1 week
Due to	
Due to	
Other Conditions History of arrested tuberculosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. & L. Wollenweber M.D.
Medical Examiner.
Date signed Feb 7th, 1940

Correct age is especially important. Physicians: please write the cause of death plainly.

66212

HEALTH DEPARTMENT—CITY OF BALTIMORE

66212

CERTIFICATE OF DEATH

157-B

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ____ St., 4-N Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Baby Girl Merryman

If U. S. Veteran specify WAR ____

(a) Residence: No. Eastland Mills (Usual place of abode) Sykesville, Md. Ward. Carroll (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, year) Feb. 9, 1940.

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____ | 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME Edgar Merryman

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Gladys Dayhoff

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edgar Merryman (Address) Sykesville Md.

18. BURIAL, CREMATION, OR REMOVAL Place Oakland Mills Date 2-15 1940

19. UNDERTAKER Harry Warner (Address) Sykesville, Md

20. FILED Huntington Williams Registrar

FEB 14 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1940 to Feb. 13, 1940

I last saw h[illegible] alive on Feb. 13, 1940, Death is said to have occurred on the date stated above, at 2:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningo-encephalocele.	From birth

Other contributory causes of importance ____

Hydrocephalus

Bilateral club feet.

Was an operation performed? No Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? ____ Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ____

(Signed) L. B. Stevens M. D.

(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

66213

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 66213 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 516 N. Eden St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 516 N. Eden St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Janie Summerville

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Bessie Summerville
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16, 1894

8. AGE: Years	Months	Days	If less than one day
45	10	25	hr. min.

9. Birthplace St Marys County Maryland
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name William Summerville
13. Birthplace St. Marys County Md.

MOTHER
14. Maiden Name Mary Elizabeth Toney
15. Birthplace St Marys Co. Md.

16 (a) Informant Mary E. Patterson
(b) Address 809 Somerset St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 15, 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director Mrs. R. O. Elliott & Daughter
(b) Address 1129 N. Caroline St.

19 (a) FEB 14 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 11 1940. at 9P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1940. to Feb 11 1940. and that I last saw h— alive on Feb 10 1940.

Immediate cause of death
Cerebro hemorrhage
Due to Nephritis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

Duration
Short Few Hrs
1940

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo. L. Collins
Address 50 7 August St. Date signed 2-13-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

66214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 66214

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1978 Windsor Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1978 Windsor Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice V. Norris

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4 Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Jos B. Norris

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 18-1856

8. AGE: Years 83 | Months 1m | Days 25-4 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Nelson Evans
13. Birthplace Md

MOTHER 14. Maiden Name Priscilla Hewitt
15. Birthplace Md

16 (a) Informant Julia Norris
(b) Address 7600 Roslyn Que

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 15-40 (month) (day) (year)
(c) Cemetery or crematory Our Lady's Chapel Cem.
Location St Mary's County Md

18 (a) Funeral director Robt C. & B. M. Waters
(b) Address Frdt & Stricker Sts

19 FEB 14 1940 (Date received by Registrar) Arthur Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 12-40, at 3 25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 7 1940. to Feb. 12 1940. and that I last saw her alive on Feb. 12 1940.

	Duration
Immediate cause of death: Hemiplegia, left	3 wks.
Due to: Cardio-vascular disease.	3 yrs
Due to:	
Other Conditions: Cerebral arteriosclerosis	3 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. Kendig Wallace, M. D.
Address 2839 Wallbrook Ave. Date signed 2-13-40

Please write clearly. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

F 66215 05268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

147-B Registered No. F 66215

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 719 S. Bouton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Agnes T. O'Brien

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Married

6 (b) Name of husband or wife Wm P. J. O'Brien
6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) Dec 20-1907

8. AGE: Years	Months	Days	If less than one day
32	1	23	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Christian Zlonka
13. Birthplace Poland

MOTHER
14. Maiden Name Mary A Lorenz
15. Birthplace Germany

16 (a) Informant Wm P. J. O'Brien
(b) Address 719 S. Bouton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 16-40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md

18 (a) Funeral director Roll C. B. M. Walter
(b) Address Pratt & Stricker Sts

19 (a) FEB 14 1940 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1940, at 8:19 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 5 1940, to Feb 1940 and that I last saw her alive on Feb 12 1940.

Immediate cause of death	Duration
Hemolytic Streptococcus Septicemia	9 days
Due to Puerperal Infection	11 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald Leo Welsh, M. D.
Address St Agnes Hospital signed 2/12/40

VS 3

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

66216

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 66216

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3da.
(e) Length of stay in Baltimore (yrs., mos., or days) 8mo.2da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1021 N. Castle St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Barbara [redacted] PAKARNY

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Frank
6 (c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.) Jan 6, 1872

8. AGE: Years	Months	Days	If less than one day
68	1	6	hr. min.

9. Birthplace Czeckoslovakia (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

MOTHER / FATHER
12. Name Frank Sharovec
13. Birthplace Czeckoslovakia
14. Maiden Name Zactera
15. Birthplace Czeckoslovakia

16 (a) Informant Marie Mauric
(b) Address 1021 N. Castle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/40 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Horners Lane

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison St.

19 (a) FEB 14 1940 (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 2.12.40 19 at 10 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2.9.40 19 to 2.12.40 and that I last saw h[illegible] alive on 2.12.1940.

Immediate cause of death: Bronchopneumonia both bases
Due to: Arteriosclerotic Cardiovascular Disease - decompensated
Other Conditions
(Include pregnancy within 3 months of death)

Duration: 6 days; 4

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. R. Timmst
Address St. Josephs Hosp Date signed 2/12/40 M. D.

Please write in ink and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66217

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 50

F 66217 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.
(c) Hospital or institution: Edgewood Nurses Home.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 956, N. Callington Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? Baltimore, Md. years

3 (a) FULL NAME Miss. Theresa H. Hollins.

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07- 8763

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July, --1893

8. AGE: Years	Months	Days	If less than one day
46 47	7		hr. min.

9. Birthplace Baltimore, City. (Town, county, and state)

10. Usual Occupation Typist

11. Industry or business

FATHER
12. Name John Hollins.
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary Flynn.
15. Birthplace Baltimore, Md.

16 (a) Informant Cathtrine French.
(b) Address # 956 N. Callington Ave.

17 (a) Baltimore Cem. (Burial, cremation, or removal) (b) Date thereof Feby. 15th, 40 (month) (day) (year)
(c) Cemetery or crematory Baltimore. Cem.
Location E. North Ave. Ext.

18 (a) Funeral director Geo. M. Fink & Son
(b) Address 811, N. Wolfe St.

19 (a) [illegible] (Date received by Registrar) [illegible] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby. 12th. 1940, at 6, A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 28 1939 to 2/13 1940. and that I last saw h alive on 2/11/40 19

Immediate cause of death

Bronchopneumonia

	Duration
Due to	1 yr
Due to	2 wks
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Wheaton M. D.
Address 4309 York Rd Date signed 2/12/40

correct age is especially important. Physicians: please write the cause of death clearly.

F 66218

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 66218 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2012 whittier ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2012 Whittier Ave (If rural give location)
15 yrs
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sylvan Gelblum

3 (b) If veteran, name war

3 (c) Social Security Account No. 577-03-1767

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 22, 1910

8. AGE: Years	Months	Days	If less than one day
30		23?	hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Shoe Salesman

11. Industry or business

FATHER
12. Name Samuel Gelblum
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah ?
15. Birthplace Russia

16 (a) Informant Emanuel Gelblum
(b) Address 2512 Keyworth Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Wenington Ass'n
Location Washington Blvd.

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W. North ave

19 (a) (Date rec'd by registrar) (b) Registrar

FEB 15 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-21 1939 to 2-14 1940 and that I last saw h in alive on 2-14 1940.

Immediate cause of death	Duration
cerebral hemorrhage	
Due to Hypertension Chronic Nephritis	
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard Cohen M. D.
Address Marlboro Date signed 2-14-40

correct age is especially important. typewrite, please

F 66219

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 66219

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2318 Callow ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2318 Callow Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Nechamkin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Samuel S.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business House Wife

FATHER
12. Name Nathan Mendelsohn
13. Birthplace Russia

MOTHER
14. Maiden Name Katie Epstein
15. Birthplace Russia

16 (a) Informant Raphael Mendelsohn
(b) Address 2318 Callow Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/40 (month) (day) (year)
(c) Cemetery or crematory Brair Israel
Location Southern ave

18 (a) Funeral director Sol Levinson + Bros
(b) Address 1124-26 W. North ave

19 (a) (Date received by Registrar) (b) Huntington Williams M.D.

FEB 15 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14, 1940 at 1 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 3 1939 to Feb 14 1940, and that I last saw h[illegible] alive on Feb 14 1940.

Immediate cause of death Malignant Neo of Liver (Secondary)
Due to Carcinoma of Breast (Primary)
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
4 mos
3 yrs

Major findings:
Of operations Malignant disease of breast
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Michael A Abrams M. D.
Address 2360 Eutaw place Date signed 2/15/40

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 66220

CK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-D

5157 F 66220 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 403 S Ann St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Stephen Blackouski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
52	?	?	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Stephen Blackouski
13. Birthplace Poland

MOTHER
14. Maiden Name Mary ?
15. Birthplace Poland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 16-40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Ogozewski
(b) Address 1930 Eastern Ave

19 (a) Date received FEB 15 1940 (b) Name of registrar Hunting for Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13 1940, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 2 1940, to Feb. 13 1940, and that I last saw him alive on Feb. 13 1940.

Immediate cause of death: Carcinoma of the lung. — Duration unknown.

Due to

Due to

Other Conditions Hypertension — unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 2-13-40

correct age is especially important. Physicians, please write plainly.

66221

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66221

13-B

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto.

(If outside city or town limits, write RURAL and give town)

(d) Street No. 422 S. Paca St.

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert L. Connelly (52724)

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	216-05-5195

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Ella B. Connelly

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 7, 1894

8. AGE: Years	Months	Days	If less than one day
46	1	6	hr. min.

9. Birthplace Balto Md

(Town, county and state)

10. Usual Occupation Stopper Grinder

11. Industry or business Cass Lowry Glass Co

FATHER

12. Name William Connelly

13. Birthplace Md.

MOTHER

14. Maiden Name Margaret Wachsmuth

15. Birthplace Md.

16 (a) Informant Lillie C. Thompson

(b) Address 1027 S. Paca St

17 (a) Burial (b) Date thereof Feb 16 1940

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory London Park

Location City

18 (a) Funeral director Mr & Mrs John W. Teufel & Son

(b) Address 801 W. Fayette St

19 (a) FEB 15 1940 Huntington Williamsport Md

(Date rec'd) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 13, 1940 at 1:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 12, 1940, to Feb. 13, 1940, and that I last saw him alive on Feb. 13, 1940.

Immediate cause of death Tuberculosis of the Lungs — Duration January 1939

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature J. Adams M. D.

Address Baltimore City Hosp. Date signed 2/13/40

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Accurate and correct age is especially important.

66222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-B

F 66222 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1223 Wall St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) City, County Balto
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1223 Wall St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Susie M. Martin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced Married.

6 (b) Name of husband or wife Thomas F. Martin

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Feb 12 1875

8. AGE: Years 64 | Months 0 | Days 13 | If less than one day: hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER
12. Name Conrad Schleich
13. Birthplace Germany.

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany.

16 (a) Informant Thomas F. Martin
(b) Address 1223 Wall St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md.

18 (a) Funeral director Bernard L. Harle
(b) Address 121 E West St

FEB 15 1940 (b) Registrar
(Date received by local registrar)
Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14th 1940, at 12.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 6 1939 to Feb 14 1940, and that I last saw h[illegible] alive on Feb 14 1940.

Immediate cause of death Carcinoma Uterus
a Hemorrhage — Duration 6 mos

Due to

Due to

Other Conditions Ascites — 3 mos

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. B. Whittle M. D.
Address 1279 Williams St Date signed 2/14/40

correct age is especially important. Physicians please write the exact age in years, months and days.

66223 : 8-47-7°

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 66223 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 20-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto Co.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4 Cromarty Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Hambleton O. Whaley

3 (b) If veteran, name war None

3 (c) Social Security Account No. 219-03-3992

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 17 1904

8. AGE: Years	Months	Days	If less than one day
35	5	28	hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Manager

11. Industry or business

FATHER
12. Name James O Whaley
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary V. Spurrier
15. Birthplace Balto Md.

16 (a) Informant James O Whaley
(b) Address 4 Cromarty Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md.

18 (a) Funeral director Bernard C Hardy
(b) Address 121 E West St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

FEB 15 1940

MEDICAL CERTIFICATION

DATE OF DEATH Feb. 14 1940, at 1.45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1 1940, to Feb 14 1940, and that I last saw h[illegible] alive on Feb. 14. 1940.

Immediate cause of death	Duration
Tuberculous Pneumonia	3 weeks
Due to Pulmonary Tuberculosis	2 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. McClafferty M. D.
Address Bon Secours Hosp. Date signed 2-14-40

Correct age is especially important. Physicians: please write plainly.

Mann

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-H

F 66224

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2105 Maryland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carrie Mann (Carrie M. Grace Mann)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband: Wm. D. Mann

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-8-65

8. AGE: Years 74 | Months 6 | Days 6 | If less than one day: hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name Brooks Grace
13. Birthplace Md.

MOTHER
14. Maiden Name Frances Mercer
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-40 (month) (day) (year)

(c) Cemetery or crematory Greenmount
Location Balto. Md

18 (a) Funeral director Wm. J. Ficker & Son
(b) Address North & Penna Ave.

19 (a) Filed 2-15 1940 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1940, at 9 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 12 1939 to Feb 14 1940 and that I last saw her alive on Feb 14 1940.

Immediate cause of death	Duration
retroperitoneal sarcoma	
Due to	
Due to	
Other Conditions gall bladder disease, Diabetes mellitus (Include pregnancy within 3 months of death)	

Major findings:
Of operations cholecystitis; retroperitoneal sarcoma
Of autopsy not obtained

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature W. B. McCallister Jr M. D.
Address Date signed

VS 3

Do not write above this line. Physicians please print plainly. Every question must be answered. Correct age is especially important.

66225 HEALTH DEPARTMENT—CITY OF BALTIMORE F 66225

CERTIFICATE OF DEATH

16-4 107

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 N. Fulton Avenue St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr. George Conkle Shannon

If U. S. Veteran specify WAR

(a) Residence: No. 700 N. Fulton Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of Nellie R. Shannon

6. DATE OF BIRTH (month, day, year) February 22, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Munsey, Penna.

FATHER

13. NAME Samuel Shannon

14. BIRTHPLACE (city or town) (State or country) Munsey, Penna.

MOTHER

15. MAIDEN NAME Deborah Knorr

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Dr. George E. Shannon
(Address) 700 N. Fulton Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Feb. 16, 1940

19. UNDERTAKER Wm. J. Tickner & Sons.
(Address) North & Pennsylvania Avenues

FEB 15 1940 Huntingtown, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 13 1940

22. I HEREBY CERTIFY, That I attended deceased from ..... 1937 to February 13 1940

I last saw h[illegible] alive on February 13 1940 Death is said to have occurred on the date stated above, at 10.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	2/5/1940
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. M. Forte M. D.

(Address) 2435 Maryland Ave

OCCUPATION is very important. See instructions on back of certificate.

F 66226

66226

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 13 N. Amity St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
Street No. 13 N. Amity St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dewey Chrester

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 23rd 1899

8. AGE: Years 40 | Months 3 | Days 18 | If less than one day hr. min.

9. Birthplace Goldsboro Hall Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name John W. Chrester

13. Birthplace Md

MOTHER 14. Maiden Name Clara Bishop

15. Birthplace Md

16 (a) Informant Celipsta Chrester

(b) Address 524 N. Vermont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-1940 (month) (day) (year)

(c) Cemetery or crematory Mt Calvery Cem

Location Baltimore a. a. Co. Md

18 (a) Funeral director Belmont Thomas & Hughes

(b) Address 218 N. Eldersley St

19 (a) FEB 15 1940 (b) Registrar's signature Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-13 1940, at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-30 1940 to 2-13 1940 and that I last saw h alive on 2/11 1940.

Immediate cause of death	Duration
Cancer	
Pulmonary Tuberculosis	
Due to (Pneumonia, Phlem)	3-4 months
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Jackson M.D.
Address 620 Washington Blvd Date signed 2/14/40

correct age is especially important

66227

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A

F 66227

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 816 N. Calhoun St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 816 N. Calhoun St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura Meredith

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife Isaiah J. M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1872

8. AGE: Years 67 | Months 8 | Days 9 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation (Domestic)

11. Industry or business

FATHER

12. Name ?

13. Birthplace Queen Ann Co. Md

MOTHER

14. Maiden Name ? ? ?

15. Birthplace Queen Ann Co. Md.

16 (a) Informant Georgiana Thomas

(b) Address 816 N. Calhoun St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 15, '40 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Balto. Md.

18 (a) Funeral director Mrs. Geo. H. Holland

(b) Address 1631 Druid Hill Ave

19 (a) FEB 15 1940 (Date received by Local Registrar) (b) Huntington Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/11 1940, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 14 1939 to 2/11 1940, and that I last saw h[illegible] alive on 2/11 1940.

Immediate cause of death

Cardiac — Renal

(a) Vascular

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration
2
2 Mo
1

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature B. J. Hatcher M. D.

Address 1775 Park Ave Date signed 2/15/40

correct age is especially important for persons [illegible]

VS 2

56628

OGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

Registered No. 4[illegible]628

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 522 Oxford St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nathaniel Wyatt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22, 1887

8. AGE: Years	Months	Days	If less than one day
52	6	22	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Nathaniel Wyatt
13. Birthplace Va.

MOTHER
14. Maiden Name Ellen Mack
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/'40 (month) (day) (year)
(c) Cemetery or crematory Pamplin, Va.
Location Pamplin Va.

18 (a) Funeral director [illegible]
(b) Address [illegible]

19 (a) FEB 15 1940 (Date rec'd by Registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-14 1940, at 8:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-27 1939, to 2-14 1940, and that I last saw him alive on 2-14 1940.

Immediate cause of death	Duration
Carcinoma prostate with metastasis	over 7 months
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R K. Woodward M. D.
Address Balto city Hosp. Date signed 2-14-40

correct age is especially important. Physicians: please write the cause of death plainly,

VS 2

66229

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63 D

Registered No. 66229

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution: Baltimore City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 564 W. Oxford St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Pinkney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
85			hr. min.

9. Birthplace Hartford County (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER

12. Name Josiah Waters

13. Birthplace Hartford County

MOTHER

14. Maiden Name Lettie Peters

15. Birthplace Unknown

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Balto. Md.

18 (a) Funeral director Mrs. Frances A. Hursey

(b) Address 579 W. Biddle St.

19 (a) Date filed by registrar FEB 15 1940 (b) Registrar Huntington Willis

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13 1940, at 12:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 22 1939 to Feb. 13 1940, and that I last saw h[illegible] alive on Feb. 13 1940.

Immediate cause of death	Duration
Arteriosclerotic Heart Disease	unknown
Due to	
Due to	
Other Conditions Terminal Bronchopneumonia	4 days.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hospitals Signed 2-13-40

Corrected per 18 especially important

66230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 66230
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1908 Bolton St.
(c) Hospital or institution:
Union Protestant Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or ~~town~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) ~~Street~~ No. 1908 Bolton St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BLANCHE B. HAMBURGER

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Julius Hamburger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 3, 1869

8. AGE: Years	Months	Days	If less than one day
70	5	11	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Simon Binswanger,
13. Birthplace Catonsville, Md.

MOTHER
14. Maiden Name Sarah Pina,
15. Birthplace London, England.

16 (a) Informant Miss. Sarina Hamburger,
(b) Address 1908 Bolton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/40. (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Balto. Md.

18 (a) Funeral director Harris Sonneborn & Son
(b) Address 1902 Eutaw Place.

19 (a) Date received FEB 15 1940 (b) Registrar Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby. 14th. 1940 at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 14 1939 to Feb. 14 1940.
and that I last saw her alive on Feb. 14 1940.

Immediate cause of death Myocardial Failure -
Due to Myocardial Failure -
Due to Asteria-sclerosis -
Other Conditions Broncho-pneumonia -
(Include pregnancy within 3 months of death)

Duration 4 weeks

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Wm. Principoff M. D.
Address Temple Garden Apts. Date signed

correct age is especially important. Physicians, please write

F 66231

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-0

F 66231

Registered No. 5 1

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp 9-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 days

2. USUAL RESIDENCE OF DECEASED:
On board Italian S/S Alfredo Oriani
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? 15 days years

3 (a) **FULL NAME** Radolfo Maggiori (Rodolfo Maggiori)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ifigenia Maggiori
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/14/1882

8. AGE: Years	Months	Days	If less than one day
57	3	27 28	hr. min.

9. Birthplace Fiume (Italy) (Town, county, and state)
10. Usual Occupation Master of a steamship
11. Industry or business

FATHER
12. Name (late) Giovanni Maggiori
13. Birthplace Fiume (Italy)

MOTHER
14. Maiden Name (late) Giuseppina Benzoni
15. Birthplace Fiume (Italy)

16 (a) Informant Dr. V. Culotta
(b) Address 811 Scott st.

17 (a) Trieste (Italy) (Burial, cremation, or removal) (b) Date thereof 2-20-40 (month) (day) (year)
(c) Cemetery or crematory Trieste (Italy)
Location Trieste (Italy)

18 (a) Funeral director Fraud Della Rocca
(b) Address 52 N. Morley st.

19 (a) Date received by registrar Huntington Williams M.D. Registrar

FEB 15, 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 2·12·40 19 , at 1 55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2·1·40 to 2·12·40 and that I last saw h m alive on 2·12·40

Immediate cause of death

Gastric ulcer
Due to c Haemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Gastric ulcer

Duration: 3 yrs (12 da)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bernard A. Kleiman M. D.
Address St. Joseph's Hosp Date signed 2-13-40

Correct age is especially important

66232

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-21-B

F 66232 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 600 S Sharp St
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓ 2 2 2
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 600 S. Sharp St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Cornelia Johnson

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Unknown
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct 10 1847

8. AGE: Years 7 0 | Months 3 | Days 2 5 | If less than one day, hr. — min.

9. Birthplace Md.
(Town, county and state)

10. Usual Occupation Housework
11. Industry or business ✓

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Julia Anna Hardenwold
15. Birthplace Md

16 (a) Informant Ernest Sherman
(b) Address 600 S Sharp St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 15 40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Balto City

18 (a) Funeral director Isaiah L. Brownston
(b) Address 695 W Montgomery St

FEB 15 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 13 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1932 to Feb 13 1940, and that I last saw h.. alive on Feb 12 1940.

Immediate cause of death: Endocarditis + Senility — Duration

Due to ✓

Due to ✓

Other Conditions Nephritis

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James O Asper M. D.
Address 1016 E. Sharp Date signed

VS 8

correct age is especially important. Physicians, please

3746 F 66233

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

F 66233 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
8-2
(d) Street No. 338 N. Carrollton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bertha Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Wilbur

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-6-87

8. AGE: Years 52 | Months 10 | Days 5 | If less than one day: hr. min.

9. Birthplace: MD (Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER 12. Name: John Coby

13. Birthplace: ?

MOTHER 14. Maiden Name: Caroline Green

15. Birthplace: ?

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Ct
Location Balt City

18 (a) Funeral director: Isaiah L. Brown & Son
(b) Address 108 W Montgomery St

19 (a) (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

FEB 15 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 11 1940, at 10:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 24 1940 to Feb 11 1940, and that I last saw HER alive on Feb 11 1940.

Immediate cause of death	Duration
Terminal Bronchopneumonia	
Due to Cardiac Enlargement + Decompensation	
Due to Rheumatic Heart Disease + mitral stenosis and insufficiency	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy above stated

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D.M. Welty M. D.
Address Johns Hopkins Date signed 2-12-40

correct age is especially important. Physicians: please write the exact age of deceased in years.

F 66234

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66234 Registered No. 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 827 Hanover st
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 827 Hanover st (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME John Broad

3 (b) If veteran, name war: Unknown
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Colored	married

6 (b) Name of husband or wife: Elizabeth med
6 (c) If alive, give age: 65 yrs years

7. Birth date of deceased (mo., day, yr.): 1869

8. AGE: Years	Months	Days	If less than one day hr.	min.
71				

9. Birthplace: Rocky mountain N. C. (Town, county and state)
10. Usual Occupation: Laborer
11. Industry or business: No Business

FATHER
12. Name: Unknown
13. Birthplace

MOTHER
14. Maiden Name: Unknown
15. Birthplace

16 (a) Informant: Jessie Pree
(b) Address: 827 Hanover st

17 (a) Mt Auburn (Burial, cremation, or removal) (b) Date thereof Feb 12 1940 (month) (day) (year)
(c) Cemetery or crematory: Mt Auburn Cemetery
Location: Mt Auburn

18 (a) Funeral director: Walter B Sprigg
(b) Address: 837 W Hamburg St

19 (a) Date received: FEB 15 1940 (Registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/11 1940, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/4 1940 to 2/11 1940, and that I last saw h[illegible] alive on 2/11 1940

Immediate cause of death
(a) Acute Coronary Occlusion
Due to: [illegible]
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work
(e) Means of injury:

23. Signature: David Trumbo M. D.
Address: 1 3 40 1244 Date signed: 2/13/40

Please write the cause of death clearly and legibly. Physicians: please write the cause of death clearly and legibly. correct age is especially important.

F 66235

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 E

Registered No. F 66235

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 2 Feb 8
(e) Length of stay in Baltimore (yrs., mos., or days) 65yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 3339 Belvedere Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carrie C. Deaver

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Thos. C. Deaver
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 2 1870

8. AGE: Years 65 | Months 6 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Geo. W. Clarke
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mollie Buckheimer
15. Birthplace Balto. Md.

16 (a) Informant Clarke C. Deaver
(b) Address 3339 W. Belvedere Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 16 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Balto. Md.

18 (a) Funeral director Lemmon Byers
(b) Address 215 Pk Heights Ave

19 (a) (b) Huntington Williams M.D.

FEB 15 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13 1940 at 2 40 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-9 1940 to 2-13 1940 and that I last saw her alive on 2-13 1940.

Immediate cause of death: Pulmonary Embolism — Duration: 12 hours

Due to: Carcinoma of Colon — Duration: ?

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Colon
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John M. Scott M. D.
Address Maryland Gen. Hosp. Date signed 2-13-40

correct age is especially important. Physicians: please write the cause of death plainly.

F 66236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B Registered No. F 66236

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 629 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1040 Hanford Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Hall (33574)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced. Separated

6 (b) Name of husband or wife Estelle

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 20, 1882

8. AGE: Years 57 | Months 3 | Days 22 21 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Albert Hall (D)
13. Birthplace

MOTHER
14. Maiden Name Mary (D)
15. Birthplace

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 15, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location 9.9 Qe.

18 (a) Funeral director Mason Sanders
(b) Address 1[illegible] E Preston St

19 (a) FEB 15 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11, 1940 at 10:A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 23, 1938 to Feb. 11, 1940, and that I last saw him alive on Feb. 11, 1940.

Immediate cause of death: Tuberculosis of the lungs — Duration Dec. 1937

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address Balto. City Hosp. Date signed 2/12/40 M. D.

correct age is especially important. Physicians, please

VS 1

F 66237

F 66237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 170-C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D. O. A. City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 6

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6540 Fait Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Robert Roden

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov 10-1925

8. AGE: Years 14 Months 3 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation
11. Industry or business School

FATHER
12. Name Howard Roden
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary Ely
15. Birthplace Baltimore

16 (a) Informant Howard Roden
(b) Address 6540 Fait Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feby 15-40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 2 E Oliver

19 (a) FEB 15 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 13 1940 at 6:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Crushing Injury of Head — Duration .....

Due to ..... — Duration .....

Due to ..... — Duration .....

Other Conditions ..... — Duration .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident 26-7
(b) Date of occurrence 2/13/40
(c) Where did injury occur? Eastern Ave & Haven St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work? No
(e) Means of injury Collision: pedestrian: auto truck

23. Signature H. W. Vandegrift M.D.
Medical Examiner.
Date signed 2/13/40.

VS 6

correct age is especially important. Physicians: please write the cause of death plainly

F 66238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 123

F 66238 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Sq. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Owens Mills
(If outside city or town limits, write RURAL and give town)
(d) Street No. Garrison Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr Thomas Reter Thomas C. Reter

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary E. Reter
6 (c) If alive, give age 55 years
7. Birth date of deceased (mo., day, yr.) Feb. 9. 1880
8. AGE: Years 60 | Months | Days 4 | If less than one day: hr. min.
9. Birthplace: Baltimore Co. Md. (Town, county, and state)
10. Usual Occupation: Farmer.
11. Industry or business

FATHER
12. Name George Peter
13. Birthplace Germany

MOTHER
14. Maiden Name Catharine Lins
15. Birthplace Germany

16 (a) Informant: Mary E. Reter.
(b) Address: Owings Mills. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 16-1940 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge.
Location: Pikesville

18 (a) Funeral director: Ellis S. White
(b) Address: 2840 Cold Spring Lane

19 (a) (Date received by registrar) (b) Huntingtown Calvert Co. Md. Registrar

FEB 15 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-13 1940, at 6.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-9 1940, to 2-13 1940, and that I last saw him alive on 2-13 1940.

Immediate cause of death: Generalized Peritonitis — Duration 20 hrs.
Due to: Breaking down of Intestinal Anastomosis
Due to:
Other Conditions: Mesenteric Thrombosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations: Mesenteric Thrombosis
Of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature: D.S. Daugharty M. D.
Address: Franklin Square Hosp. Date signed 2-13-40

Correct age is especially important. If uncertain, say so.

66239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131-a

F 66239

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 E. Lanvale St. 9-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME George W. Hargest

(a) Residence: No. 1200 E. Lanvale St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
Male	White	Widowed

3a. If married, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~ Elizabeth E. Hargest

6. DATE OF BIRTH (month, day, year) Sept 8th 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
85	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Metal Worker

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Thomas Hargest

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Anette Leech

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Elizabeth Hargest

(Address) 1200 E. Lanvale St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Greenmount Date 2/17, 1940

19. UNDERTAKER William Foot

(Address) 1217 St. Paul St

Date FEB 15 1940, 19... Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14th, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1936, to Feb 14, 1940

I last saw ~~him~~ alive on Feb 13, 1940 Death is said to have occurred on the date stated above, at 4:57 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Usual Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Fred B Jewett, M. D.

(Address) 247 E Penna Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified.
OCCUPATION is very important. See instructions on back of certificate.

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

66240 CERTIFICATE OF DEATH 52-a F 66240

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4303 Glenmore Ave St. 26-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry E. Alexander

If U. S. Veteran specify WAR .....

(a) Residence: No. 4303 Glenmore Ave St. ..... Ward 26 # 217-03-4528
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 25th 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Altamont Hotel

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Bel Air Md

FATHER

13. NAME William E. Alexander

14. BIRTHPLACE (city or town) (State or country) Cecil Co. Md

MOTHER

15. MAIDEN NAME Emma Watkins

16. BIRTHPLACE (city or town) (State or country) Bel Air Md

17. INFORMANT Mrs H. L. Lees

(Address) 4303 Glenmore Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Feb 16th 1940

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St

20. FILED ..... 19 ..... Registrar.

FEB 15 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14th, 1940

22. I HEREBY CERTIFY, That I attended deceased from Apr 14, 1939, to Feb. 14, 1940.

I last saw h.. alive on Feb. 14, 1940 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema, non ascitic,	
Hypertension —	
Other contributory causes of importance:	

Was an operation performed? Yes Date of May 24, 1940

For what disease or injury? Abdominal tumor

Name of operation Exploratory — Pathological report

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jno A Rutherford M. D.

(Address) 12 Wager Ave

† state CAUSE OF DEATH in plain terms. No abbreviations or symptoms. OCCUPATION is very important. See instructions on back of certificate.

66241 44849-FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 66241 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8mo.26das.
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 725 W. Lexington St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Niecke

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	None	Male	White	married-separated

6 (b) Name of husband or wife Emilia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-28-55

8. AGE: Years	Months	Days	If less than one day
85	0	15	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation OAP
11. Industry or business

FATHER
12. Name Carl Niecke
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia Gkosemeyer
15. Birthplace Germany

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 2/15/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Western
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date rec'd by registrar) Huntington Williams Registrar

FEB 15 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13 1940, at 4.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1939, to Feb. 13 1940, and that I last saw him alive on Feb. 13 1940.

Immediate cause of death: Arteriosclerotic Heart Disease — Duration: Unknown.
Due to:
Due to:
Other Conditions: Terminal Bronchopneumonia — 10 days.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Monaghan Lehman M. D.
Address Balto City Hosp. Date signed 2-19-40

correct are as especially important. Typewriting, pen

52396 - nB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66242 — 83-a — Registered No. F 66242

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4040 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 206 Caroline St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katie Freeman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Widowed

6 (b) Name of husband or wife James (dead)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5, 1883

8. AGE: Years	Months	Days	If less than one day
56	7	9	hr. min.

9. Birthplace N. C. (Town, county, and state)
10. Usual Occupation Ho. W.
11. Industry or business

FATHER
12. Name Rufus Mass
13. Birthplace N. C.

MOTHER
14. Maiden Name Grace Gillum
15. Birthplace N. C.

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Feb 17th 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem.
Location Mt Winans

18 (a) Funeral director Elroy O Wilson
(b) Address 1906 Chantilly

19 (a) FEB 15 1940 (Date rec'd by registrar) Registrar Huntington Woolford, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH February 14 1940, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 29 1940 to Feb. 14 1940, and that I last saw h[illegible] alive on Feb. 14 1940.

Immediate cause of death: Cerebral hemorrhage — Duration: 12 hours
Due to:
Due to:
Other Conditions generalized arteriosclerosis — unknown
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murray Lichtenstein M. D.
Address Balto City Hosp. Date signed 2-14-40

M. D. B. 1268-4

LOUVINIA MILLER

F 66243 HEALTH DEPARTMENT—CITY OF BALTIMORE F 66243

CERTIFICATE OF DEATH

83-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 631 Sterling St. 5-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louvinia Miller

(a) Residence: No. 631 Sterling St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarkmore

6. DATE OF BIRTH (month, day, year) 5-6-1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spartanburg S. Carolina

FATHER

13. NAME Junius Clark

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Louvinia Clark

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Joseph Miller

(Address) 631 Sterling

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Burial Date 2-15 1940

19. UNDERTAKER Elroy F. Wilson

(Address) 1000 Broadway

FEB 15 1940

20. FILED ... Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-12-40

22. I HEREBY CERTIFY, That I attended deceased from 2-1 1940 to 2-12 1940

I last saw him alive on 2-12 1940. Death is said to have occurred on the date stated above, at 2:40 P.M.

The principal cause of death and related causes of importance were as follows:

Apoplexy

Cerebral Hemorrhage

Acute Nephritis

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Geo. R. Blake M. D.

(Address) 1327 W. Central

State CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

v. s. 3

F 66244

52363 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-a

Registered No. F 66244

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. State Sanitorium, Maryland
(If rural, give district)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Ordakowski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife Catherine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [redacted] not Necessary

8. AGE: Years	Months	Days	If less than one day
58 -	—	.	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation In State San. for past [illegible] yrs

11. Industry or business ?

FATHER
12. Name ?
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace Poland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb. 17-1940 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Balto Co.

18 (a) Funeral director Wilson Fraycourt
(b) Address 1618 Eastern Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

FEB 15 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-13 1940, at 5:30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-28 1940, to 2-13 1940, and that I last saw h/ alive on 2-12 1940.

	Duration
Immediate cause of death: Abdominal Evisceration	5 days
Due to: Strangulated inguinal Hernia	2 weeks
Due to: .	
Other Conditions: Pulmonary Tuberculosis	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Evisceration & Strangulated Hernia
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Woodward M. D.
Address Balto City Hosp. Date signed 2-13-40

correct age is especially important. [illegible]

F 66245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No. F 66245

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2431 Fleet St
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 47

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2431 Fleet St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 47 years

3 (a) FULL NAME Josephine Kuzniarska

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife Thomas J
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Mar 1 - 1870
8. AGE: Years 69 | Months 11 | Days 17 | If less than one day hr. min.
9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Mazuck
13. Birthplace Poland

MOTHER
14. Maiden Name —
15. Birthplace Poland

16 (a) Informant Peter Kuzniarski
(b) Address 2510 Strathmore
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 17. 40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Odonnell St Est
18 (a) Funeral director Wm L. Fialkowski
(b) Address 2007 Eastern Ave
19 (a) FEB 15 1940 (Registered Number) (b) Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 13 1940, at 9:40 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Feb 11 1940 to 1940, and that I last saw h. alive on Feb 13 1940.

	Duration
Immediate cause of death: CORONARY OCCLUSION	Feb. 13
Due to: ARTERIOSCLEROTIC CARDIO VASCULAR DISEASE	2 yrs
Due to:	
Other Conditions: CHRONIC BRONCHITIS; ASTHMA	2 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Joseph F Strauss M. D.
Address 209 E. Lexington St Date signed 2/14/40

correct age is especially important. If uncertain, give approximate

VS 3

66246

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

E 66246 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33 W d. Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 101 W 39th St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME John Walter Fairfax

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M
5. Color or race W
6 (a) Single, (Married) widowed, or divorced. Colidge
6 (b) Name of husband or wife Sarah [illegible]
6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) Oct 13, 1854

8. AGE: Years 85 | Months 4 | Days 2 | If less than one day ..... hr. ..... min.

9. Birthplace Va.
(Town, county and state)

10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name John W. Fairfax
13. Birthplace Va

MOTHER
14. Maiden Name Mary Rogers
15. Birthplace Va

16 (a) Informant (Daughter) Mrs W. Hall Harris 1417
(b) Address 1210 Aiton St City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 19 1940 (month) (day) (year)
(c) Cemetery or crematory Leesburg Va.
Location Leesburg Va

18 (a) Funeral director Henry W. Tenking & Sons
(b) Address McCulloh & Orchard Sts

FEB 15 1940 Huntington Hill (Registered by Registrar) (City Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17, 1940, at 3:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 6, 1940, to Feb 17, 1940, and that I last saw him alive on Feb 17, 1940.

Immediate cause of death	Duration
Cardiac failure	8 days
Due to Uremia & Exhaustion	1
Due to Spreading Pneumonia caused by Type IX & XVII	8 days and
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No op
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank W. Sutterlin M. D.
Address Union Memorial Hosp. Date signed 2-17-40

correct age in especially important. If registration, please [illegible]

VS 3

F 66247 . F5769

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

30-F

F 66247 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hospt.
(d) Length of stay in hospital or inst. (~~yrs., mos., or days~~) 9½ hrs
(e) Length of stay in Baltimore (~~yrs., mos., or days~~) 9½ hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Carroll St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Schrickling

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 13, 1940

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day 9 hr. 40 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Ernest A. Schrickling
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Marie S. Lathe
15. Birthplace Mt. Winans, Md.

16 (a) Informant Mrs Marie Schrickling
(b) Address 1200 Carroll, St, Balto, Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 15 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore
FEB 15 1940 (Date received by Registrar) (b) [illegible] Williams M.D. Registrar

VS-3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 13 1940, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 13, 9:20 AM 1940, to Feb 13, 7 PM 1940, and that I last saw h/m alive on Feb 13 1940.

Immediate cause of death: Congenital Syphilis — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address 1200 Carroll St Date signed

correct age is especially important. Physicians, please write the cause of death plainly.

F 66248

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B Registered No. F 66248

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 41½ years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1617 N. Wolfe Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? 41½ years

3 (a) FULL NAME Charles Scardina

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Marie Waldhauser
6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) Oct. 10, 1898

8. AGE: Years	Months	Days	If less than one day
41	4	3	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Driver Mechanic
11. Industry or business U. S. Post Office

FATHER
12. Name George Scardina
13. Birthplace Italy

MOTHER
14. Maiden Name Josephine Serio
15. Birthplace Italy

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location 4430 Belair Road.

18 (a) Funeral director John J. Cowan & Son
(b) Address 961 Hollins St.

19 (a) [illegible] (b) Huntington Williams, M.D.

FEB 15 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13, 1940, at 5:25PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 8, 1940, to Feb. 13, 1940, and that I last saw him alive on Feb. 13, 1940.

Immediate cause of death	Duration
Chronic nephritis	5 years
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature O. E. Denney, M. D.
Address U. S. Marine Hospital Date signed 2-14-40
Baltimore, Maryland.

correct age is especially important. If uncertain, please write "about"

F 66249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C Registered No. F 66249

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) –

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 411 S. Monroe St (If rural give location)
(e) If foreign born, how long in U. S. A.? – years

3 (a) FULL NAME JOHN GRADY

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. –

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Marie Grady
6 (c) If alive, give age 43 years
7. Birth date of deceased (mo., day, yr.) March 11, 1890
8. AGE: Years 49 | Months 11 | Days 4 | If less than one day ... hr. ... min.
9. Birthplace: Baltimore, Md (Town, county, and state)
10. Usual Occupation: Lineman
11. Industry or business: Balt Ohio Railroad
FATHER 12. Name
13. Birthplace
MOTHER 14. Maiden Name
15. Birthplace
16 (a) Informant: Marie Grady - wife
(b) Address: 411 S Monroe St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/40 (month) (day) (year)
(c) Cemetery or crematory: National Cem. Location: Baltimore, Md
18 (a) Funeral director: Leonard J Covington
(b) Address: 21 W. 25th St
19 (a) FEB 15 1940 (Date filed by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15 1940, at 5 PM
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: meningitis, suppurative acute	
Due to: pneumococcemia	
Due to: fracture, anterior fossa of skull	5 days
Other Conditions: none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence: February 9, 1940
(c) Where did injury occur? Pratt near Monroe St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? no (Specify type of place)
(e) Means of injury: struck by auto while crossing
23. Signature: H. Huntington Williams M.D. Medical Examiner.
Date signed Feb 15, 1940

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

66250

HEALTH DEPARTMENT—CITY OF BALTIMORE F 66250

CERTIFICATE OF DEATH.

94-a

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4401 Flowerton Rd., S. 28-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Dittell

(a) RESIDENCE No. 4401 Flowerton Rd., ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. 11 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Fanny

6 DATE OF BIRTH (month, day, and year): June 19 - 1876

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
63 64	4 10	14 25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Police

(b) General nature of industry, business, or establishment in which employed (or employer): ?

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: William

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Marion Dittell

(Address) 4401 Flowerton Rd

15 Feb 15 1940 Huntington Williams, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 14. 1940

17

I HEREBY CERTIFY, That I attended deceased from January '37 to Feb 14, 1940

that I last saw him alive on Feb 13, 1940

and that death occurred, on the date stated above, at 4:30 A. m.

The CAUSE OF DEATH* was as follows:

Acute Coronary Occlusion

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Coronary disease

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Physical diagnosis

(Signed) C. B. Linenbaum M. D.

2/14, 1940 (Address) 1901 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem

DATE OF BURIAL: 2-16 1940

20 UNDERTAKER: Edw Toulson

ADDRESS: 2359 Wash Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT NATURE OF DISEASE is very important. See instructions on back of certificates.

FB

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

66251 93-D 66251

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 717 S. Bond St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Woppman

3 (b) If veteran, name war NO

3 (c) Social Security Account No. DEAD

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-19-1875

8. AGE: Years	Months	Days	If less than one day
64	10	25	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Lawrence Woppman
13. Birthplace Md.

MOTHER
14. Maiden Name Emma Fathers
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Feb 17/40 (month) (day) (year)
(c) Cemetery or crematory St Matthews
Location Baltimore Md

18 (a) Funeral director Wilhorn Co
(b) Address 1217 E Lombard

19 (a) [illegible] Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 14 1940, at 7 22 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 13 1940 to Feb. 14 1940, and that I last saw h im alive on Feb. 14 1940.

Immediate cause of death	Duration
Arteriosclerotic Heart Disease c congestive heart failure	unknown
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 2-14-40

66252

HEALTH DEPARTMENT—CITY OF BALTIMORE

66252

CERTIFICATE OF DEATH

92-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Home for Incurables St. 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine E. Brown

If U. S. Veteran specify WAR

(a) Residence: No. Keswick Rd. 40th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced WIFE of Charles H. Brown

6. DATE OF BIRTH (month, day, year) Oct 21st 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
91	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. For Incurables

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME Nathan Yeager

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Mary M. Miller

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Mrs Catherine Smith

(Address) 2500 Carla Vista Ct

18. BURIAL, CREMATION, OR REMOVAL Place Arlington Nat'l Date 2/16 1940

19. UNDERTAKER Wilhelm & Son

(Address) 1217 Huntington Ave, Williams, Md.

20. FILED FEB 15 1940 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14th, 1940

22. I HEREBY CERTIFY, That I attended deceased from February 12th, 1938 to Feb. 14th, 1940

I last saw her alive on Feb. 14th, 1940. Death is said to have occurred on the date stated above, at 9.05 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular Disease	Many Years Ago
Enlarged Heart and Aorta	
Relative Mitral Insufficiency	
Widespread Senile Degen. Changes	
Other contributory causes of importance: Terminal Bronchial Pneumonia	Feb 1940

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) T. E. Wolf M. D.

(Address) 11 E. Mulberry St. Baltimore, Md.

State CAUSE OF DEATH in plain terms. Indefinite or unintelligible terms, such as "Heart Failure," "Old Age," "Senility," "Exhaustion," "Convulsions," "Uremia," "Septicemia," "Pneumonia," "Tuberculosis," "Cancer," "Nephritis," "Hemorrhage," "Accident," "Suicide," "Homicide," "Fracture," "Burns," "Drowning," "Asphyxia," "Poisoning," "Abortion," "Childbirth," "Puerperal Sepsis," "Puerperal Hemorrhage," "Puerperal Convulsions," "Puerperal Septicemia," "Puerperal Pneumonia," "Puerperal Tuberculosis," "Puerperal Cancer," "Puerperal Nephritis," "Puerperal Hemorrhage," "Puerperal Accident," "Puerperal Suicide," "Puerperal Homicide," "Puerperal Fracture," "Puerperal Burns," "Puerperal Drowning," "Puerperal Asphyxia," "Puerperal Poisoning," "Puerperal Abortion," "Puerperal

66253

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164-c

F 66253 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (~~yrs., mos., or~~ days) 5 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3109 Westfield Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Graff

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: M | 5. Color or race: W | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of ~~husband or~~ wife: Bertha May Graff
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15. 1881

8. AGE: Years: 58 | Months: 6 | Days: 29 | If less than one day: hr. min.

9. Birthplace: Macedon Ohio (Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Wilbur J. Schmidt
(b) Address: 3109 Westfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/40 (month) (day) (year)
(c) Cemetery or crematory: Mouland Cem
Location: Parkville Md

18 (a) Funeral director: Wilbur J. Schmidt
(b) Address: 1217 E. Fayette St
(b) Huntington Williams, M.D.

19 (Date received by registrar) Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14 1940 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death: Bullet wound of head — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 2/10/40
(c) Where did injury occur? Westminster Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Garage (Specify type of place) While at work?
(e) Means of injury Bullet pistol Wd 32 cal

23. Signature H. M. Blandford M.D.
Medical Examiner.
Date signed 2/14/40

COPY OF THIS IS ESPECIALLY IMPORTANT

66254 F 5717

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 66254 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 213 Gittings Ave

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days

(e) Length of stay in Baltimore (yrs., mos., or days) 11 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 213 Gittings ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Kirkwood Jr

3 (b) If veteran, name war: no

3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/3/40

8. AGE: Years	Months	Days	If less than one day
		11	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER

12. Name Robert Kirkwood

13. Birthplace Baltimore Md

MOTHER

14. Maiden Name Anna Lee Klutele

15. Birthplace Baltimore Md.

16 (a) Informant Anna Lee Kirkwood

(b) Address 213 Gittings Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/40 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Park

Location Towson Md

18 (a) Funeral director W M Cox

(b) Address 1217 E Fayette

19 (a) FEB 15 1940 (Date received by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1940, at 9:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 3 1940 to Feb 14 1940, and that I last saw h[illegible] alive on Feb 14 19 40.

Immediate cause of death Prematurity

Due to Diarrhea

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Not known

Duration
2-9-40

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Charles H. Feehley Jr

Address Mercy Hospital Date signed 2-15-40 M.D.

correct age is especially important. Physicians, please write plainly.

F 66255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No. F 66255

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2938 Winchester St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 7
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2938 Winchester St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clarence H. Arthur

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mrs. Lida C. Arthur
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 17-1857

8. AGE: Years 83 | Months 1 | Days 2 | If less than one day hr. min.

9. Birthplace Laurel, Md (Town, county, and state)
10. Usual Occupation Cable Operator
11. Industry or business Retired 10 yrs.

FATHER
12. Name John C. Arthur
13. Birthplace New York

MOTHER
14. Maiden Name Marie Mitchell
15. Birthplace Ohio

16 (a) Informant Mrs. Lida C. Arthur
(b) Address 2938 Winchester St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 17-1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore, Md.

18 (a) Funeral director Horace H. Burgee
(b) Address 3631 Falls Road

19 (a) FEB 15 1940 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14 1940, at 9:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/25 1939 to Feb. 13 1940 and that I last saw her alive on Feb. 13 1940.

Immediate cause of death: Arteriosclerotic Cardio-Renal Vascular Disease. — Duration: 2

Due to

Due to

Other Conditions: Senility

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wallace Laughlin M. D.
Address 400 N. Payson St. Date signed

V8 8

Correct age if discrepancy indicated on original record

F 66256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No. F 66256

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 414 Kensington Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 414 Kensington Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Damer Rudolphi

3 (b) If veteran, name war None

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife George C. Rudolphi
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb-20-1862

8. AGE: Years	Months	Days	If less than one day
77	11	24	hr. min.

9. Birthplace Hanover, Penna. (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name ? ? Damer
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Stumpf
15. Birthplace Germany

16 (a) Informant Arthur C. Rudolphi (son)
(b) Address 414 Kensington Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb/16/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 - Frederick Avenue

18 (a) Funeral director Joseph Jordan & Son
(b) Address 217 S. Paca Street

19 (a) FEB 15 1940 (Date received by registrar) Washington Hilliard M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/14 1940 at 7 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/10 1940 to 2/14 1940 and that I last saw h[illegible] alive on 2/13 1940

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to —	
Due to —	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Elmer B. Furnee M. D.
Address 807 Cathedral St. (Date signed)

correct age is especially important

VS 3

49782-Pd

66257

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-D

Registered No. F 66257

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3months.
(e) Length of stay in Baltimore (yrs., mos., or days) 8-9 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 727 W. Fayette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 28 yrs. years

3 (a) FULL NAME Mike Novak

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-13-1882

8. AGE: Years	Months	Days	If less than one day
57	10	27	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation labor

11. Industry or business

FATHER
12. Name John
13. Birthplace Poland

MOTHER
14. Maiden Name Marie
15. Birthplace Poland

16 (a) Informant B.C.H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/40 (month) (day) (year)
(c) Cemetery or crematory Mount Carmel Cemetery
Location Gorsuch Rd. & Belair Rd.

18 (a) Funeral director John J. Fahey & Son
(b) Address 1 E. Lanvale St.

19 (a) FEB 15 1940 Thurlington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-10 1940, at 1.25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-2 1939 to 2-10 1940, and that I last saw him alive on 2-10 1940.

Immediate cause of death: Carcinoma lung, right — Duration: ?

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Kelso Hurwitz Jr. M. D.
Address Balto City Hosp. Date signed 2-10-40

VS 3

Correct as to apparently important particulars

66258

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-E

50911

Registered No. F 66258

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore, Maryland

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 946 S. Eutaw Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Fields

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1, 1869

8. AGE: Years	Months	Days	If less than one day
69	10	8	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Musician

11. Industry or business

FATHER 12. Name James Fields

13. Birthplace Va.

MOTHER 14. Maiden Name Gracie Snowden

15. Birthplace N.C.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/40 (month) (day) (year)

(c) Cemetery Laurel Hunt Memorial Park

Location Glenarden, Prince Georges Co. Md.

18 (a) Funeral director Perine & Talbert Inc.

(b) Address 1218 Eutaw Place

19 FEB 13 1940 (Date rec'd by registrar) (b) Huntingtown Williamsport Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 9 1940, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 11 1939, to Feb. 9 1940, and that I last saw h[illegible] alive on Feb. 9 1940.

Immediate cause of death Syphilitic Heart Disease — Duration between onset and death: unknown

Due to

Due to

Other Conditions generalized arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy aortic insufficiency, cardiac failure

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. Murray Kelly M. D.

Address Baltimore City Hospitals Date signed 2-15-40

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66259

CERTIFICATE OF DEATH

× 93-D F 66259

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat, 28 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rev. Henry C. McElroy

If U. S. Veteran specify WAR .....

(a) Residence: No. Phila., Pa. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan. 29-1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	—	17	16

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Priest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Phila. Pa

FATHER

13. NAME Michael McElroy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Hanley

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs Lopez

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Philada Date Feb 16 1940

19. UNDERTAKER STEWART & MOWEN COMPANY

(Address) (M. F. WOODEN SUC.) 100 W. NORTH AVENUE

20. FILED FEB 15 1940 Huntington Williams M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1924 to Feb. 15, 1940

I last saw ~~him~~ alive on Feb. 15, 1940. Death is said to have occurred on the date stated above, at 2:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Dementia Praecox	2 or 3 yrs
Other contributory causes of importance: Chronic myocardial Decompensation with general anasarca	6 Mo

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Damian P. Mayer M. D.

(Address) 33 W. Fayette St

HEALTH DEPARTMENT—CITY OF BALTIMORE

66260 **CERTIFICATE OF DEATH** 131-B F 66260

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2921-Belmont Ave St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 Years mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Salvatore Centineo

If U. S. Veteran specify WAR

(a). Residence: No. 2921 Belmont Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cosma (Bottone)

6. DATE OF BIRTH (month, day, year) April 29th, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME James Centineo

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rosilie Cafanesc

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Frank Centineo
(Address) 5030 Penbridge Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 2/16/40

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1735 Harford Avenue

20. FILED FEB 15 1940 Huntington Hillsinger M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13, 1940

22. I HEREBY CERTIFY That I attended deceased from 2-11 1940 to 2-13 1940

I last saw h[illegible] alive on 2-13 1940 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis.	Several
Kidney Stones.	years.
Enlarged prostate.	
Other contributory causes of importance: Acute Urinary Suppression.	3 days
Uremia.	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) S. D'Amato M.D.

(Address) Medical arts Bldg

OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 66261

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 66261

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1238 W. 37th St., Baltimore, Md.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George F. Stewart

3 (b) If veteran, name war: SPW

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Agnes Carrick

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 31, 1869

8. AGE: Years 70 | Months 1 | Days 14 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name George Stewart
13. Birthplace Maryland

MOTHER
14. Maiden Name Mollie Mansfield
15. Birthplace Maryland

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-40 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Frederick Ave

18 (a) Funeral director Robert Brooks & Son
(b) Address Calhoun & Hollins Sts

19 (Date received by registrar) FEB 15 1940 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15, 1940, at 2:10AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 11, 1940 to Feb. 15 1940 and that I last saw him alive on Feb. 15, 1940.

	Duration
Immediate cause of death Pneumonia, lobar, right lower lobe	8 days
Due to	
Due to	
Other Conditions Arteriosclerosis, gen. Unknown Myocardial degeneration-Unknown duration	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. E. Denney, M. D.
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 2-15-40

correct age is especially important — please answer all questions

F 66262

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108 ✓ Registered No. F 66262

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1hr. 10min.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2933 Westwood Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

E-6

3 (a) FULL NAME John Ignatius Kuhn

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.: Unknown

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lillian Morris

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 13, 1887

8. AGE: Years 52 | Months 7 | Days 0 | If less than one day ..... hr. ..... min.

9. Birthplace Richfalls, Maryland (Town, county, and state)

10. Usual Occupation Automobile mechanic

11. Industry or business

FATHER — 12. Name Casper Kuhn
13. Birthplace Howard County, Maryland

MOTHER — 14. Maiden Name Elizabeth Snyder
15. Birthplace Carroll County, Maryland

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-40 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Frederick Ave.

18 (a) Funeral director Robert Brooks & Son
(b) Address Calhoun & Hollins sts

19 FEB 15 1940 (Date received by Registrar) (Signature) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13, 1940, at 11:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 13, 1940 to Feb. 13 1940. and that I last saw him alive on Feb. 13, 1940

Immediate cause of death: Lobar pneumonia, left — Duration: 2 weeks

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....

23. Signature C. E. Denney, M. D.
Address U.S. Marine Hospital Date signed 2-14-40
Baltimore, Maryland.

VS 3

correct age is especially important. Physicians, please

MARCINKOWSKI ✓

F 66263

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 17 2

Registered No. F 66263

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univeraity Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 306 S Bond st (If rural give location)
(e) If foreign born, how long in U. S. A.? 27 years

3 (a) FULL NAME FRANK MARCINKOWSKI.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-09-3225

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Julia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 20 1895

8. AGE: Years 44 | Months 11 | Days 21 | If less than one day hr. min. 45

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business

FATHER 12. Name Mikolaj Marcinkowski

13. Birthplace Poland

MOTHER 14. Maiden Name Unknown

15. Birthplace Poland

16 (a) Informant Julia Marcinkowski

(b) Address 306 S. Bond Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/40 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary Cem

Location Balto. County

18 (a) Funeral director Mary Welby

(b) Address 404 S. Chester St

19 (a) FEB 15 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17 1940, at 12 25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture, base of skull occipital bone.	
Due to	
Due to	
Other Conditions no history	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence February 17, 1940
(c) Where did injury occur? No 1 hatch S/S Normandie moore & McCormack SS (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial place (Specify type of place) While at work? Yes
(e) Means of injury Struck by steel barge on derrick, crushed against wall

23. Signature Joh. L. Wallbrecker M.D. (Medical Examiner.)

Date signed Feb 17, 1940

correct age is especially important. Physicians: please write the exact

VS 6

F 66264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

Registered No. F 66264

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 426 So Hanover St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 426 So Hanover St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME James A Hart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Annie Hughes
Died 1886 Chicago Ill
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 1 1864

8. AGE: Years	Months	Days	If less than one day
83	8	12	hr. 11 min

9. Birthplace Westport County Mayo Ireland
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Andrew Hart
13. Birthplace Ireland

MOTHER
14. Maiden Name Anna Gibbons
15. Birthplace Ireland

16 (a) Informant Public Welfare record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/40 (month) (day) (year)
(c) Cemetery or crematory Int Carmel Cem
Location Baltimore City

18 (a) Funeral director John M Webey
(b) Address 400 S. Chester St

19 (a) FEB 15 1940 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13 1940, at ..... M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Myocarditis arteriosclerosis with senile dementia

Due to .....

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature W M Landis Jr M.D.
Medical Examiner.
Date signed 2/13/40

VS 6

correct age is especially important. Physicians: please write the

BUDNY

66265

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-ab Registered No. F 66265

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 11 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 515 S. Patterson Park Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 yrs years

3 (a) FULL NAME Louis Budny

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Stanislawa Budny

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Aug 7 1878

8. AGE: Years 61 | Months 6 | Days 7 | If less than one day: hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name George Budny
13. Birthplace Poland

MOTHER
14. Maiden Name Catherine Chmielewska
15. Birthplace Poland

16 (a) Informant Victoria Stachowiak (Daughter)
(b) Address 32 N Clinton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/40 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Balto. City

18 (a) Funeral director John M. Weber
(b) Address 401 S. Chester St

19 (a) Filed by Huntington Williams, M.D. Registrar
FEB 15 1940

VS 3

MEDICAL CERTIFICATION

15

20. DATE OF DEATH Feb 13 1940, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1940, to Feb 13 1940, and that I last saw h[illegible] alive on Feb 13 1940.

Immediate cause of death: Coronary thrombosis — Duration 1 hr.
Due to: Coronary sclerosis
Due to:
Other Conditions: Hypertrophied prostate ovrn
Real insufficiency
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H J Saturino M. D.
Address At Jos Hosp Date signed 2-13-40

F 66266

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No. F 66266

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 19 W. 29th St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 19 W. 29th St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 2 years

3 (a) **FULL NAME** John Allison Muir

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W.	Divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 4. 1869

8. AGE: Years	Months	Days	If less than one day
71	1	9	hr. min.

9. Birthplace London, England (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Md. State Employment assn.

FATHER
12. Name Joseph Allison Muir
13. Birthplace Scotland

MOTHER
14. Maiden Name Eliza H. Schofield
15. Birthplace England

16 (a) Informant Mrs. Elmore P. Ross (Sister)
(b) Address Springfield, Ohio

17 (a) Burial (b) Date thereof 2/16/40.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Henry H. Mitte
(b) Address 4101 Edmondson Ave.

19 (a) [illegible] Registrar
(Date received by registrar)

FEB 14 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 13 1940, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1939 to Feb 13 1940 and that I last saw him alive on Feb 13 1940.

Immediate cause of death Cerebral Hemorrhage — Apoplexy — Duration 3 hr.
Due to
Due to
Other Conditions arteriosclerosis. — 10 yrs
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 18 W. Lexington St. Date signed Feb 14-40

Correct age is especially important. Typewriter preferred.

66267

HEALTH DEPARTMENT—CITY OF BALTIMORE

66267

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2005 E. Federal St., 8 - 7 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Philip Sheridan Flanigan

If U. S. Veteran specify WAR

(a) Residence: No. 2005 E. Federal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: ~~~

6. DATE OF BIRTH (month, day, year) Aug 22nd 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Robert Flanigan

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Louise Grebe

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Theresa Flanigan
(Address) 2005 E. Federal St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 17th 1940

19. UNDERTAKER William Doyle
(Address) 1217 St Paul St

20. FILED 19

FEB 16 1940

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15th 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1940 19 to Feb 15, 1940 19

I last saw him alive on Feb 15, 1940 19 Death is said to have occurred on the date stated above, at 2:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other contributory causes of importance: Acute congestive cardiac failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A. Barry M. D.

(Address) 1531 E North Ave

* State CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

F 66268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52792 30 108

Registered No. F 66268

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 160 N. Gay Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ray Morgan

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
no	none	M	White	Separated

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 6/14/1889

8. AGE: Years	Months	Days	If less than one day
? 50	8	1	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Unemployed

FATHER
12. Name ? Geo. S. Morgan
13. Birthplace ? Cecilton Md

MOTHER
14. Maiden Name ? Margaret Jones
15. Birthplace ? Cecilton Md

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 2/17/40 (month) (day) (year)
(c) Cemetery or crematory Cecilton
Location Cecilton Md

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St. Huntingtown, Md.

FEB 16 1940 (a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15 1940, at 10:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 11 1940, to Feb. 15 1940, and that I last saw h alive on Feb. 15 1940

Immediate cause of death Lobar Pneumonia — Duration 6 days

Due to

Due to

Other Conditions Arteriosclerotic Heart Disease (Include pregnancy within 3 months of death) — Duration unknown.

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. Murray Lebeau M. D.
Address Balto City Hosp. Date signed 2-15-40

VS 8

F 66269

F 66269

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2612 Miles Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Miss Ida Elizabeth Russell

3 (b) If veteran, name war W

3 (c) Social Security Account No. 216

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Joseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5th 1862

8. AGE: Years 77 | Months 9 | Days 10 | If less than one day hr. min.

9. Birthplace Baltimore Co., Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Richards
13. Birthplace Balt. Co., Md.

MOTHER
14. Maiden Name Rebecca Simpson
15. Birthplace Balt. Co., Md.

16 (a) Informant Joseph Russell
(b) Address 2612 Miles Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/40 (month) (day) (year)
(c) Cemetery Friendship
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St.

19 (a) FEB 16 1940 (Date received by registrar) (b) Huntington Ave Baltimore, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-15 1940, at 8 02 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-3 1940, to 2-15-1940, and that I last saw h e r alive on 2-15-1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Hemiplegia, left	
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles V. Sewell M.D.
Address St Agnes' Hosp Date signed 2-15-40

66270 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 66270

CERTIFICATE OF DEATH

131-13

1. PLACE OF DEATH Home for Aged Females — Registered No. 27-15

CITY OF BALTIMORE: (No. 2211 Rogers Ave St. — Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Kizzie Cooney — If U. S. Veteran specify WAR

(a) Residence: No. 2211 Rogers Ave St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (Mahlon) Cooney

6. DATE OF BIRTH (month, day, year) Dec 5th 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inmate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home for Aged

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME Frederick Decker

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Caroline Summers

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Record Home for Aged (Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Olivet Date 2/16 1940

19. UNDERTAKER Wm Doyle (Address) 1217 E. Fayette St

20. FILED FEB 16 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1940 to Feb. 14 1940.

I last saw h— alive on Feb. 14 1940. Death is said to have occurred on the date stated above, at 4:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis.	
Other contributory causes of importance: Chr. Nephritis.	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo E Shannon M. D.

(Address) 706 N. Fulton Ave

state CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

F 66271

HOUCHENS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 66271

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1608 Eutaw Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Daisy S. Houchens

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John Thomas Houchens

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29-1888

8. AGE: Years 51 | Months 6 | Days 16 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name John M. Hammond
13. Birthplace Maryland

MOTHER
14. Maiden Name Sophie Stockman
15. Birthplace Maryland

16 (a) Informant Mrs. Nicoll Fate
(b) Address 525 Tunbridge Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 19-1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Forage H. Burgee
(b) Address 3631 Falls Road

19 (a) Date received by registrar 2-19-1940 (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-15- 1940, at 12 24 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-8 1940, to 2-15- 1940 and that I last saw her alive on 2-13- 1940.

Immediate cause of death: Bronco pneumonia — Duration 2 days
Due to Diabetes Mellitus — 2 yrs.
Due to Malnutrition Hypertension
Other Conditions Gangrenous foot — 1 mo.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bernard D. Kleiman, M. D.
Address St Joseph's Hosp. Date signed 2-15-40

VS 3

Copies ago is especially important. [illegible]

F 66272 HEALTH DEPARTMENT—CITY OF BALTIMORE 66272

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 St. John's Rd. St., 27-13 Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Registered No.

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George S. Howard

If U. S. Veteran specify WAR

(a) Residence: No. 702 St. John's Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Olive McLean Howard

6. DATE OF BIRTH (month, day, year): June 18, 1860

7. AGE: Years 79 | Months 7 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Credit Dept

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Standard Oil Co. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Montecello Iowa

FATHER

13. NAME: Stanley Howard

14. BIRTHPLACE (city or town) (State or country): N.Y.

MOTHER

15. MAIDEN NAME: Martha Campbell

16. BIRTHPLACE (city or town) (State or country): N.Y.

17. INFORMANT: Mrs Stanley H. Howard

(Address) 725 Gladstone Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Feb 17 1940

19. UNDERTAKER: Wm. Heckrotte Sons

(Address) North & Pa aves.

20. FILED: Feb 16 1940 Thos Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 14, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1940 to Feb 14, 1940

I last saw him alive on Feb 14, 1940. Death is said to have occurred on the date stated above, at 10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2/14/40
Other contributory causes of importance: Arteriosclerosis	
Bronchitis	2/9/40

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) William G. Tilbeck M. D.

(Address) 5001 Roland Ave

OCCUPATION is very important. See instructions on back of certificate.

66273 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 66273

CERTIFICATE OF DEATH 13-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 N University St. Pkwy Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. 6 mos. 16 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Susan E. Howell

(a) Residence: No. 604 N University Pkwy St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George E. Howell

6. DATE OF BIRTH (month, day, year) July 28. 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Prince George Co Md

FATHER

13. NAME Jeremiah Townshend

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Moore

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. G Robert Howell

(Address) 604 N University Pkwy

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk Date Feb 17th 1940

19. UNDERTAKER Wm J Trafford & Sons Inc

(Address) .....

20. FILED FEB 16 1940 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1939, to Feb 14, 1940

I last saw her alive on Feb. 14, 1940. Death is said to have occurred on the date stated above, at 7:25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	2 yrs.
Other contributory causes of importance: Laryngeal T.B.	4 mos.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M Bowman Hood M. D.

(Address) 2200 Garrison Blvd

OCCUPATION is very important. See instructions on back of certificate.

66274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

5285 66274 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County:
(c) City or town: Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No.: 1022 William Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Edna W. Seward

3 (b) If veteran, name war:
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Married

6 (b) Name of husband or wife: Robert W. Seward
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 25, 1900

8. AGE: Years	Months	Days	If less than one day
39	6	20	hr. ..... min.

9. Birthplace: Maryland Baltimore
(City, county, and state)
10. Usual Occupation: Housework
11. Industry or business:

FATHER
12. Name: George Seymour
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Ella Summers
15. Birthplace: Maryland

16 (a) Informant: Records
(b) Address: Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-40 (month) (day) (year)
(c) Cemetery or crematory: Mt. Olivet
Location: Balto. Md.

18 (a) Funeral director: Wm. J. Fickenscher & Sons
(b) Address: North & Penna. Ave.

19 (a) ..... (b) .....
(Date rec'd by registrar) Registrar

FEB 17 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15 1940, at 11:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 12 1940, to Feb. 15 1940, and that I last saw her alive on Feb. 15 1940.

Immediate cause of death	Duration
Diabetic Acidosis	6 days
Due to: Diabetes mellitus	6 years
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: J. M. Coughenhour M. D.
Address: Balto City Hosp. Date signed 2-15-40

Correct age at expiration of policy

66275

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 66275

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Union Memorial
(c) Hospital or institution:
3rd Lt & Calvert
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 829 W Univ Pkwy
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Maulsby Smith

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife No wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13, 1866

8. AGE: Years	Months	Days	If less than one day
73	8	1	hr. min.

9. Birthplace Bel Air, Md.
(Town, county, and state)
10. Usual Occupation Lawyer
11. Industry or business Law

FATHER
12. Name John Wilson Smith
13. Birthplace Md

MOTHER
14. Maiden Name ~~Julia Clay~~ Susan Crosier
15. Birthplace Md.

16 (a) Informant Lelia Stacy (sister)
(b) Address 829 W. Univ Pkwy.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.
18 (a) Funeral director John Mitchell Son
(b) Address 700 Eutaw Place
19 (a) (Date received by registrar) Interment at Williamsport, Md.

FEB 19 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14, 1940 at 8:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 30 1940 to Feb 14, 1940, and that I last saw him alive on Feb 14, 1940.

Immediate cause of death	Duration
Cardiac failure	2 weeks
Due to Coronary thrombosis	2 weeks
Due to	
Other Conditions Obesity, hydrocele left testicle.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank W. Lutterloh M. D.
Address Union Memorial Hosp. Date signed 2-14-40

66276

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 66276
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2825 Raynor Avenue
(c) Hospital or institution:
none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2825 Raynor Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Elizabeth L. Rodis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife John F. Rodis
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years 59? | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Indiana, Pa.
(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Dr. Samuel M. Bell
13. Birthplace Pa.

MOTHER
14. Maiden Name Annie E. Bell
15. Birthplace Pa.

16 (a) Informant John F. Rodis
(b) Address 2825 Raynor Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 17/40 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location

18 (a) Funeral director John C. Mitchell & Sons
(b) Address 1900 Eutaw Place, Baltimore

19 (a) (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

FEB 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-14-40 19 ..., at 12:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/8/40 19 ... to 2/14/40 19 ..., and that I last saw h[illegible] alive on 2/14/40 19 ...

Immediate cause of death: Hypertensive Heart Disease — Duration: 6 yrs.?

Due to:

Due to:

Other Conditions: Chronic Myocarditis with Myocardial Degeneration
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jas. Wm. Blumberg M.D.
Address 2000 Hollins St. Date signed 2/15/40

I correct age is especially important. Physicians, please write plainly.

F 66277 . F 3769

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 66277 122B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp 2-19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 51 da
(e) Length of stay in Baltimore (yrs., mos., or days) 51 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
PARENTS ADDRESS
(d) Street No. 5518 Minnehaha Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby (girl) Clark — Catherine Clark

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 24, 1939

8. AGE: Years	Months	Days	If less than one day
0	1	21	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Leo. J. Clark
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Catherine Bader
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Leo. J. Clark
(b) Address 5518 Minnehaha Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 16 40 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto. County

18 (a) Funeral director C. Vernon Lawrence.
(b) Address 4611 Park Heights

19 (a) Date received by registrar Huntington Williams M.D. Registrar

FEB 19 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-15-40 19 . at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-12-40 19 . to 2-15-40 19 , and that I last saw her alive on 2-15-40 19 .

Immediate cause of death	Duration
Intestinal Intussusception	51 da.
Due to Congenital Peritoneal Bands.	51 da.
Due to Patent Ductus Arteriosus	51 da.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy (Before)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur Holt M.D.
Address 115 E. Eager St Date signed 2/16/40

66278 Mentel F 66278

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-b

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 110 E. Clement St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 110 E. Clement St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Mentel

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Frank Mentel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 26 1881

8. AGE: Years	Months	Days	If less than one day: hr.	min.
58	5	18		

9. Birthplace Balto. Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Christian Peters
13. Birthplace Balto.

MOTHER
14. Maiden Name Catherine Rheal
15. Birthplace Balto.

16 (a) Informant Mrs. Norman Mentel
(b) Address 110 E. Clement St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Blvd.

18 (a) Funeral director H. M. Cauley
(b) Address 130 E. Fort Ave. Huntington Williams, M.D.

19 (Date received by Registrar) FEB 16 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1940, at P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1939 19 . to 2-14 1940, and that I last saw her alive on 2-14 19 40

Immediate cause of death Cerebral Hemorrhage — Duration 2-14-40

Due to Hypertension — 14 yrs.

Due to Arterio-arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operation

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. D.
Address 104 E. Fort Ave. Date signed 2-15-40

correct age is especially important.

6279

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 66279
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 111 W Randall St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 23-2
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 65 Y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 111 W Randall St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Flach

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Bernhardt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 11 1849

8. AGE: Years	Months	Days	If less than one day
90	5 6	2	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Maid
11. Industry or business

FATHER
12. Name Dont Know
13. Birthplace Germany

MOTHER
14. Maiden Name Dont Know
15. Birthplace Germany

16 (a) Informant Mrs O.B. Phebus
(b) Address 111 W Randall St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 16 1940 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Ave

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

FEB 16 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 13th 1940, at 2:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3rd 1940 to Feb 13th 1940, and that I last saw h[illegible] alive on Feb 12th 1940.

Immediate cause of death: Pneumonia — Duration 1 wk

Due to

Due to

Other Conditions Senile Psychosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. F. Hayden

Address 111 W. Randall Date signed 2/14/40

CORRECT AGE IS ESPECIALLY IMPORTANT

Herzberger

F 66280

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

Registered No. F 66280

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: SINAI HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec
(e) Length of stay in Baltimore (yrs., mos., or days)

24-2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 608 Tyson St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME GENEVIEVE HERZBERGER

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S.

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 10, 1939

8. AGE: Years | Months 4 | Days 5 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER 12. Name John Herzberger
13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Mary Sobeckel
15. Birthplace Baltimore Md

16 (a) Informant Mary Herzberger
(b) Address same address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 17 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location Balto City

18 (a) Funeral director A. J. Arnold & Sons
(b) Address 1400-1402 N. Gilmor St

FEB 16 1940 (Date rec'd by registrar) Huntington Williamsport Md.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15 1940, at 4 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said autopsy find that said deceased came (Autopsy or Inquiry) to her death on the day stated above.

Immediate cause of death Asphyxia — Duration 1940 minutes
Due to vomiting
Due to
Other Conditions pulmonitis

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb 15th, 1940 at 4 a m
(c) Where did injury occur? 608 Tyson St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury vomiting due to bronchopneumonia

23. Signature J. H. Ellenbogen M.D.
Coroner Medical Examiner.
Date signed Feb 15, 1940

correct age is especially important. Physician, please write plainly.

F 66281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

66281

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 729 Stirling St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 729 Stirling St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucille Jones

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 15 1916

8. AGE: Years 23 | Months 6 5 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Butler Jones
13. Birthplace Md

MOTHER 14. Maiden Name Sarah Satterfield
15. Birthplace Md

16 (a) Informant Lucy Green
(b) Address 729 E Stirling St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Raynor Sanders
(b) Address 1412 E Preston St

19 (a) Date received by registrar 2/16 1940 (b) Registrar Huntington Williams, MD

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-13-1940, at 6 P M

21. I certify that death occurred on the date above stated that I attended deceased from 2/6 1940 to 2/13 1940.
and that I last saw alive on 2/13 1940.

Immediate cause of death Bronchopneumonia
Bronchial Asthma

Duration 7 Days 2 Days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jos. L. Blake, M.D.
Address 132 E Mt Central Date signed 2/15

F 66282

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ 463

F 66282 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: So. Balto. Gen. Hosp. 24-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Hanover (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minna Helen Straten

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Henry J. Straten
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25, 1886

8. AGE: Years	Months	Days	If less than one day
53	8	19	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business own home

FATHER
12. Name Godfrey C. Schroeper
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Caroline Burkhardt
15. Birthplace Germany

16 (a) Informant Hospital Records
(b) Address So. Balto. Gen. Hosp.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 17 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave

18 (a) Funeral director J. Vernon Kuehner
(b) Address 2301 Edmondson ave

19 (a) FEB 16 1940 Baltimore, Md. (Registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1940, at 11 15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 11, 1940 to Feb 14 1940, and that I last saw h~~e~~ alive on Feb 14 19 40 A

	Duration
Immediate cause of death: Generalized Peritonitis	24 hrs.
Due to Abscess of stomach & liver	?
Due to Carcinoma of stomach with perforation	
Other Conditions Myocardial insufficiency (Include pregnancy within 3 months of death)	
Major findings: Perforation	
Of operations Abscess of stomach and liver	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John P. Roberts, Jr. M. D.
Address Surgical Staff Balt Gen'l Hosp Date signed 2-17-40

66283

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66283

CERTIFICATE OF DEATH

92-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 N. Biddle St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Bernard Hanson

If U. S. Veteran specify WAR .....

(a) Residence: No. 523 N. Biddle St., ... Ward. S. S. No. 212-09-6112

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mildred Hanson

6. DATE OF BIRTH (month, day, year) Dec 12 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

FATHER

13. NAME John Hanson

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

MOTHER

15. MAIDEN NAME Susie —

16. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

17. INFORMANT Mildred Hanson

(Address) 523 N. Biddle

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Mem. Pk. Date 2-18 1940

19. UNDERTAKER Mrs. Geo. A. Holland

(Address) 1631 Druid Hill Ave

FEB 16 1940 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1940 to Feb 14, 1940

I last saw him alive on Feb 13, 1940. Death is said to have occurred on the date stated above, at 1405 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Disease of Heart	2-12-40
Mitral Insufficiency	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Phys. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. M. Ray M. D.

(Address) 1126 Druid Hill

state CAUSE OF DEATH in plain English. Do not use abbreviations or technical terms. OCCUPATION is very important. See instructions on back of certificate.

V8 2

52755 - xB

66284

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. E 66284

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 18-19 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1336 Lafayette Ave. W. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eleanor Maddox

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife Robert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 3, 1889

8. AGE: Years	Months	Days	If less than one day
50	2	12	hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Mack Boone
13. Birthplace North Carolina

MOTHER
14. Maiden Name Catherine Boone
15. Birthplace North Carolina

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto City Md.

18 (a) Funeral director Mgr. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) [illegible] (Signature of registrar) (b) [illegible] Registrar

FEB 16 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15 1940, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 10 1940 to Feb 15 1940, and that I last saw h[illegible] alive on Feb. 15 1940.

Immediate cause of death	Duration
Subarachnoid Hemorrhage.	6 days
Due to Rupture of Congenital aneurysm	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosps. Date signed 2-15-40

VS 3

correct age is especially important, and should be obtained in every case.

F 66285

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66285

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St. 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas B. Smith

If U. S. Veteran specify WAR .....

(a) Residence: No. 755 George St St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mail	C	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME William B Smith

14. BIRTHPLACE (city or town) Winchester Va.
(State or country)

MOTHER

15. MAIDEN NAME Lela Kelly

16. BIRTHPLACE (city or town) Baltimore Md
(State or country)

17. INFORMANT William B Smith Father
(Address) 755 George St

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Mt Auburn Date Feb 17 1940

19. UNDERTAKER Elroy A Wilson
(Address) 1000 Brantley Ct

20. FILED FEB 16 1940 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/15, 1940

22. I HEREBY CERTIFY, That I attended deceased from February 14 1940 to Feb 15 1940

I last saw h alive on 2/14/40, 19.... Death is said to have occurred on the date stated above, at 12:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/13
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W. H. Kathreider Jr. M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 66286 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93D F 66286

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Balto. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Gus Johnson

If U. S. Veteran specify WAR

S 214-03-7129

(a) Residence: No. 921 Denver St., 21 Ward. Balto. City

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: C

5. ~~Single~~, Married, ~~Widowed, or Divorced (write the word)~~

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bertha Johnson

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 45 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Ship

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): West Indies Islands

FATHER

13. NAME: Not None

14. BIRTHPLACE (city or town) (State or country): —

MOTHER

15. MAIDEN NAME: Not None

16. BIRTHPLACE (city or town) (State or country): —

17. INFORMANT: Bertha Johnson wife

(Address) 921 Denver St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Feb. 19th 19 4

19. UNDERTAKER: E C Wilson

(Address) 9000 Reisterstown

20. FILED FEB 16 1940 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1940, to Feb 15, 1940

I last saw ~~him~~ alive on Feb 15, 1940 Death is said to have occurred on the date stated above, at 4.22 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Laryngo Tracheo-Bronchitis	2-12-40?
Uremia • Cadaver prob result of Chronic Pyelo nephritis	1937?
Other contributory causes of importance: Hypertensive Cardio vas. Disease possibly from the Pyelo nephritis	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) J. Berry B.E. Segar, Jr. M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

VS 3

66284 F 66287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1509 Laurens Av (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jack Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 45 | Months | Days | If less than one day hr. min.

9. Birthplace Alabama (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name ?
13. Birthplace

MOTHER 14. Maiden Name ?
15. Birthplace

16 (a) Informant Cal. Jones.
(b) Address 1589 Laurens St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 16th 40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Mt Winans

18 (a) Funeral director E C Wilson
(b) Address 1000 Brantley

19 (a) FEB 16 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/7/1940, at 10:00 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/30 1940 to 2/7/1940 and that I last saw h[illegible] alive on 2/7/1940.

	Duration
Immediate cause of death: Secondary Shock	
Post Operative	
Due to: Left diaphragmatic hernia	Unknown
Bilat. femoral hernia	
umbilical hernia	
Other Conditions: Left Pneumonic Pneumothorax	
(Include pregnancy within 3 months of death)	

Major findings of operation: Diaphragmatic hernia with protrusion of stomach & transverse colon through tearing. traumatic

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H Eukleone, M.D.
Address Provident Hosp. Date signed 2/7/40

VS 3

CORRECT AGE is especially important. Please answer every question.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 108 F 66288

66288

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 716 N Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 716 N Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles F. Bregel

3 (b) If veteran, name war	3 (c) Social Security Account No.
None.	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Catherine B. Bregel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18 1861

8. AGE: Years	Months	Days	If less than one day
78	6	23	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name J. Bregel.
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Don't know.
15. Birthplace United States.

16 (a) Informant Mrs J. J. Pignataro.
(b) Address 1605 Light St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feby 17 40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Baltimore

18 (a) Funeral director John Ulmer
(b) Address 2008 Arlington Ave

19 (a) Date received by Registrar FEB 16 1940 (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 13 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 12 1940, to Feb 13 1940, and that I last saw h alive on Feb 13 1940.

Immediate cause of death Lobar Pneumia — Duration 3 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jacob Frisher
Address 1823 N Haul St. Date signed 2/15/40 M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6289 ✓F 66289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1046 Valley St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William B. Schwartz

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 215-05-1307

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: ~~Widowed~~ Married
6 (b) Name of husband or wife: Loretta Schwartz (Mc Kirby)
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 29, 1906
8. AGE: Years 33 yrs Months 7 Days 16 If less than one day hr. min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business Van Dyden Candy Co

FATHER
12. Name Charles L. Schwartz
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Katherine Kilcoyne
15. Birthplace Ireland

16 (a) Informant Harry Schwartz
(b) Address 1046 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 18 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location 4300 Old Frederick Rd.

18 (a) Funeral director Edward W. Conklin & Son
(b) Address 924 E Eager St.

19 (a) Date received FEB 16 1940 (b) Huntington Williamsville, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 15, 1940, at 12.50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 11, 1940, to Feb 15, 1940, and that I last saw him alive on Feb. 15, 1940.

Immediate cause of death: fractured skull with extradural hemorrhage — Duration: 4 days.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations Extradural Hemorrhage
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Fall
(b) Date of occurrence Feb. 9, 1940
(c) Where did injury occur? Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work? ✓
(e) Means of injury Fall

23. Signature M. R. Turnage, M.D.
Address St. Josephs Hosp. Date signed 2/15/40

Howard Clinton M. D.
Chief Surgical Examiner

F 66290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55 E Registered No. F 66290

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1805 N. Bolton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1805 N. Bolton St (If rural give location)
(e) If foreign born, how long in U. S. A.? 38 years

3 (a) FULL NAME Dr. Robert H. Haase

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.	6 (b) Name of husband or wife	6 (c) If alive, give age
Male	W.	Married	Martha H. Haase (nee Raw)	years

7. Birth date of deceased (mo., day, yr.) Sept. 5, 1863

8. AGE: Years	Months	Days	If less than one day hr.	min.
76	5	8		

9. Birthplace Germany (town, county, and state)
10. Usual Occupation Physician
11. Industry or business

FATHER
12. Name Theodore Haase
13. Birthplace Germany

MOTHER
14. Maiden Name Louise Betcke
15. Birthplace Germany

16 (a) Informant Mrs. Martha H. Haase
(b) Address 1805 N. Bolton St.

17 (a) ~~Interment~~ Cremation (Burial, cremation, or removal) (b) Date thereof 2/17/40 (month) (day) (year)
(c) ~~Cemetery or~~ crematory Loudon Pk.
Location 3801 Fyderick ave.

18 (a) Funeral director Harry H. Nitzel
(b) Address 4101 Edmondson Ave.

19 (a) FEB 16 1940 (Date received by registrar) Huntington Williams Hospital

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 13, 1940, at 10:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 18 1938, to Feb. 13 1940, and that I last saw him alive on Feb. 13 1940.

Immediate cause of death	Duration
General Metastasis from Sarcoma	
Due to (1) Sarcoma of right hip	
Due to	
Other Conditions (2) Broncho-pneumonia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles S. Heistodt M. D.
Address 1700 Linden Ave. Date signed 2/16/40

correct age is especially important. Physicians, please give this matter your personal attention.

F 66291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 48-a

F 66291 Registered No.

correct age is especially important. Physicians, please write plainly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirm.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½ mos
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town ~~Baltimore~~ Raspburg
(If outside city or town limits, write RURAL and give town)
(d) Street No. Pt. Pleasant & Hazlewood Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mrs. Theresa A. Starkey

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Weaver Starkey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 14th 1912

8. AGE: Years	Months	Days	If less than one day
27	11	0	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Mr Joseph Jakum
13. Birthplace Austria

MOTHER
14. Maiden Name Maria Vicla
15. Birthplace Austria

16 (a) Informant ~~Patient~~ Mrs. Starkey
(b) Address Raspburg Md.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Feb. 17th 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore Md.

18 (a) Funeral director Frederick Lasphus Sons
(b) Address 7401 Belair Road

19 (a) (Date received by Registrar) (b) Henrietta Williams, M.D. Registrar

FEB 16 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14, 1940, at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 20 1939 to Feb. 14 1940, and that I last saw her alive on Feb. 14 1940.

Immediate cause of death
Starvation — Duration 3 mos.
Chronic Heart Lues (Aneurism) — 4 mos.
Due to Carcinoma of Cervix — 9-10 mos.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. E. Crampton M. D.
Address Date signed

F 66292

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 142-B

F 66292 Registered No.

correct age is especially important. Physicians: please write the cause of death clearly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3302 Echodale Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3302 Echodale Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME ANNA C BURGAS

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Anthony T Burgas
6 (c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) Nov 26, 1907

8. AGE: Years	Months	Days	If less than one day
32	2	20	hr. min.

9. Birthplace Sugarloaf Penn. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business own home

FATHER
12. Name Simon Batnar
13. Birthplace Lithuania

MOTHER
14. Maiden Name Victoria Barkey
15. Birthplace Lithuania

16 (a) Informant Husband - Anthony
(b) Address 3302 Burgas Echodale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/40 (month) (day) (year)
(c) Cemetery or crematory Lauricks Pa
Location

18 (a) Funeral director Fredk Leasch & Son
(b) Address 7401 Belair Pike.

FEB 16 1940 (Date received by Registrar) (b) Huntingtown Williamsport MD

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 16 1940, at 4 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Hemorrhage, chronic	about 2 weeks
Due to Ectopic gestation without infection	
Due to Rupture of left uterine tube	—
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C H K Wollenweber M.D.
Asst Medical Examiner.
Date signed Feb 17, 1940

66293 F 66293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131-a.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 Mosher St. 16-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Enoch Colbert

If U.S. Veteran specify WAR .....

(a) Residence: No. 1106 Mosher St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Colbert

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Carrie Johnson

(Address) 1106 Mosher St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb 19, 1940

19. UNDERTAKER Mrs Katie R Williams

(Address) 3224 Edmondson Ave

20. FILED FEB 16 1940 19..... Registrar.

Huntington Williams, M.D.

State CAUSE OF DEATH in plain terms. Do not use abbreviations or symptoms. OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb-14-, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec-9- 19 40 to Feb-13- 19 40

I last saw him alive on Feb-13- 19 40 Death is said to have occurred on the date stated above, at 4.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular-Renal Disease	9

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J B Hughes M. D.

(Address) 1413 Druid Hill Ave

66294

HEALTH DEPARTMENT—CITY OF BALTIMORE

66294

CERTIFICATE OF DEATH

83-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 Greenwood Ave) (Ward 26)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Jessie Harrison

If U. S. Veteran specify WAR

(a) Residence: No. 816 Greenwood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jesse Harrison

6. DATE OF BIRTH (month, day, year) July 18, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greenwood S.C.

FATHER

13. NAME James? Agnew

14. BIRTHPLACE (city or town) (State or country) Belton S. C.

MOTHER

15. MAIDEN NAME ? Sallis

16. BIRTHPLACE (city or town) (State or country) Belton S. C.

17. INFORMANT Hattie Reed

(Address) 1902 Lauretta Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Feb. 18, 1940

19. UNDERTAKER: Mrs Hattie R. Williams

(Address) 322 N. Schroeder St

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1940 to Feb 13, 1940

I last saw h[illegible] alive on Feb 13 1940 Death is said to have occurred on the date stated above, at 6:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	Feb 7
Pulmonary edema	Feb 13
Other contributory causes of importance: Cerebral apoplexy	1938

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wm. L. Leppy M. D.

(Address) 1420 E. Lafayette

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

vs 3

FEB 16 1940

Huntington Williams, M.D.

F 66295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95 F 66295

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 944 W Saratoga St. (Ward) 18)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harriet Wright

If U. S. Veteran specify WAR

(a) Residence: No. 944 W Saratoga St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col'd	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Wright

6. DATE OF BIRTH (month, day, year) 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Alfred Howard

(Address) 603 N Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lebanon Date Feb. 14 1940

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N Schroeder St

20. FILED 19

Registrar.

FEB 16 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/14/40, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 19 to Feb 14, 19

I last saw h alive on Feb 11, 1940. Death is said to have occurred on the date stated above, at 12:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Disease of Heart	?
Other contributory causes of importance: Pulmonary Oedema	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W J Norwood M. D.

(Address) 905 W Fayette

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 66296

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 66296 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1817 Eagle St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Nancy McCoy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Thomas McCoy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 7, 1897

8. AGE: Years 42 | Months 5 | Days 6 | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Santee Allen
13. Birthplace Va

MOTHER
14. Maiden Name Ellen Trotter
15. Birthplace Va

16 (a) Informant Thomas McCoy
(b) Address 1817 Eagle St

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb 16, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 (a) (Date mailed by registrar) (b) Registrar

FEB 19 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-13 1940, at 2 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-12 1940, to 2-13 1940, and that I last saw her alive on 2-13 1940.

Immediate cause of death Cerebral Hemorrhage — Duration 1 day

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Wolf
Address Franklin Sq Hosp Date signed 2-13-40 (M. D.)

66297 • F 66297

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 195-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2802 Edmondson Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME STANFORD SILVERMAN

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 20 139

8. AGE: Years	Months	Days	If less than one day
	3	26	25 hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name Maurice Silverman
FATHER 13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Pearl Rosenberg
MOTHER 15. Birthplace Balto. Md.

16 (a) Informant Maurice Silverman
(b) Address 2802 Edmondson ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-40 (month) (day) (year)
(c) Cemetery or crematory Bnai Israel
Location Southern ave

18 (a) Funeral director Sol Levinson Bros
(b) Address 1124 W North ave

19 (a) FEB 16 1940 (b) (Local registrar's signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15 · 19 40, at 5 50/60 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Asphyxia due to strangulation — Duration: sudden
Due to
Due to
Other Conditions none
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence February 15, 1940
(c) Where did injury occur? 2802 Edmondson ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? none (Specify type of place) While at work? —
(e) Means of injury strangulation due to unknown cause

23. Signature H. W. Gallenmore M.D. Medical Examiner.
Date signed Feb 17, 1940

VS 6

correct age is especially important. Physicians: please write the cause of death clearly.

66298

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310

F 66298 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 909 S. CONKLING ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 909 S. CONKLING ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

2649

3 (a) FULL NAME JOHN H. FOERTSCHBECK

3 (b) If veteran, name war NO

3 (c) Social Security Account No. 214-01-4377

4. Sex MALE

5. Color or race WHITE

6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife CATHRINE FOERTSCHBECK

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) FEB. 15 1893

8. AGE: Years 47 | Months 0 | Days 0 | If less than one day hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation LABORER AT STANDARD OIL

11. Industry or business WORKS.

FATHER 12. Name JOHN FOERTSCHBECK
13. Birthplace GERMANY

MOTHER 14. Maiden Name ANNA DARLING
15. Birthplace GERMANY

16 (a) Informant CATHRINE FOERTSCHBECK WIFE
(b) Address 909 S. CONKLING ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 19/40 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART CEM.
Location GERMAN HILL ROAD.

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 403 S. WOLFE ST.

19 (a) Date received by registrar FEB 15 1940 (b) Registrar Huntington for Williams, M.D.

MEDICAL CERTIFICATION A

20. DATE OF DEATH FEB. 15 1940 at 12/43 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 2 1939 to Feb 19 ..... and that I last saw h.m alive on Feb 14 1940.

Immediate cause of death	Duration
Hypertensive Cardiovascular Renal Disease	
Due to Chr. Nephritis Uremia (Renal Failure)	Sept 1939 Feb 6 1940
Due to	
Other Conditions None.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. A. Schumacher M. D.
Address 842 S. East Ave Date signed 2-15-40

FEB 15 1940

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66299 ~~66299~~
original lost

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 300

F 66299
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 619 Conway St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 619 Conway St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME JAMES WICKS

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	married

6 (b) Name of husband or wife Marie Counts
6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) Mar 6, 1905

8. AGE: Years	Months	Days	If less than one day
34	11	6	..... hr. ..... min.

9. Birthplace Eastern Shore Maryland (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business Elementary

FATHER
12. Name Charles Wicks
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Maryland

16 (a) Informant Marcella Counts
(b) Address 619 Conway St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Ct
Location Balto City

18 (a) Funeral director Isaac L. Brown & Son
(b) Address 1014 Montgomery St

19 (a) ..... (Date received by Registrar) (b) ..... Registrar

FEB 16 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH February 12 1940, at 7:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration: Instant
Due to: Sclerosis of coronary arteries — Duration: 10 yrs
Due to: .....
Other Conditions: .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations: .....
Of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature J. T. Wallenweber M.D.
Medical Examiner.
Date signed Feb 12, 1940

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

66300 Lowenbach

HEALTH DEPARTMENT—CITY OF BALTIMORE E 66300

CERTIFICATE OF DEATH

131-3

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 1516 W Fayette St 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Sara Elizabeth Lowenbach

(a) Residence: No. 1516 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 3, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Jan 23, 1940

11. Total time (years) spent in this occupation 60yrs

12. BIRTHPLACE (city or town) (State or country) Farm Virginia

FATHER

13. NAME Adolphus Lowenbach

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Catherine Coffman

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Katie Raper Lowe
(Address) Penn Ray Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date Feb 19, 1940

19. UNDERTAKER John Oursler Funeral Home
(Address) 1900 Eutaw Place

20. FILED FEB 16 1940 Hunter Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1940

22. I HEREBY CERTIFY, That I attended deceased from 4:30 P.M. Feb 15, 1940 to Feb. 15, 1940

I last saw h.. alive on 6:20 P.M. 1940 Death is said to have occurred on the date stated above, at 6:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cerebral Hemorrhage	
2. Arteriosclerosis	
3. Senility	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Milton Greenwald M. D.

(Address) 1429 W. Fayette St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

Wallenmaier mid wife

F 66301 (375)

Crowson

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 940

F 66301 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 13

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State S.C. (b) County

(c) City or town Sumter (If outside city or town limits, write RURAL and give town)

(d) Street No. 220 N. Salem Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hayward Crowson

3 (b) If veteran, name war

3 (c) Social Security Account No. 248-10-8585

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rosalie Scott

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-7-83

8. AGE: Years	Months	Days	If less than one day
56	11	8	hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER 12. Name William J. Crowson

13. Birthplace N.C.

MOTHER 14. Maiden Name Martha Smith

15. Birthplace N.C.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 17 (month) (day) (year)

(c) Cemetery or crematory Sumter

Location South Carolina

18 (a) Funeral director John T. Mitchell

(b) Address 900 Eutaw Pl

(c) Filed Feb 16 1940 (Date rec'd by registrar) Martin Jos. Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15 1940 at 2 40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 14 1940 to Feb 15 1940. and that I last saw him alive on Feb 15 1940.

Immediate cause of death Angina pectoris — Duration 3 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature James Monroe Mason III M. D.

Address Johns Hopkins Hospital Date signed 2-16-40

VS 3

cause or age is especially important. Physicians: print plainly with unfading ink. Do not use pencil. Make no erasures.

Patrick

66302

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 · F 66302

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert Street
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 300 E - 30th Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

FULL NAME Gilbert de Valangin Patrick

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mrs. Anne LeF. Patrick

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 17, 1852

8. AGE: Years 87 | Months 2 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Superintendent

11. Industry or business U. S. P. O.

FATHER 12. Name J. Patrick

13. Birthplace Balto. Md

MOTHER 14. Maiden Name Charity de Valangin

15. Birthplace Baltimore

16 (a) Informant Mrs. Anne LeF. Patrick

(b) Address 300 East 30th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 / 19 / 40 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cem.

Location Frederick & Augusta Ave.

18 (a) Funeral director H. W. Mears & Son

(b) Address 505 N. Calvert St.

19 (a) Date received by Registrar Huntington Williams M.D.

FEB 16 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/15 1940, at 2:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/6 1940 to 2/15 1940 and that I last saw him alive on 2/15 1940

Immediate cause of death: Pneumonia (Lobar) — Duration: 9 days

Due to:

Due to:

Other Conditions: Senile Stroke — Duration: 1 — 9 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: None done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Beck M. D.

Address Mercy Hosp. Date signed 2/15/40

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 66303

HEALTH DEPARTMENT—CITY OF BALTIMORE

66303

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 718 Belgian ave St. 27-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Francis Curley, Jr.

If U. S. Veteran specify WAR

(a) Residence: No. 718 Belgian ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret J. Curley

6. DATE OF BIRTH (month, day, year) Dec. 15, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Supt. Service Gas Co.

10. Date deceased last worked at this occupation (month and year) 3/1938

11. Total time (years) spent in this occupation 51 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME Michael Henry Curley

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Annie Connelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Curley

(Address) 718 Belgian ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 2/17 1940

19. UNDERTAKER H. W. Meyers & Son

(Address) 805 N. Calvert St.

20. FILED FEB 16 1940 19 Hattie Tompkins Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1940 to Feb. 15, 1940

I last saw him alive on Feb. 14 1940 Death is said to have occurred on the date stated above, at 12:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/10/40
Other contributory causes of importance: Mitral regurgitation Cardiac failure	

Was an operation performed? No Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lyman Abbott M. D.

(Address) 3939 Greenmount Ave

State CAUSES OF DEATH in plain words. Do not use abbreviations or OCCUPATION is very important. See instructions on back of certificate.

F 66304

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-C Registered No. F 66304

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3mo. 8days
(e) Length of stay in Baltimore (yrs., mos., or days) 28 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore City
(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 1100 N. Kenwood Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Edward Columbus WILLIAMS (Edward Columbus Payne)

3 (b) If veteran, name war No.

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Lyda Peterson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 27, 1877

8. AGE: Years	Months	Days	If less than one day
63 62	0	19	hr. min.

9. Birthplace Benedict, Maryland. (Town, county, and state)
10. Usual Occupation Boatswain
11. Industry or business Seafaring

FATHER
12. Name John W. Williams.
13. Birthplace Alexandria, Va.

MOTHER
14. Maiden Name Rosei Morgan.
15. Birthplace Benedict, Maryland

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 2/19/40 (month) (day) (year)
(c) Cemetery or crematory Old Field Cemetery
Location Benedict, Md

18 (a) Funeral director George T. Pardo & Son
(b) Address 1535 Light Street

19 FEB 16 1940 Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16, 1940 19 , at 3:10AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 10, 1939 to Feb. 16, 1940, and that I last saw him alive on Feb. 16, 1940.

Immediate cause of death	Duration
Empyema	1 month
Atelectasis, rt. lung	6-8 months
Due to Thrombosis, lt. pulmonary artery	less than 24 hrs.
Due to Carcinoma, rt. bronchus and atelectasis, rt. lung	8 months
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Bronchoscopy
Biopsy, rt. bronchus
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature O. E. Denney M. D.
Address U. S. Marine Hospital Baltimore, Maryland. Date signed 2/16/40

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

66305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 66305
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2902 Markley Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2902 Markley Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Charlotte L. Boice

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Lorenzo D. Boice
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): June 31. 1868
8. AGE: Years 71 | Months 1 | Days 14 | If less than one day hr. min. 13
9. Birthplace: Balto. Md. (Town, county and state)
10. Usual Occupation: House Wife
11. Industry or business

FATHER
12. Name: Thomas F. Muse
13. Birthplace: Va.

MOTHER
14. Maiden Name: Isabella Hardesty
15. Birthplace: ?

16 (a) Informant: Lucy Grace D. Rebbel
(b) Address: 2906 Markley Ave.

17 (a) Western Burial (Burial, cremation, or removal) (b) Date thereof Feb 17. 1940 (month) (day) (year)
(c) Cemetery or crematory: Western
Location: City

18 (a) Funeral director: Mr. & Mrs. John W. Teufel & Son
(b) Address: 801 W. Fayette St.

Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1940, at 9.35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-9-1940, to 2-14-1940, and that I last saw her alive on 2-14-1940.

Immediate cause of death	Duration
Lobar Pneumonia	5 days
Due to	
Due to	
Other Conditions Pernicious Anaemia Arteriosclerosis & Chr. Myocarditis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. B. Sylvert M. D.
Address 2802 Harford Ave. signed 2-16-40

Feb 16 1940

66306 F 66306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 93D

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1811 N. Chester St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1811 N. Chester St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine E. Ibex

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Frank Ibex
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 27. 1860

8. AGE: Years 79 | Months 10 | Days 12 | If less than one day hr. min.

9. Birthplace Taneytown Md. (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Louis Whitmer
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Shum
15. Birthplace Md.

16 (a) Informant Edna M. Nichols
(b) Address 1811 N. Chester St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 17 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location City

18 (a) Funeral director Mrs. John W. Geisel & Son
(b) Address 601 W. Fayette St.

FEB 16 1940 (Date rec'd by Registrar) (Signature) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15th 1940, at 7:45 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 12 1940 to Feb 15 1940 and that I last saw h[illegible] alive on Feb 15, 1940.

Immediate cause of death: Bronchio pneumonia — Duration
Due to: Chronic Myocarditis
Due to: Cardiac Dilatation
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Schamberger, M.D.
Address 1719 E. North Ave. Date signed 2/16/40

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 66307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 66307

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Av
(c) Hospital or institution: Edgewood Sanatorium
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3811 Canterbury Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Emma Storney Millard

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: David Millard
6 (c) If alive, give age 0 years
7. Birth date of deceased (mo., day, yr.) About 1866
8. AGE: Years: About 74 | Months: 0 | Days: 0 | If less than one day: — hr. — min.
9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Samuel Storney
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Ann Booth
15. Birthplace England

16 (a) Informant Mrs. Ruth Millard - (daughter)
(b) Address 3811 Canterbury Rd
17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 2-17-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md
18 (a) Funeral director Stuart M. Brown Company
(b) Address 108-W-North Ave.
19 (a) FEB 20 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 7 1940 to Feb 16 1940, and that I last saw h[illegible] alive on Feb 11 1940.

Immediate cause of death: Chronic Myocarditis — Duration 2/25/39 to 2/15/40
Due to: Cardiac Arthma — 8 days
Due to: —
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. Gibson Porter M. D.
Address 4822 Roland Ave Date signed 2/15/40

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

375282
F 66308

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 307

Registered No. F 66308

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs. mos. or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1702 South Rd Mt Washington
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillian H Neblett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-18-63

8. AGE: Years 76 | Months 7 | Days 27 | If less than one day hr. min.

9. Birthplace VA (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Charles Ogburn
13. Birthplace VA

MOTHER
14. Maiden Name Sarah Hite
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-40 (month) (day) (year)
(c) Cemetery or crematory Woodland
Location Virginia

18 (a) Funeral director STEWART & MOWER COMPANY (W. F. MOWER SUC.) 100 W. NORTH AVENUE
(b) Address

19 (a) (To be fill'd in by registrar) (b) Huntington Williams Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15 1940, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 7 1940, to Feb 15 1940, and that I last saw her alive on Feb 15 1940.

Immediate cause of death Bronchopneumonia — Duration 2 wks

Due to

Due to

Other Conditions Bronchitis 2 wks
Lupus erythematosus
(Include pregnancy within 3 months of death)

Major findings:
Of operations arteriosclerotic
Of autopsy Aneurysm of Aorta

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney Mayer, Jr. M. D.
Address Baltimore Date signed 2/15/40

correct 58 16 1940 is especially important. Physicians: please write the cause of death clearly and legibly.

F 66309

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 66309

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2140 W Monthaw
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2140 W Monthaw (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME James Aloysius Harley (JAMES ALOYSIUS HURLEY)

3 (b) If veteran, name war: None

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife: Margaret Hurley
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Oct 20 1885

8. AGE: Years	Months	Days	If less than one day
54	3	26	4 hr. ... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Plate moulder
11. Industry or business Brass Co.

FATHER
12. Name James Hurley
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary ? ?
15. Birthplace Ireland

16 (a) Informant Mrs Margaret E Hurley (wife)
(b) Address 2140 W Monthaw

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-40 (month, day) (year)
(c) Cemetery or crematory Loudenpark
Location Balto Md.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (E. F. MOWEN SUC.) 108 W. NORTH AVENUE

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1940, at 12 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 9 1940 to Feb 14 1940 and that I last saw him alive on Feb 14 1940.

Immediate cause of death	Duration
Lobar Pneumonia	5 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John H Evans M. D.
Address 602 N 40 St Date signed

Please write the cause of death legibly.

F 66310

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 66310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4409 Bedford Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4409 Bedford Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Georgia Lewin

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Jesse J. Lewin

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 21, 1869

8. AGE: Years: 70 Months: 7 Days: 23 If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: None

11. Industry or business:

FATHER
12. Name: James Cullings
13. Birthplace: Baltimore County, Md.

MOTHER
14. Maiden Name: Ella H. Truitt
15. Birthplace: Worcester County, Md.

16 (a) Informant: Mr. Elbridge B. Donaldson
(b) Address: 4409 Bedford Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 17, 1940 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn Cemetery
Location: Woodlawn, Md.

18 (a) Funeral director: [signature]
(b) Address: 1805 W. Baltimore St.

19 (a) FEB 16 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 14 1940 at 6.10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1940 to Feb 14 1940; and that I last saw her alive on Feb 14 1940

	Duration
Immediate cause of death: Cerebral Hemorrhage	12 days
Due to: Hypertensive Cardiovascular Disease	
Due to:	
Other Conditions:	
(Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: [signature] M.D.
Address 850 W. 36th St. Date signed Feb 15 1940

correct age is especially important. Physicians: please write or print plainly and use ordinary ink only.

VS 2

F 66311

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

48 - a Registered No. F 66311

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1743 E. Lafayette Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1743 E. Lafayette Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Rebs Medinger

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband ~~or wife~~: Harry M. Medinger | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 20th 1878

8. AGE: Years 61 | Months 1 | Days 14 | If less than one day: hr. min.

9. Birthplace City (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Stephen Rebs
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Beyer
15. Birthplace Md

16 (a) Informant Robt. J. Fanning
(b) Address 1743 E. Lafayette Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto. Md.

18 (a) Funeral director E. J. Fanning & Son
(b) Address 1938 E. Lafayette Ave.

19 (Signature of registrar) Feb 16 1940 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14th 1940, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/14 19 40 to 2/14 19 40.
and that I last saw him alive on 2/14 19 40.

Immediate cause of death: Carcinoma of uterus — Duration: 6 mo.
Due to: cervix
Due to:
Other Conditions: Pyuria — Duration: 2 days
(Include pregnancy within 3 months of death)
Major findings: Of operations: Carcinoma uteri (cervix)
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide W
(b) Date of occurrence W
(c) Where did injury occur? W (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? W (Specify type of place) While at work?
(e) Means of injury W

23. Signature: Daniel Miller M. D.
Address 1 W IV Balto Date signed 2/16/40

Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66312

CERTIFICATE OF DEATH ✓ 83-3 F 66312

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 200 E. 24th St. 7-3 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eliza Jane Andrews

If U. S. Veteran specify WAR —

(a) Residence: No. 200 E. 24th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of/or WIFE of David C. Norwood Andrews

6. DATE OF BIRTH (month, day, year) September 11th 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) (Rural) Mt. Pleasant Pennsylvania

FATHER

13. NAME Joshua Sheela

14. BIRTHPLACE (city or town) (State or country) Wittenberg Germany

MOTHER

15. MAIDEN NAME Katherine Kopf.

16. BIRTHPLACE (city or town) (State or country) Wittenberg Germany.

17. INFORMANT St. Mary E. Andrews (daughter)
(Address) 200 E. 24th St.

18. BURIAL, CREMATION, OR REMOVAL Mt. Pleasant, Pa.
means Jeannette Penna. Date Feb. 19, 1940

19. UNDERTAKER Henry Gruber & Son Inc. Sear T. Marks
(Address) Baltimore St. c Broadway Co.

20. FILED FEB 17 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 16th, 1940

22. I HEREBY CERTIFY, That I attended deceased from September, 1933 to February 16th, 1940

I last saw her alive on February 15th, 1940. Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arteriosclerosis 1a	10 yrs.
Cerebral thrombosis	1-30-40
Senility	1937
Other contributory causes of importance: Ludwigs Angina	2 days

Was an operation performed? No Date of None

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) H. S. Chalfant, M. D.

(Address) 620 York Rd.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

SEARA

F 66313 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 66313

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH — Registered No. 9-4

CITY OF BALTIMORE: (No. 616 E 31st St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Seara Seara — If U. S. Veteran specify WAR No

(a) Residence: No. 616 E 31st St St., Ward SS 20' NBE
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillie Bell Seara

6. DATE OF BIRTH (month, day, year) Dec 17 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germantown Co Md

FATHER

13. NAME Anhnma Seara

14. BIRTHPLACE (city or town) (State or country) Anhnma

MOTHER

15. MAIDEN NAME Anhnma

16. BIRTHPLACE (city or town) (State or country) Anhnma

17. INFORMANT Lillie Seara
(Address) 616 E 31st St

18. BURIAL, ~~CREMATION, OR REMOVAL~~. Place Cross Roads Cem Date 2/17 1940

19. UNDERTAKER William Cook
(Address) 1217 E. Pratt

20. FILED FEB 17 1940 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1940 to Feb. 15, 1940

I last saw him alive on Feb. 15, 1940 Death is said to have occurred on the date stated above, at 10:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	Feb 4
Other contributory causes of importance: Chronic Myocarditis	—

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? CLINICAL Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Lloyd E. Saylor, M. D.

(Address) 3902 Greenmount Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact information in OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 66314 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 93-D F 66314

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 E Chase St. 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Caroline D Buckingham

If U. S. Veteran specify WAR

(a) Residence: No. 601 E Chase St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William A Buckingham

6. DATE OF BIRTH (month, day, year) July 20 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Otto Grove

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Armiller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm A Buckingham

(Address) 601 E Chase St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Lorraine Date 2/17 1940

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St

20. FILED FEB 17 1940 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1940

22. I HEREBY CERTIFY, That I attended deceased from 2-10-, 1940 to 2-15-, 1940

I last saw her alive on 2-14, 1940 Death is said to have occurred on the date stated above, at 12:45 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5 days
Chronic myocarditis	Duration

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo B. Tyler M. D.

(Address) 3802 Hartford Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

66315 3927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-E Registered No. E 66315

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1127 N Caroline
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

8-9

3 (a) FULL NAME Samuel Caster

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Carrie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-96

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Fla
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Maurice Caster
13. Birthplace Ga

MOTHER
14. Maiden Name
15. Birthplace Ga

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 2-17-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arlington Md
Location Mt Calvary

18 (a) Funeral director Mrs R. E. Elliott
(b) Address 112 N Maryland Ave

19 (a) FEB 17 1940 Huntington Williams M.D.
(Date received) (Local registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15 1940, at 7:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 9 1940, to Feb 15 1940 and that I last saw HIM alive on Feb 15 1940.

Immediate cause of death Bronchopneumonia — Duration 22 hours

Due to Multiple myeloma — 2 yrs

Due to

Other Conditions generalized Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Confirmatory

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

Signature WB McAllister Jr M. D.
Address Date signed 2-15-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

66316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

F 66316

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2224 Druid Hill Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto. City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2224 Druid Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Barbara Coombs

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband ~~or wife~~ Wm. Edward Coombs
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 1886

8. AGE: Years	Months	Days	If less than one day
53	8 10		hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Neal
13. Birthplace Md

MOTHER
14. Maiden Name Charlotte Lancaster
15. Birthplace Md

16 (a) Informant Ida Drayton
(b) Address 2224 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-40 (month) (day) (year)
(c) Cemetery or crematory St Peters Cem
Location Balto. Md.

18 (a) Funeral director Mr. Geo. T. A. Gibson
Address 1730 Druid Hill Ave

19 (a) FEB 17 1940 (Date received by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 15, 1940, at 5 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 13 1940 to Feb. 15, 1940, and that I last saw her alive on Feb. 13 1940.

Immediate cause of death Coronary thrombosis
Due to Arteriosclerosis
Due to Broncho pneumonia
Other Conditions Anything.
(Include pregnancy within 3 months of death)

Duration
Hours
Days
Days

Major findings:
Of operations —
~~Of~~ autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

~~22. If~~ death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature H. Lee Gibson M. D.
Address 924 Madison Ave Date signed 2/16/40

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Information is especially important. Physicians: please write the causes of death clearly and legibly.

N.J. soldiers and sailors indemnity commission

66317

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

9-a

Registered No. F 66317

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Maryland General Hosp
(b) Street address — Madison & Fredrick
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3417 Hudson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

20

3 (a) FULL NAME — Mrs. Margaret Huber Hummel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex — Female

5. Color or race — White

6 (a) Single, married, widowed, or divorced. — Married

6 (b) Name of husband or wife — Jos. Hummel

6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) Jan. 27, 1913

8. AGE: Years 27 | Months | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Benjamin Huber
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Margaret Hopkins
15. Birthplace Baltimore

16 (a) Informant Jos. Hummel
(b) Address 3417 Hudson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 19, 1940 (month) (day) (year)
(c) Cemetery or crematory Oaklawn
Location Eastern Ave. Extended

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 2723 E. Preston St.

19 (a) Filed Feb 17 1940 — Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-15- 1940, at 8:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-12 1940 to 2-15 1940 and that I last saw her alive on 2-15 1940.

Immediate cause of death — Acute Bacterial Endocarditis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. C. Kopf, M. D.
Address Maryland Gen. Hosp. Date signed 2-15-40

Please answer all questions correctly and completely. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

F 66318

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 66318

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 322 S. Newkirk St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 322 S. Newkirk St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 70 years

3 (a) FULL NAME Lena Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John W. Davis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 20, 1857

8. AGE: Years	Months	Days	If less than one day
82	9	24	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Edward Mieting
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany

16 (a) Informant Mrs. Elizabeth Davis
(b) Address 322 S. Newkirk St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 17 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location 2930 Frederick Ave.

18 (a) Funeral director Theresa F. Hoffmann
(b) Address 2723 E. Preston St.

19 (a) FEB 17 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 6 1940 to Feb 14 1940, and that I last saw her alive on Feb 14 1940.

Immediate cause of death	Duration
Arteriosclerotic Cardiovascular Disease	
Bronchopneumonia	Feb 8 1940
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. A. Schumacher M. D.
Address 842 S. East Ave. Date signed 2-15-40

I certify that the above is a true and correct copy of the original certificate of death on file in the Bureau of Vital Statistics. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

F 66319

66319

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-a

Registered No. F 66319

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balt City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 da
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltor.
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) 1202 62 Mad St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Newman

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Fe | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day 2hrs hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation —
11. Industry or business

FATHER
12. Name Frederick C Newman
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Emma Sears
15. Birthplace Wilmington Del

16 (a) Informant Emma R Newman
(b) Address 1202 62nd St Balt Md

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 2/17/40 (month) (day) (year)
(c) Cemetery or crematory Johns
Location Baltimore Md

18 (a) Funeral director Williams Co
(b) Address 1319 E Fond St

19 (a) FEB 17 1940 (Date received by registrar) Huntington Williams, M.D. Registrar
(b) 5 Eng

MEDICAL CERTIFICATION 10-15-a

20. DATE OF DEATH Feb 16 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said : find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

	Duration
Immediate cause of death: Intracranial Birth Injury	
Due to	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm H Vandersall M.D.
Medical Examiner.
Date signed 2/16/40

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

66320

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 B

F 66320

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1004 E. Pratt St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1004 E. Pratt St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Agnes Hallman

3 (b) If veteran, name war Inc

3 (c) Social Security Account No. None

4. Sex Fe

5. Color or race Wh

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Conda Hallman

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Dec 12, 1889

8. AGE: Years 50 | Months 3 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and State)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name James Brody

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Maria Fitzpatrick

15. Birthplace Baltimore Md

16 (a) Informant Nettie Miller

(b) Address 1004 E Pratt St

17 (a) Burial [Cremation], or removal [illegible] (b) Date thereof 2/19/40 (month) (day) (year)

(c) Cemetery or crematory Western Md

Location Baltimore Md

18 (a) Funeral director Wm Cook & Son

(b) Address 127 N Gay St

19 (a) FEB 17 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

9 am

20. DATE OF DEATH Feb 16 1940 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Rheumatic Heart Disease, mitral insufficiency	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Vande Graft M.D. Medical Examiner.

Date signed 2/16/40

Please write plainly. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

66321

HEALTH DEPARTMENT—CITY OF BALTIMORE

66321

CERTIFICATE OF DEATH

131-21

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4207 Parkwood St. 26th Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret J Morawski

(a) Residence: No. 4209 Parkwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank Morawski

6. DATE OF BIRTH (month, day, year) Nov 27-1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	88	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Morris.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Morris (Niece)
(Address) 4207 Parkwood Av

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 2/19/40

19. UNDERTAKER Leonard J Ruck
(Address) 5305 Harford Rd.

20. FILED FEB 17 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1940 to Feb 15, 1940

I last saw her alive on Feb. 15, 1940. Death is said to have occurred on the date stated above, at 12:15 P m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Bronchopneumonia	3 days
Senile Dementia (Hypostatic)	1 yr
Other contributory causes of importance: Chr Interstitial Nephritis	1 yr

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? Urinalysis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. F A Storms M. D.

(Address) 2818 Harford Rd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

66322

F 66322

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2202 E North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2202 E North Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph [illegible]

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	W	married

6 (b) Name of husband or wife Eva C Ruck

6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Sept 4 1897

8. AGE: Years	Months	Days	If less than one day
42	5	10	hr min.

9. Birthplace Balto Co Md
(Town, county, and state)

10. Usual Occupation Excavating Engineer

11. Industry or business [illegible] R.R.

FATHER
12. Name George Ruck
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Eckinger
15. Birthplace Md

16 (a) Informant Eva C Ruck
(b) Address 2202 E North Ave

17 (a) Burial (b) Date thereof 2-16-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory [illegible]
Location

18 (a) Funeral director [illegible]
(b) Address 2205 Edmondson Ave

19 (a) FEB 17 1940 (b) [illegible]
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-16-1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-13 1940, to 2-16-1940, and that I last saw him alive on 2-16-1940.

Immediate cause of death: Bronchopneumonia — Duration: 4 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo. B. Sykert M. D.

Address 2807 Harford Ave Date signed 2-16 40

VS 8

66323 ✓ F 66323

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B Registered No.

Physicians: please write the causes of death clearly and legibly. Previous illness is not the cause of death. Be sure to give correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Riviera Apts. Linden Ave. & Lake Drive
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City ~~or town~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Riviera Apts.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ISABELLE SPANDAUER

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 2, 1859

8. AGE: Years	Months	Days	If less than one day hr.	min.
80	6	13		

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Levi Spandauer,
13. Birthplace Germany

MOTHER 14. Maiden Name Rosa Hutzler,
15. Birthplace Germany

16 (a) Informant Mrs. B. Weil,
(b) Address Riviera Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Baltimore, Md.

18 (a) Funeral director David Sindrem & Son
(b) Address 1902 Eutaw Place.

19 (a) FEB 17 1940 (Date received by Registrar) (b) Interring or Removal Permit issued by Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby. 15th. 1940, at P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939 to Feb 15 1940, and that I last saw him alive on Feb 14 1940.

Immediate cause of death
Embolism
Due to Carcinoma of stomach and metastasis (general)
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
1 day
8 mos

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Frederick Leitz M. D.
Address Temple Garden Apts. Date signed

66324

George F. Henry ✓ F 66324

BALTIMORE CITY HEALTH DEPARTMENT 131-a Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1526 W. Lanvale St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1526 W. Lanvale St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George F. Henry
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col.	widower

6 (b) Name of husband or wife Alice Henry.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) ? ? 1874

8. AGE: Years	Months	Days	If less than one day
66 65	7	?	hr. min.

9. Birthplace Snowhill, Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER 12. Name	Unknown
FATHER 13. Birthplace	
MOTHER 14. Maiden Name	Fannie ? Unknown
MOTHER 15. Birthplace	? Unknown

16 (a) Informant Wilbur F. Henry
(b) Address 1108 N. Carey St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/40 (month) (day) (year)
(c) Cemetery or crematory [redacted] Md
Location Bozman
18 (a) Funeral director Thos. E. Kelson
(b) Address 1303 Presstman St
19 (a) (Date received by registrar) (b) Registrar Washington Williams, M.D.

FEB 19 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 13 1940 at 3:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 2/10 1940 to 2/13 1940 and that I last saw h[im] alive on 2/13 1940

Immediate cause of death: Cerebral Hemorrhage — Duration: 4 days
Due to Cardio Renal vascular disease.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature C. M. Pigott M. D.
Address 1536 W. Lanvale St. Date signed 2/15/40

VS 3

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Be sure to give correct age in especially important.

66325

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 66325

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4011 Evans Chapel Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4011 Evans Chapel Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** CHARLES MILLER

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-7220

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Sadie I. Miller
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan 14, 1894

8. AGE: Years	Months	Days	If less than one day
46	1	2	..... hr. ..... min.

9. Birthplace Maryland (Town, county and state)
10. Usual Occupation Chauffeur
11. Industry or business Balmar Corp.

FATHER
12. Name Geo Miller
13. Birthplace Md.

MOTHER
14. Maiden Name Alice B. DeHoff
15. Birthplace Md.

16 (a) Informant Sadie I Miller
(b) Address 4011 Evans Chapel Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 19 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave.

18 (a) Funeral director Chenowith & Donovan
(b) Address 3615-17 Chestnut Ave.

FEB 17 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 16th 1940, at 7 55 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration 2 wks?
Due to .....
Due to .....
Other Conditions none history
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature W. T. Wallenmeyer M.D.
Medical Examiner.
Date signed Feb 17, 1940

VS 6

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Accurate and correct age is especially important.

66326

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-F

Registered No. F 66326

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically. Give the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1420 Myrtle Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1420 Myrtle Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida May Nedd

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
20			hr min.

9. Birthplace Lynchburg, South Carolina. (Town, county, and state)

10. Usual Occupation Waitress

11. Industry or business

PARENTS

12. Name of father Junius "edd

13. Birthplace of father S. C.

14. Maiden Name of mother Louvina Macabee

15. Birthplace of mother S. C.

16 (a) Informant Eddie Nedd, brother

(b) Address 1427 Myrtle Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 2/16/40 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cemetery

Location Baltimore

18 (a) Funeral director A. Halstead

(b) Address 918 Druid Hill Ave.

19 (a) 2/17/40 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1940, at 5:30 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said — (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Pulmonary tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Vanderstuft M.D. Medical Examiner.

Date signed 2/14/40

F 66327

BALTIMORE CITY HEALTH DEPARTMENT 83-aF 66327

CERTIFICATE OF DEATH 52434

Registered No.

1. PLACE OF DEATH: Baltimore City Hospitals
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 weeks
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs (?)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1242 W. Lombard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 19 yrs.(?) years

3 (a) FULL NAME Martha Beatty
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Unknown
8. AGE: Years: 80 plus | Months | Days | If less than one day: hr. min.
9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Nurse
11. Industry or business

FATHER
12. Name Henry Beatty
13. Birthplace England

MOTHER
14. Maiden Name Elizabeth Downey
15. Birthplace England

16 (a) Informant Records
(b) Address Baltimore City Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Loreto Catholic Cemetery FEB 17 1940
Location Commissioner of Health
18 (a) Funeral director Per H. A. Moore
(b) Address
FEB 17 1940 (b) Registrar Huntington Williams M.D.
(Date received by Registrar)

5104

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13 1940, at 12:35PM
21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 30 1940, to Feb. 13 1940, and that I last saw her alive on Feb. 13, 1940

Immediate cause of death: Cerebral hemorrhage — Duration: 5 days
Due to:
Due to:
Other Conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Chas. L. Schmuck M. D.
Address Baltimore City Hospitals Date signed 2-13-40

PLEASE WRITE PLAINLY with pen and ink. Be sure to answer all questions correctly. Be certain that the information you give as to name, residence, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

COK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51839

Registered No. F 66328

F 66328

131-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 612 Saratoga St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martha Gray

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife William Vassels

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 7, 1873

8. AGE: Years	Months	Days	If less than one day
67	0	8	hr. min.

9. Birthplace D.C.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James
13. Birthplace Va.

MOTHER
14. Maiden Name Annie Bundy
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 2/17/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore Md Section

18 (a) Funeral director Daniel A Brown Son
(b) Address 10 E Mulberry St

19 (a) FEB 17 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15 1940, at 11:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 12 1940, to Feb. 15 1940, and that I last saw her alive on Feb. 15 1940.

Immediate cause of death	Duration
Arteriolar nephrosclerosis	unknown.
Due to	
Due to	
Other Conditions Hypertensive cardiovascular disease	unknown.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Millard Gatchell M. D.
Address Baltimore City Hospitals Date signed 2-16-40

correct age is especially important. If unknown, please write the words "not known" and give approximate age.

VS 3

F 66329

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

Registered No. F 66329

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 24 W Churchill St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mo ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 24 W Churchill St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME ROBERT TERRELL.

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-03-2912

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Wid

6 (b) Name of husband or wife Maggie Christine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
44			hr. min.

9. Birthplace North Carolina
(Town, county, and state)

10. Usual Occupation Laborer
11. Industry or business Feed store

FATHER
12. Name —
13. Birthplace

MOTHER
14. Maiden Name —
15. Birthplace

16 (a) Informant Josephine Hughes
(b) Address 24 W Churchill St

17 (a) (Burial, cremation, or removal) (b) Date thereof 2 / 17 / 40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore Md

18 (a) Funeral director Daisy L Brandon
(b) Address 1580 Monterey St

19 (a) FEB 17 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13 1940, at 10 45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death Intercerebral hemorrhage — Duration Unknown
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. W. Wallenwebber M.D.
Medical Examiner.
Date signed Feb 13, 1940

F 66330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B Registered F 66330

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1315 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1315 Edmondson Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Clark

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 31 1898

8. AGE: Years	Months	Days	If less than one day
41	10	14	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Laborer (General)

11. Industry or business

FATHER 12. Name Charles Clark

13. Birthplace Maryland

MOTHER 14. Maiden Name Louise Smith

15. Birthplace Maryland

16 (a) Informant James Clark

(b) Address 1229 Bayard St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 2 / 18 / 40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Baltimore Md

18 (a) Funeral director Isaiah L Brown Son

(b) Address 1056 W Mosby Ave

19 (a) FEB 17 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 14 1940 at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 14 1940 to Feb 14 1940, and that I last saw h alive on Feb 14 1940.

Immediate cause of death Cerebral Embolism — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Manner of injury

23. Signature W. H. Hoerle M. D.

Address 601 Arlington Ave Date signed 2/16/40

VS 3

Please write plainly. Physicians: please write the causes of death clearly and legibly. Information required is necessary for the protection of life and property. Please give correct age in each case. Every question should be answered. Information as to cause of death is especially important.

66331

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 66331

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 800 Gunbridge Rd.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 11 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 800 Gunbridge Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Viola Frances Snyder

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Wm. Anthony Snyder
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Dec. 6, 1874

8. AGE: Years	Months	Days	If less than one day
65	2	10	hr. min.

9. Birthplace Anticetam, West Co. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business None

FATHER
12. Name Alexander Haines
13. Birthplace Not Known

MOTHER
14. Maiden Name Clara Delaney Summers
15. Birthplace Not Known

16 (a) Informant Mr. W. A. Snyder
(b) Address 800 Gunbridge Rd, Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 14, 1940 (month) (day) (year)
(c) Cemetery or crematory Glenmalura
Location Mt. Pleasant, Balto Co. Md.

18 (a) Funeral director Landon M. Brooks
(b) Address Govans Md.

19 (a) FEB 17 1940 (Date received by registrar) (b) Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16 1940, at 11:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 24 1939, to Feb. 16 1940, and that I last saw h.e alive on Feb. 16 1940.

Immediate cause of death	Duration
Pneumonia (Lobar)	3 days
Due to Cerebral Hemorrhage	4 months.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Karl H. Benson, M.D.
Address 5111 York Road Date signed 2/16/40

VS 3

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

66332

F 66332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 606 Eislen St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Tolson (52802)

3 (b) If veteran, name war

3 (c) Social Security Account No. None.

4. Sex: M

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elizabeth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1, 1887

8. AGE: Years 52 | Months 11 | Days 15 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Alexander Tolson
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Wolfe
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb 19 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calary
Location Balto. Md.

18 (a) Funeral director Walter B. Spriggs
(b) Address 139 W. Hamburg St.

19 (a) FEB 17 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16, 1940, at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 12, 1940, to Feb. 16, 1940, and that I last saw him alive on Feb. 16, 1940

Immediate cause of death: Tuberculosis of the Lungs — Duration Sept 1939

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: J. Calvary M.D.

Address Baltimore City Hospitals Date signed 2/16/40

F 66333

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66333

CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 741 Georgia St., 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Isabella Young

(a) Residence: No. 741 Georgia St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6a. If married, widowed or divorced: HUSBAND of (or) WIFE of Chas. Young

6. DATE OF BIRTH (month, day, year) Sept 10 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Botetourt Co. Va

FATHER

13. NAME Thomas Watson

14. BIRTHPLACE (City or town) (State or country) Botetourt Co. Va

MOTHER

15. MAIDEN NAME Nellie —

16. BIRTHPLACE (City or town) (State or country) Botetourt Co. Va

17. INFORMANT Chas. Young

(Address) 741 Georgia

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Allyn Date 2/18 1940

19. UNDERTAKER Walter B. Early & Co.

(Address) 1516 Hamlet St.

20. FILED FEB 17 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 13, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1939 to Feb 13, 1940

I last saw he alive on Feb 13, 1940 Death is said to have occurred on the date stated above, at 6.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	about 8-1-39
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. McRae, M. D.

(Address) 1126 Druid Hill

INFORMATION should be carefully compiled, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

52597 - RB

F 66334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 66334 Registered No.

PLEASE WRITE PLAINLY, using ink. Physicians: please write the causes of death clearly and legibly. Be sure that every item is correct and complete, as the value of this certificate depends upon the accuracy with which it is filled out. Information as to age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 718 S. Glover St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Kramer

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-3821

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Anna May Kramer
6 (c) If alive, give age 48? years
7. Birth date of deceased (mo., day, yr.) April 18, 1889
8. AGE: Years 50 | Months 9 10 | Days 27 | If less than one day ... hr. ... min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Die Setter
11. Industry or business Continental Can Co.

FATHER
12. Name Charles Kramer
13. Birthplace Baltimore

MOTHER
14. Maiden Name Betty Lautenberger
15. Birthplace Baltimore

16 (a) Informant Mrs Anna May Kramer (Wife)
(b) Address 718 S. Glover St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 19, 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address Baltimore & Broadway.

19 (a) FEB 19 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. (Signature)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15 1940, at 6:32 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 5 1940, to Feb. 15 1940, and that I last saw h.im alive on Feb 15 1940.

Immediate cause of death: Subarachnoid Hemorrhage — Duration 10 days.

Due to:

Due to:

Other Conditions: years elapsed arteriosclerosis — Autopsy

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Emma Goldstein M. D.
Address Belle City Hosp. Date signed 2-15-40

F 66335

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

169

F 66335 Registered No.

PLEASE WRITE PLAINLY, with INK AND NO INK. Do not abbreviate. Be sure to answer all questions. Insert "None" where necessary. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address In front 1852 So Caroline St
(c) Hospital or institution: U. of A. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 836 So Bond St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Nesslein (GEORGE NUESSLEIN)

3 (b) If veteran, name war: no.

3 (c) Social Security Account No. None.

4. Sex: M

5. Color or race: Wh

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: — — —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 28. 1879

8. AGE: Years 60 | Months 4 | Days 18 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Street Cleaner - Balto. City.

11. Industry or business

FATHER
12. Name George Nuesslein
13. Birthplace Baltimore

MOTHER
14. Maiden Name Augusta Streip
15. Birthplace Baltimore

16 (a) Informant Charles Nuesslein (Brother)
(b) Address 836 S. Bond St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 20. 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC. Harry J. Sander
(b) Address Baltimore & Broadway.

19 (a) FEB 17 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16 1940 at 2.25 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Crushing injury of abdomen with hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2/16/40
(c) Where did injury occur? In front 1852 So Caroline St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Run over by R. R. Engine

23. Signature H. Williams Jr M.D. Medical Examiner.
Date signed 2/16/40

F 66336

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 66336 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: St Josephs Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 day

(e) Length of stay in Baltimore (yrs., mos., or days) 52yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 5701 Pimlico Rd.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Mildred E Stewart

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: John Chew Stewart

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Mar. 31. 1859

8. AGE: Years 80 | Months 10 | Days 15 16 | If less than one day: hr. min.

9. Birthplace: Richmond County Virginia
(Town, county, and state)

10. Usual Occupation: Invalid

11. Industry or business: none

FATHER

12. Name: Alexander Wright

13. Birthplace: Richmond Co. Virginia

MOTHER

14. Maiden Name: Belle Parry

15. Birthplace: Essex Co. Virginia

16 (a) Informant: Miss Sadie Belle Stewart (Daughter)

(b) Address: 5701 Pimlico Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 19. 1940 (month) (day) (year)

(c) Cemetery or crematory: Druid Ridge Cem.

Location: Balto. Co. Md.

18 (a) Funeral director: HENRY SANDER & SONS. INC.

(b) Address: Baltimore & Broadway.

19 (a) Filed FEB 19 1940 (b) Registrar: Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2. 16. 40 19 . at 5 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2. 14. 40 to 2. 16. 40, and that I last saw her alive on 2. 16 19 40

Immediate cause of death: Bronchopneumonia - both lungs — Duration: 17 hrs

Due to: Arteriosclerotic Cardiovascular Disease — Duration: 5 yrs

Due to: — Duration: ?

Other Conditions: Arteriosclerotic Hemiplegia - Left foot (Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Harry Kelmenson M. D.

Address St. Josephs Hosp Date signed 2-16-40

PLEASE WRITE PLAINLY. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52848 - RB

F 66337

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-B

F 66337 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made on this certificate before it is filed. Answer each question correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Hoffman House - Camden St.
(If rural give location) East ave
(e) If foreign born, how long in U. S. A.? years

22-V

3 (a) FULL NAME Albert Shipley

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Marie (dead)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 14, 1884

8. AGE: Years 55 | Months 6 | Days 1 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Blacksmith

11. Industry or business

FATHER
12. Name Fayette Shipley
13. Birthplace Maryland

MOTHER
14. Maiden Name Caroline Boulvard
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore City

18 (a) Funeral director J. B. Hippert & Son
(b) Address 4940 Eastern Ave

19 (a) FEB 19 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15 1940, at 4:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 13 1940, to Feb. 15 1940, and that I last saw him alive on Feb. 15 1940.

Immediate cause of death
Cardiac failure — Duration unknown

Due to Emphysema and pulmonary hypertension. — Duration unknown

Due to — Duration

Other Conditions — Duration none

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Ans above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Emanuel Goldstein M. D.
Address Balto City Hosp. Date signed 2-15-40

F 66338

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 66338

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 11 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1620 W. Lanvale St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Green

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Black	Child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-13-[illegible]

8. AGE: Years	Months	Days	If less than one day hr.	min.
11	7	2		

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Howard Green
13. Birthplace Balto.

MOTHER
14. Maiden Name Rosy Cook
15. Birthplace Balto.

16 (a) Informant Mother
(b) Address 1620 Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore Co.

18 (a) Funeral director Jas. Jno. Skinner
(b) Address 1214 E. Monument St.

19 (a) Filed FEB 17 1940 (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15 1940, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 7 1940 to Feb 15 1940, and that I last saw h. alive on Feb 15 1940.

Immediate cause of death	Duration
(a) Pulmonary Tuberculosis Miliary Tuberculosis	
Due to (b) Tuberculous Meningitis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy miliary tuberculosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles H Classen

Address 1924 N. Eden St. Date signed 2-17-40 M. D.

PLEASE WRITE PLAINLY, WITH PENALTIES FOR FALSE STATEMENTS. Items must be answered in full. Where exact information is not known, approximate answer should be given. Data furnished should agree with the best knowledge and belief of informant. Underlining or quotation marks are not necessary. Use ditto marks only when they will not cause confusion. Do not abbreviate. Write out the full name of the month. Do not use figures. Physicians: please write the causes of death clearly and legibly. Cause of death should be certified in accordance with the International Classification of Diseases, Injuries and Causes of Death. Please report the correct age at last birthday in completed years. If the deceased was under one year old, report age in months, days, or hours. The space for "Length of stay" should be filled in for all deaths occurring in hospitals or institutions. The information requested under "Usual residence" is necessary for a correct report of the locality in which the person lived, whether or not he died there. The "Usual residence" is the place where he had lived for the previous six months or more. The "Usual occupation" entry should show what kind of work the person did during most of his working life, even though he may have been unemployed at the time of death. Indefinite terms, such as laborer, factory worker, clerk, etc., should not be used alone. The "Kind of business or industry" entry should show the name of the establishment in which the person worked, such as factory, store, farm, etc. Cause of death must be certified to the best knowledge and belief of the physician. Indefinite terms, such as heart failure, should not be used alone. Violent deaths must be reported immediately to the Coroner.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66339

CERTIFICATE OF DEATH

25 F 66339

Registered No.

1. PLACE OF DEATH University Hospt

CITY OF BALTIMORE: (No. ____ St. 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Elsie Harasel

If U. S. Veteran specify WAR ____

(a) Residence: No. 428 Robert St Ward. ____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1907

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
33	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anundel Co, Md

FATHER

13. NAME David Bond.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Jackobs

16. BIRTHPLACE (city or town) (State or country) Anundel Co Md

17. INFORMANT Mother; Mrs Mary Jackobs

(Address) Anundel Co Md

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date Feb 20th 1940

19. UNDERTAKER Edward O Wilson

(Address) 1940 Pennsylvania Ave

20. [illegible] Huntington Williamsport Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 16, 1940

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1940 to February 16, 1940

I last saw her alive on February 16, 1940 Death is said to have occurred on the date stated above, at 10:52 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Peritonitis.	2-10-40
Pelvic Empyema.	" "
Paralytic Ileus	" "
Acute Nephritis	2-14-40
Other contributory causes of importance:	
Pelvic Inflamatory Disease	over
Bilateral Tuboovarian masses	

Was an operation performed? Yes Date of 2-10-40

For what disease or injury?

Name of operation Supravaginal Hysterectomy + Bilat. S.O.

What test confirmed diagnosis? ____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) [signature] M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 66340

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

94-a

F 66340

Reg. Dist. No. .....

1. PLACE OF DEATH:

County Baltimore

City or town Baltimore (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 2450 Eutaw Place

Stay in hospital or inst. (yrs., or mos., or days) .....

Stay in this community (yrs., or mos., or days) 4 Mos.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County .....

City or town Baltimore Ward No. 19

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 2450 Eutaw Place (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Mary Hunt Hardwige

3. (b) Social Security Number None

4. Sex: Female | 5. Color or race: White | 6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Harold Hardwige Sr.

6(c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) March 31, 1865

8. AGE: Years 74 | Months 10 | Days 15 | If less than one day: hrs ..... min

9. Birthplace Ellicott City, Maryland (Town, county, and state)

10. Usual occupation Home

11. Industry or business Owns Home

FATHER 12. Name Thomas H. Hunt.

13. Birthplace Maryland

MOTHER 14. Maiden name Rachel Leithgenin

15. Birthplace Maryland.

16. Informant Harold Hardwige

Address 2450 Eutaw Place

17. Burial (Burial, cremation, or removal) Date thereof Feb. 18, 1940 (month) (day) (year)

Cemetery or crematory St. Johns Cemetery

Location Ellicott City Maryland

18. Funeral director Easton Sons

Address Ellicott City Md.

FEB 18 1940 19.... Hunting [illegible], M.D.

(Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 15 1940 at 830 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1938 to Feb 15 1940

and that I last saw her alive on Feb 15 1940

Immediate cause of death Coronary Thrombosis — DURATION 15 min.

Due to arteriosclerosis

Due to age

Other conditions arthritis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Edward Novak M.D.

Address 101 W. Read St. M. D. or other

Date signed Feb. 17. 40

Physicians: please write the causes of death clearly and legibly. Especially important, correct age is especially important.

Gertrude E Krebs

F 66341

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33 B

F 66341 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: St Agnes Hospital
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Ave
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3004 Belmont Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

16 7

3 (a) FULL NAME Mrs Gertrude Krebs X

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Leo Francis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 19, 1887

8. AGE: Years 53 | Months | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Charles L Brown

13. Birthplace

MOTHER 14. Maiden Name Sarah A. O'neill

15. Birthplace Ellicott City, Md.

16 (a) Informant Leo F Krebs

(b) Address 3004 Belmont ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb (month) (day) 40 (year)

(c) Cemetery or crematory New Cathedral

Location Old Frederick Rd

18 (a) Funeral director Harry H Witzke

(b) Address 4101 Edmondson Ave

19 (a) Date received (Registrar) FEB 18 1940 (b) Registrar

Filed FEB 18 1940 Vs 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-15-1940, at 8 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-13 1940 to 2-15 1940, and that I last saw her alive on 2-15 1940.

Immediate cause of death	Duration
Probable encephalitis	
Due to Influenza	
Due to	
Other Conditions Generalized & coronary arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Coronary sclerosis, mild arteriosclerosis, 4 cysts

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stanley V. Sewell M. D.

Address St Agnes Hosp Date signed 2-15-40

66342
373199

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 61

F 66342

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 59 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days) 59 DAYS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County Wicomico
(c) City or town Whitehaven
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1613
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME MAJOR THOMAS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	BLACK	MARRIED

6 (b) Name of husband or wife Evelyn

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 12-14-05

8. AGE: Years	Months	Days	If less than one day
34	2	3	..... hr. ..... min.

9. Birthplace MD
(Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER
12. Name MAJOR THOMAS
13. Birthplace MD

MOTHER
14. Maiden Name NANCY WILSON
15. Birthplace MD

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof Feb 20 1940 (month) (day) (year)
(c) Cemetery or crematory Tyaskin Md
Location Near Whitehaven

18 (a) Funeral director ..... Funeral Home
(b) Address Parsonsburg, Md.

19 (a) FEB 18 1940 (Date rec'd by registrar) (b) ..... Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17 1940, at 2.20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 21 1939 to Feb 17 1940 and that I last saw him alive on Feb 17 1940.

Immediate cause of death	Duration
Bronchopneumonia	3 days
Due to Staphylococcus	
Due to	
Other Conditions Diabetes Mellitus, Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy Confirmatory

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature W B McAllister Jr M. D.
Address ..... Date signed 2-17-40

F 66343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66343 Registered No. 83-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. No correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1812 Chilton st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dorothy R. Thater

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 215-07-1868

4. Sex: Female
5. Color or race: White
6 (a) Single, ~~married, widowed, or divorced~~: Single
6 (b) Name of husband or wife:
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 15 1918

8. AGE: Years 22 | Months 0 | Days 2 | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Secretary
11. Industry or business Roland Park Co

FATHER
12. Name Andrew Thater
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Margaret A. Dalton
15. Birthplace Balto Md.

16 (a) Informant Andrew N. Thater
(b) Address 1812 Chilton St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 2/20/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Holy Redeemer
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) Date received by local registrar FEB 19 1940 (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17 1940, at 4 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 16 1940, to Feb 17 1940, and that I last saw h~~er~~ alive on Feb 17 1940.

Immediate cause of death: Subarachnoid Hemorrhage — Duration: 2 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Subarachnoid Hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Kelsmeyer M. D.
Address St. Joseph Hosp. Date signed 2-17-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66344 CERTIFICATE OF DEATH 131-W F 66344

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2711 Fenwick Ave 9-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha E. Wirth

If U. S. Veteran specify WAR

(a) Residence: No. 1746 Caswell St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed or divorced (or) WIFE of George Wirth

6. DATE OF BIRTH (month, day, year) April 24 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Germann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Lamsback

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Otto A. Germann

(Address) 2711 Fenwick Ave

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Oak Lawn Date 2/19 1940

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED , 19

Registrar.

FEB 18 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16th, 1940

22. I HEREBY CERTIFY, That I attended deceased from 3-16-, 1939 to 2-16-, 1940

I last saw her alive on 2-16-, 1940 Death is said to have occurred on the date stated above, at 11:02 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease	Unknown
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo B. Gilbert M. D.

(Address) 1902 Fairford Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 66345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66345 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 519 E 28th St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 519 E 28th St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard Gladfelter

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: M
5. Color or race: W
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married
6 (b) Name of ~~husband or~~ wife: Christina Gladfelter
6 (c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.) Feb 12th 1871

8. AGE: Years 69 | Months 0 | Days 4 | If less than one day: hr. min.

9. Birthplace: Balto. Md. (Town, county, and state)
10. Usual Occupation: Unemployed
11. Industry or business: Painting

FATHER
12. Name: Louis Gladfelter
13. Birthplace: Md.

MOTHER
14. Maiden Name: Christina Burgan
15. Birthplace: Md.

16 (a) Informant: Christina Gladfelter
(b) Address: 519 E. 28th St

17 (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof 2/19/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~: Mt. Carmel
Location: Balto. Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 W. Baltimore St

19 (a) (Date received by Registrar) (b) Registrar

FEB 18 1940
VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 16 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration:
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: [illegible] M.D. Medical Examiner.
Date signed 2/17/40

F 66346

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 66346

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3451 Cottage Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3451 Cottage Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Rev. Max Leavitt

3 (b) If veteran, name war: none

3 (c) Social Security Account No. None.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Annie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
68	-	7	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business Rabbi

FATHER
12. Name Moses Hendle Leavitt
13. Birthplace Russia

MOTHER
14. Maiden Name Mary Leah Cohen
15. Birthplace Russia

16 (a) Informant Mr Robert Leavitt
(b) Address 3011 Garrison Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 18, 40 (month) (day) (year)
(c) Cemetery or crematory Bnai Israel Cemetery
Location Southern Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 124-26 W. North ave

19 (a) (Date received by registrar) (b) Registrar

FEB 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17, 1940 at 1 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1938 to Feb 17, 1940 and that I last saw him alive on Feb. 17, 1940

Immediate cause of death: Interventricular Cardio-vascular Disease — Duration: ?

Due to

Due to

Other Conditions: Pulmonary Edema — Duration: 1 hour

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. A. Spoerman, M. D.
Address 2340 Eutaw Place Date signed Feb. 17, 1940

F 66347

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-A

F 66347 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Belvidere & Greenspring Ave
(c) Hospital or institution:
Hebrew Home for the Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 84 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Belvidere & Greenspring (If rural give location)
(e) If foreign born, how long in U. S. A.? Unknown years

3 (a) FULL NAME Lena Siegel

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 84 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Sigmund Fenblatt
(b) Address Belvidere & Greenspring

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 2-18-40 (month) (day) (year)

(c) Cemetery or crematory O. H. F. B. Society
Location Mt Carmel

18 (a) Funeral director Jack Louis Inc
(b) Address 1439 E. Baltimore St

19 (a) Date received by registrar FEB 19 1940 **(b)** Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-16 1940, at 6.25 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-10 1929, to 2-16 1940 and that I last saw h[illegible] alive on 2-16 1940.

Immediate cause of death Hypertension, Arteriosclerosis
Cerebral Hemorrhage, right — Duration 1926
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Edmund Levin MD

Address Levindale **Date signed** 2/16/40 M. D.

F 66348

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 66348 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 9 E. Eager St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 9 E. Eager St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY LUCILE CRAWFORD

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John A. Crawford
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 14, 1878

8. AGE: Years 62 | Months 1 | Days 3 | If less than one day hr. min.

9. Birthplace Buffalo, New York (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name George M. Osgoodly
13. Birthplace New York

MOTHER
14. Maiden Name Mary E. Turrill
15. Birthplace New York

16 (a) Informant Mr. John A. Crawford
(b) Address 9 E. Eager St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 19, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director [illegible]
(b) Address 1005 W. Baltimore St.

FEB 18 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17 1940, at 12 Noon

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 9 1939 to Feb 17 1940 and that I last saw h. alive on Feb 17 1940.

Immediate cause of death: Carcinoma of breast. — Duration 2 yrs
Due to: Edema of decomposition — 1 mo
Due to: Hypostatic pneumonia — 3 days
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations: cancer
Of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature Fred T. Kyger M. D.
Address 3321 Frederick Ave. Date signed

F 66349

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 66349 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 601 East 38th Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
Street No. 601 E. 38th St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary R. Long

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Walter H. Long
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 1-1870

8. AGE: Years	Months	Days	If less than one day
69	0	14	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Henry Louis (Long)
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary R. Tarbert
15. Birthplace Maryland

16 (a) Informant Mrs Frank Wright
(b) Address 3921 Clover Hill Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/40 (month) (and year)
(c) Cemetery or crematory Druid Ridge
Location Reisterstown Road

18 (a) Funeral director A. B. Marshall
(b) Address 3539 Falls Road

(a) FEB 18 1940 (Date registered) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb - 15 - 1940 at 10:37 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1939 to Feb-15 - 1940, and that I last saw her alive on Feb-10 - 1940.

Immediate cause of death	Duration
Apoplexy Cerebral Hemorrhage	
Due to Brain Hemorrhage	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. O. Carman M. D.
Address 1701 N. Caroline Date signed 2-16-40

F 66350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 66350 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 715 S. Lakewood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 715 S. Lakewood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

13

3 (a) FULL NAME William T. Wright

3 (b) If veteran, name war: Civil War

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Madeline

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Feb 28 1849

8. AGE: Years 90 91 | Months 11 0 | Days 15 | If less than one day: hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name WRIGHT.
13. Birthplace U KOWN

MOTHER
14. Maiden Name UNKOWN
15. Birthplace UNKOWN

16 (a) Informant Madeline Moulds
(b) Address 715 S Lakewood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 19/40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location Eastern Ave Md.

18 (a) Funeral director Lilly & Zeiterbee
(b) Address 403 S. Wolfe St.

19 (a) (Date rec'd by registrar) (b) Registrar

FEB 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 15 1940, at 1 pm M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 2 1938. to Feb 15 1940. and that I last saw him alive on Feb 14 1940.

Immediate cause of death: Arteriosclerotic C.V. Disease
Myocardial failure

Duration: Feb 12 hrs

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Schumunk M. D.

Address 842 S. Ewart Ave. Date signed 2-15-40

F 66351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-C

Reference No. F 66351

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital.
(c) Hospital or institution: 1700 E Monument st
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 27

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1805 Roscomb Land
(If rural give location) Ruscombe Lane
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Barry Charles Zerwitz

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife May 28/39.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28, 1939

8. AGE: Years	Months	Days	If less than one day
0	8	20	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Jack M. Zerwitz
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Sophia Gansel
15. Birthplace Florida

16 (a) Informant Louis Zerwitz
(b) Address 1805 Roscomb Land

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 18/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Hearing Rest
Location Pikesville Road.

18 (a) Funeral director Sol Levine or Bros
(b) Address 124-26 W. North ave

(a) FEB 18 1940 Date received by Registrar (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17, 1940 at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 15 19 40 to Feb. 17 19 40 and that I last saw him alive on Feb. 17, 19 40.

Immediate cause of death
Asphyxia

Due to
Laryngo-tracheo-bronchitis.

Duration
4 days

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold A Groth M. D.
Address Sinai Hosp. Date signed 2/17/40

66352

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 100-B Registered No. F 66352

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4310 Mann Ave
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 8 2 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4310 Mann Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME MRS MARY AXON DEBELING.

3 (b) If veteran, name war None. | 3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Walter F. Debeling

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June - 7 - 1883.

8. AGE: Years 56 | Months 8 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name Edward Parsons
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Charlotte Carter
15. Birthplace Baltimore, Md

16 (a) Informant Mrs. Helen M. Marr (Cousin)
(b) Address Mahwah, N. J.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

FEB 18 1940 (Date rec'd by Registrar) (b) Huntington W. [illegible] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 16 1940, at 10 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to h[illegible] death on the day stated above.
(Autopsy or Inquiry)

	Duration
Immediate cause of death Gangrene, left lower leg	[illegible]
Due to Arteriosclerosis, chronic	
Due to	
Other Conditions Septicemia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. T. Wollenweber M.D.
Medical Examiner.

Date signed Feb 16, 1940

F 66353

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 931

F 66353 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 103 W. Monument
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 103 W Monument
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Margaret Riddle Yoe

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex Female **5. Color or race** White **6 (a) Single, married, widowed, or divorced** Single

6 (b) Name of husband or wife Single

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July-24-1862

8. AGE: Years 77 | Months 6 | Days 24 | If less than one day hr. 23 min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name Benj. Yoe
13. Birthplace Maryland

MOTHER
14. Maiden Name Arianna Riddle
15. Birthplace Penna.

16 (a) Informant Mrs M. Eleanor Stevenson (cousin)
(b) Address 1533-Bolton St

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** July-19-40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

19 (a) JUL 18 1940 (Date rec'd by registrar) **(b)** [signature] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 - 1940 at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1940 to July 17 1940 and that I last saw h alive on July 17 1940.

Immediate cause of death Chr. myocarditis
Myocardial insuff.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration 10 yrs 6 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas. J. Keller, M. D.
Address 722 W. Monument **Date signed** 7/19/40

F 66354

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 66354

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 West Baltimore St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WARREN COLIGNY

3 (b) If veteran, name war: No
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife: Catherine Coligny
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 17 1884

8. AGE: Years	Months	Days	If less than one day
55	11 16	16 24	hr. min.

9. Birthplace: Baltimore (Town, county, and state)
10. Usual Occupation: Sheet Metal Worker
11. Industry or business: Self

FATHER
12. Name: Charles Coligny
13. Birthplace: New Jersey

MOTHER
14. Maiden Name: Elizabeth Miller
15. Birthplace: New Jersey

16 (a) Informant: Catherine Coligny (Wife)
(b) Address: 1712 West Baltimore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2. 19. 40 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cem
Location: East North Ave

18 (a) Funeral director: Robert Brooks & Son.
(b) Address: Calhoun & Hollins Sts.

19 (a) [illegible] Registrar Huntington Williams, M.D.

FEB 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 2. 16. 1940, at 3 35 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	Instant
Due to	
Due to	
Other Conditions none known	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: H. A. Wallenmeyer M.D.
Medical Examiner.
Date signed Feb 16, 1940

F 66355

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 66355 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive and 31st Street,

(c) Hospital or institution:

U. S. Marine Hospital, Baltimore, Maryland.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days

(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore City

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1605 N. Gilmore Street

(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME GEORGE THOMAS

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 18, 1888

8. AGE: Years	Months	Days	If less than one day
51	5	29	..... hr. ..... min.

9. Birthplace Norfolk, Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Charlie Thomas

FATHER 13. Birthplace North Carolina

MOTHER 14. Maiden Name Mamie Sutton

MOTHER 15. Birthplace North Carolina

16 (a) Informant Records-U. S. Marine Hospital,

(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-40 (month) (day) (year)

(c) Cemetery or crematory Balto National

Location Frederick Ave

18 (a) Funeral director Robert Brooks & Son

(b) Address Calhoun & Hollins sts

19 (a) ..... (Date rec'd by registrar) (b) ..... Registrar

FEB 18 1940 Harry H. Williams M.D.

vs.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17, 1940, at 4:15AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 31, 1940, to Feb. 17, 1940, and that I last saw him alive on Feb. 17, 1940.

Immediate cause of death	Duration
Uremia	2 weeks.
Due to Chronic nephritis	Unknown.
Due to Arteriosclerosis	Unknown.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy Same as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....

(Specify type of place)

(e) Means of injury .....

23. Signature T. B. H. Anderson per V. R. Duncan M.D.

Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 2-17-40

F 66356

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

97

F 66356

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County

City or town: Baltimore City Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 3910 Pinkney Road. Balto.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 6 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County

City or town: Baltimore Ward No. 17
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3910 PINKNEY RD
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Ellen Catherine Lilly Finley

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: John M. Finley Dead

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 9-15-1858

8. AGE: Years: 81. Months: 5 Days: 2 If less than one day: hrs. min.

9. Birthplace: York. York Co. Pa
(Town, county, and state)

10. Usual occupation: House wife

11. Industry or business

FATHER
12. Name: Rev. A. H. Lilly
13. Birthplace: Dont Know.

MOTHER
14. Maiden name: Margery A. Herman
15. Birthplace: Cumb. Co. Pa

16. Informant: Frank Peckman.
Address: 3910 Pinkney Road, Balto.

17. Burial (Burial, cremation, or removal) Date thereof: Feb. 20, 1940.
(month) (day) (year)

Cemetery or crematory: Evergreen Cem.

Location: Gettysburg, Pa.

18. Funeral director: Wm. Berry may & Sons.

Address: Reisterstown, Md.

19. FEB 18 1940 (Date rec'd by Registrar) Mary A. Hilliard, Clerk

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 17th 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 10th 1940 to Feb 17th 1940 and that I last saw h- alive on Feb 17th 1940

Immediate cause of death: Uraemia — DURATION

Due to: Generalized arteriosclerosis

Due to: senility

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Wm. M. Byerly, M. D. or other

Address: 3045 W North Ave Date signed 2/18/40

66357 Kuester

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 66357 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address W. Wilkens & Calvin Aves,
(c) Hospital or institution: St. Agnes' Hospital,
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3715 Leeds St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Matilda D. Kuester

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife John J. Kuester | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 4-1870

8. AGE: Years 69 | Months 6 | Days 12 | If less than one day hr. min.

9. Birthplace Balt. Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Edward J. Smith
13. Birthplace Germany

MOTHER 14. Maiden Name Caroline Edelman
15. Birthplace Germany

16 (a) Informant Connie A. Bolton
(b) Address 529 Wildwood Pky

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-40 (month) (day) (year)
(c) Cemetery or crematory Westview
Location Baltimore Co.

18 (a) Funeral director Poff & B. M. Walter
(b) Address 3201 Huntingdon Ave

FEB 18 1940 (Date rec'd by registrar)

Huntingtown Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-16-1940, at 2:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-13 1940, to 2-16 1940, and that I last saw h[illegible] alive on 2-16 1940.

Immediate cause of death: Acute Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles V. Levin M.D.
Address St. Agnes Hosp. Date signed 2-16-40.

66358

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-E

F 66358 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2735 St. Paul
(c) Hospital or institution:

12-3

(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 90-8-23

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2735 St. Paul (If rural give location)
(e) If foreign born, how long in U. S. A.? ------ years

3 (a) FULL NAME Mary A. McDonald

3 (b) If veteran, name war ------
3 (c) Social Security Account No. ------

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife ------
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) May 24, 1849

8. AGE: Years 90 | Months 8 | Days 23 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business -----

FATHER
12. Name Joel Whitney McDonald
13. Birthplace Maine

MOTHER
14. Maiden Name Mary Rosalia Dowd
15. Birthplace Ireland

16 (a) Informant Mrs. Mary Alice Russell
(b) Address 2735 St. Paul Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Frederick Road

18 (a) Funeral director H. U. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) FEB 19 1940 (Date rec'd by registrar) (b) Thurlow Hill Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/17/1940, at a M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/15 1939, to 2/14 1940, and that I last saw h[illegible] alive on 2/14 1940.

Immediate cause of death: Myocardial Insufficiency — Duration: Unknown
Due to: Senility
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas. R. Grandbouzy M. D.
Address 2923 St. Paul St. Date signed 2/17/40

F 66359

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 66359 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 408 E. Preston St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 408 E. Preston St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years years

3 (a) FULL NAME Rose A. Duffy

3 (b) If veteran, name war

3 (c) Social Security Account No. -------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ---------

8. AGE: Years	Months	Days	If less than one day
about 75			hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name James Duffy
13. Birthplace Ireland

MOTHER 14. Maiden Name Mary Karron
15. Birthplace Ireland

16 (a) Informant James S. Duffy
(b) Address Bel Alton, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Frederick Rd & Augusta Ave

18 (a) Funeral director H W Mears & Son
(b) Address 805 N Calvert St

19 (a) (Date received by local registrar) (Signature of local registrar)

FEB 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-16-1940, at 11 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-10-1940, to 2-16-1940, and that I last saw her alive on 2-15 1940.

	Duration
Immediate cause of death Hypostatic Pneumonia	6 days
Due to Chr Myocarditis	Unknown
Due to	
Other Conditions Chr. Syphilis	Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. B. Tyler M. D.
Address 2807 Harford Ave Date signed 2-17-40

Physicians: please write the causes of death clearly and legibly.

F 66360 24

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 66360 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4540 Eastern Avenue
(c) Hospital or institution: Balto City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 1/2 da
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2512 Druid Hill Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Levi Taylor (25775)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Rebecca

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 4, 1903

8. AGE: Years	Months	Days	If less than one day
36	5	12	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Nathaniel
13. Birthplace Va

MOTHER 14. Maiden Name Carey Wiggins
15. Birthplace Va

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/40 (month) (day) (year)
(c) Cemetery or crematory Lancaster Co. Va
Location Va.

18 (a) Funeral director Thos. E. Kelson
(b) Address 1303 Pennsylvania Ave

19 (a) Filed [illegible] (Local registrar) Huntington Williamsport Md. (Registrar)

FEB 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16, 1940 at 10:20 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 17, 1931 to Feb. 16, 1940 and that I last saw h[illegible] alive on Feb. 16, 1940

Immediate cause of death: Tuberculosis of lungs — Duration: May 1939

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Balto. City Hosp[illegible] Date signed 2-17-40 M. D.

F 66361

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33-B

F 66361 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1714 Marshall St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1714 Marshall St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Lewis Welch

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Emma Simmons
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/7/1857

8. AGE: Years	Months	Days	If less than one day hr.	min.
82	4	—		

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Thos E Welch
(b) Address 1714 Marshall

17 (a) (Burial, cremation, or removal) (b) Date thereof 2 19 40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Dover Md

18 (a) Funeral director D. J. Fahey Sons
(b) Address 1818 Light St.

19 (a) FEB 18 1940 (Date registered) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 15 1940 at 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 13 1940 to Feb. 15 1940, and that I last saw him alive on Feb. 15 1940.

Immediate cause of death	Duration
Acute dilatation of Heart	1 day
Due to	
Due to Influenza	3 days
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. H. Campbell M. D.
Address 1644 Hanover St Date signed 2/17/40

IMPORTANT.—Every item of information should be carefully supplied, as all are important. Physicians: please write the causes of death clearly and legibly. USE PEN AND INK, WITH UNFADING INK.

F 66362

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

Registered No. F 66362

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U. of M. University Hosp. 5-W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2 Lanvale (If rural give location)
200 Block Colvin St
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Charles Parker

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Single.

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 22 | Months | Days | If less than one day hr. ... min.

9. Birthplace Baltimore md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Charles Hawks
13. Birthplace Calvert Co

MOTHER 14. Maiden Name Hattie Parker
15. Birthplace Calvert Co

16 (a) Informant: Hattie Parker
(b) Address Bowens md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/1940 (month) (day) (year)
(c) Cemetery or crematory Carroll Cem.
Location near Barstow Calvert Co Md

18 (a) Funeral director P. C. Lemmon
(b) Address Prince Frederick Md

FEB 18 1940 (Date received by Registrar) (b) Huntingtown Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH February 14 1940, at ..... M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to death on the day stated above.

Immediate cause of death: Bullet wound of rt groin.
Due to Perforation of rt iliac artery
Due to Exsanguination

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following: 17-D
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 2/14/40 - 9 P.M.
(c) Where did injury occur? In car Pk W Mulberry St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) Street While at work? No Fighting
(e) Means of injury Bullet wd - pistol, police
23. Signature Wm B Vandegrift M.D. Medical Examiner.
Date signed 2/14/40

VS 6

WITH UNFADING INK. Every item of information should be carefully supplied. The ... is especially important. Physicians please write the causes of death clearly and legibly.

F 66363

Youle

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66363
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mos. 30 days (Rural)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2 Montrose Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maxwell Youle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 18, 1939

8. AGE: Years	Months	Days	If less than one day
	4	29	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Jacob S. Youle
13. Birthplace Attleboro, Mass.

MOTHER
14. Maiden Name Viola Buck
15. Birthplace Iowa

16 (a) Informant Jacob S. Youle
(b) Address 2 Montrose Ave. Catonsville

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-19-40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Road

18 (a) Funeral director Edw. J. MacNabb
(b) Address Catonsville, Md.

19 (a) 2-18-1940 (Date rec'd by registrar) (b) Hunting for Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17 1940 9 50/A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1940 to Feb 17 1940 and that I last saw h~~im~~ alive on Feb 17 1940.

Immediate cause of death	Duration
Malignant Lymphoma	4 days
Fatal Hepatitis	2 weeks ?
Due to Jaundice & Vitamin K Deficiency	
Due to Multiple Abscesses (Staph. Aureus)	4 wks.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. J. Vollinger M. D.
Address Mercy Hospital Date signed 2-17-40

F 66364

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-a

X ✓ F 66364 Registered No.

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Calvert
(c) City or town Coster
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Norma Horseman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
		1½	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Henry Horseman
13. Birthplace Md

MOTHER 14. Maiden Name Jennie Tenque
15. Birthplace Md

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 19, 1940 (month) (day) (year)
(c) Cemetery or crematory Middletown Chapel
Location Luby, Md.

18 (a) Funeral director A. A. Harbaugh & Sons
(b) Address Mutual, Md.

19 (a) (Signature of local registrar) (b) Registrar
FEB 18 1940
VS 2 Hancock Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18 1940, at 6:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 17 1940, to Feb 18 1940, and that I last saw her alive on Feb 18 1940.

Immediate cause of death	Duration
Prematurity	
cerebral hemorrhage	36 hrs.
Due to birth injury	
Due to	
Other Conditions Congenital malformation of heart	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ethel Holber M. D.
Address Baltimore Date signed 2/18/40

F 66366

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-W

F 66365 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address W. Fayette Street
(c) Hospital or institution: Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 704 (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME Sister Mary Ligouri (Medel)

3 (b) If veteran, name war No
3 (c) Social Security Account No. None
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Feb 17 1876
8. AGE: Years 64 Months 1 Days 1 If less than one day hr. min.
9. Birthplace German (Poland) (Town, county, and state)
10. Usual Occupation Religious (Nun)
11. Industry or business

FATHER
12. Name Jos. Medel
13. Birthplace German (Poland)

MOTHER
14. Maiden Name Dont know
15. Birthplace Dont know

16 (a) Informant Sister Mary Aloysius
(b) Address St. Mary's Hannaway
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/40 (month) (day) (year)
(c) Cemetery or crematory St. Anne Cemetery
Location Melbourne Kentucky
18 (a) Funeral director Chas. F. Grau & Son
(b) Address 118 N. Mt Royal Ave
19 (a) (b) Hartigan Williamsport, Md.
(Date rec'd by Registrar) FEB 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-18-1940, at 10:28 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-13-1940 to 2-18-1940, and that I last saw h alive on 2-18-1940

Immediate cause of death Pneumonia — Duration 7-8 days
Due to — (over)
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James H. Kotzenberg
Address 721 Medical Arts Date signed 2/18/40

Give WHITE FRIENDS, WITH UNFAILING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66366

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
46-B

F 66366
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Edgewood Sanitarium
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo. 20 ds.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2100 Wilkens Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Caroline Gruner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3 1861

8. AGE: Years 78 | Months 8 | Days 13 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Operator Making Paper Bags

11. Industry or business C-J Factory

FATHER
12. Name Martin Gruner
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Crowel
15. Birthplace Germany

16 (a) Informant Stuart Fuldt
(b) Address 2002 Homewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 19 40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director Albert W Bergey
(b) Address 440 E North Ave

19 (a) FEB 19 1940 (Date rec'd by Registrar) (b) [illegible] City Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 13 1939, to Feb 16 1940, and that I last saw h E alive on 2/16/40 19

Immediate cause of death — Duration

Cancer of Stomach — 3 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H W Wheaton M. D.
Address 4305 York Rd Date signed 2/16/40

F 66367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 66367

2200 E Madison

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 432 E. Federal Street

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 432 E. Federal Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Jakobsen

3 (b) If veteran, name war: no

3 (c) Social Security Account No. no

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Jacob Jakobsen

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 22 1854

8. AGE: Years 85 Months 5 Days 24 If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER

12. Name Jacob Faupel

13. Birthplace Germany

MOTHER

14. Maiden Name Anna Loechel

15. Birthplace Germany

16 (a) Informant Henry G. Faupel

(b) Address 5001 Midwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 19 1940 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location East north Ave

18 (a) Funeral director Albert W. Breeden

(b) Address 440 E. North Ave

FEB 19 1940 (Date rec'd by Registrar) 11h a.m. p.m. Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 12 1940, to Feb 16 1940 and that I last saw her alive on Feb 16 1940.

Immediate cause of death: Cerebral Hemorrhage (apoplexy) — Duration: 4 days

Due to: Generalized arterio sclerosis ?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide no

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work? (Specify type of place)

(e) Means of injury ✓

23. Signature Joseph Pokorny

Address 2206 E Madison Date signed 2/17/40 M. D.

VS 8

F 66368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No. F 66368

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 128 Pearl Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 128 Pearl Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Lamartesa

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Minnie Lamartesa
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
74			hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Fruit Dealer
11. Industry or business

FATHER
12. Name Samuel Lamartesa
13. Birthplace Italy

MOTHER
14. Maiden Name Rose Tiberio
15. Birthplace Italy

16 (a) Informant Minnie Lamartesa
(b) Address 128 Pearl Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Albert W Bruzzo
(b) Address 440 E Monument St

19 (a) Date received FEB 19 1940 (b) Signature of Registrar Williams H.P.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1940, to Feb 16 1940, and that I last saw him alive on Feb 16 1940.

Immediate cause of death Cardiac Hemmorrhage — Duration 2 years
Due to Arteriosclerosis
Due to
Other Conditions Bronchio-pneumonia terminal
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Schwalb M. D.
Address 2124 Linden Ave Date signed Feb 19 1940

F 66369 City of Baltimore

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH ✓108

F 66369

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County

City or town Baltimore (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 6303 Yorkshire Drive

Stay in hospital or last (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 14 yr 7

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County

City or town Baltimore (If outside city or town limits, write RURAL NEAR and give town) Ward No.

Street No. 6303 Yorkshire Drive (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Helen Emma Fox

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number
Female	White	Married	None

6 (b) Name of husband or wife Ernest August Fox

7. Birth date of deceased (mo., day, yr.) Jan 27 1852 6(c) If alive, give age years

8. AGE:

Years	Months	Days	If less than one day
88	0	20	hrs. min.

9. Birthplace Frederick Co Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name H. Marker

13. Birthplace Frederick Co Md

MOTHER 14. Maiden name Anne Emma Moore

15. Birthplace Frederick Co Md

16. Informant Louella A Keagy

Address 6303 Yorkshire Drive

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/20/40 (month) (day) (year)

Cemetery or crematory Mt Olivet

Location Frederick Md

18. Funeral director Tallon & Co

Address 127 N Eutaw St

FEB 19 1940 (Local Registrar) Huntingtop Woodward M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17, 1940 at 10 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from April 19, 1939 to Feb 17, 1940.

and that I last saw her alive on Feb 16. 1940.

		DURATION
Immediate cause of death	Heart disease, myocarditis chronic & acute exacerbation	yrs 10 days
Due to	Pneumonia, hypostatic (cardiac decompensation)	3/8/40
Due to	Pneumonia Lobar Type II	2/6/40
Other conditions	Arteriosclerosis & cardio-renal vascular disease	Unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Rollin G Hudson M.D.

Address Towson, Md M. D., or other

Date signed 2/17/40

HEALTH DEPARTMENT—CITY OF BALTIMORE

66370 F 66370

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5313 Reisterstown Rd. Ward) 27-18

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Agnes L Nichols

(a) Residence: No. 5313 Reisterstown Rd Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward H Nichols

6. DATE OF BIRTH (month, day, year) Aug 15, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	5 6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Anthony Augustus Seymour

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Harriet L Seymour

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Edward H Nichols 5313 Reisterstown Rd

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date 2-20-40

19. UNDERTAKER Hilton & Cook

(Address) 2402 Cool St

20. FILED FEB 19 1940 Registrar Williamson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1940 to Feb. 18, 1940

I last saw he alive on Feb. 18, 1940 Death is said to have occurred on the date stated above, at 6:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cholecystitis	2-16-40
Peritonitis	2-17-40
Other contributory causes of importance:	
Chronic myocarditis	1935

Was an operation performed? Not Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinic Was there an autopsy? Not

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Not Date of injury ..... 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? Not If so, specify —

(Signed) J. Dun Moore M. D.

(Address) 3105 Belair Rd.

N. B.—WRITE PLAINLY with pen and ink—This is a Permanent Record. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 66371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 66371 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5days.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2229 E. Madison St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Francis Burns Hart

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 217-07-6916

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29, 1919

8. AGE: Years	Months	Days	If less than one day hr.	min.
21	7	19		

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Mechanic
11. Industry or business Piston Ring Mfg

FATHER
12. Name James F. Hart
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Mary F. Burns
15. Birthplace Balto. Md.

16 (a) Informant James F. Burns
(b) Address Balto Md

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 2/21/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 E. Paul St

19 (a) Date received FEB 19 1940 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/18 1940, at 1:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/13 1940 to 2/18 1940 and that I last saw h~~im~~ alive on 2/ 1940.

Immediate cause of death: Pulmonary tuberculosis — Duration

Due to

Due to

Other Conditions Pyopneumothorax-Rt.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pulmonary Tbc. Atelectasis Rt. Lung.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. Glassman M. D.
Address Md. Gen. Hosp. Date signed 2/18/40

F 66372

F 66372 (Duplicate)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1207 S. Kenwood Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gertrude H. Dippish

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband or wife unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
65?	?	?	hr. min.

9. Birthplace unknown Howard Co. Md.
(Town, county, and state)
10. Usual Occupation unknown
11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant B. C. H. Records and
(b) Address Jesse Rickard 1207 S. Kenwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/40 (month) (day) (year)
(c) Cemetery or crematory Angel Hill
Location Havre de Grace Md

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

19 (a) FEB 19 1940 (Date rec'd by registrar) (b) [illegible] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-17 1940 at 8 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-13 1940 to 2-17 1940 and that I last saw her alive on 2-17 1940.

Immediate cause of death	Duration
Uremia	several days
Due to Carcinoma of bladder - urinary	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lewis A. Durand Jr. M. D.
Address Balto City Hosp Date signed 2-18-40

F 66373 52550-FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-C

F 66373 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Montgomery
(c) City or town Balto. 26 AK
(If outside city or town limits, write RURAL and give town)
(d) Street No. Bethesda Station, Wash., D.C.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Laura Bromwell

3 (b) If veteran, name war NONE

3 (c) Social Security Account No. NONE

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife George

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1-7-1859

8. AGE: Years 81 | Months 1 | Days 11(?) | If less than one day ..... hr. ..... min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation O.A.P.

11. Industry or business

FATHER
12. Name John Joseph Henry
13. Birthplace Balto.

MOTHER
14. Maiden Name Martha Wheary
15. Birthplace Md.

16 (a) Informant B. & H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 20 1940 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) ..... (b) ..... Registrar
(Date rec'd by registrar)

FEB 19 1940

vs 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-18 1940. 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-3 1940, to 2-18 1940 and that I last saw her alive on 2-18 1940.

Immediate cause of death: Carcinoma pancreas with metastasis — Duration: ?

Due to .....

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations Pyloric obstruction
Of autopsy Autopsy not completed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature L. K. Baker Jr. M. D.
Address Balto. City Hosp. Date signed 2-18-40

F 66374

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

H 126

Registered No. F 66374

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division Ave.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 1
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Harford
(c) City or town Havre de Grace
(If outside city or town limits, write RURAL and give town)
(d) Street No. 560 Resolution St
(If rural give location)
Treatment
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Florence Traverse

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	colored	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 1881

8. AGE: Years	Months	Days	If less than one day
58	10	—	hr. — min.

9. Birthplace Georgia (Town, county, and state)
10. Usual Occupation School Teacher
11. Industry or business —

FATHER
12. Name M. W. Traverse
13. Birthplace Baltimore

MOTHER
14. Maiden Name Bell Hall
15. Birthplace Maryland

16 (a) Informant Lewis H. Traverse
(b) Address Havre de Grace, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Grad Dr.

18 (a) Funeral director Elmer E. Bullock
(b) Address Havre de Grace, Md.

19 (a) (Date rec'd by registrar) Huntington Williams, Registrar

FEB 19 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH February 19 1940, at 6:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-24 1940, to 2-19 1940, and that I last saw her alive on 2-19 1940.

Immediate cause of death: Acute Cholecystitis with — Duration 2 days
Due to: Acute Cholelithiasis
Due to: —
Other Conditions: Pneumonia (Include pregnancy within 3 months of death)
Major findings: Of operations Gall Stones and Obstruction
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature J. B. Higgins M. D.
Address 724 S. Monroe Ave Date signed 2/21/40

66375

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F. 66375

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1719 N Wolfe St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1719 N Wolfe St
(If rural give location)
8-b
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Peter Nelson

3 (b) If veteran, name war	3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Katherine Nelson
6 (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) June 5 - 1857

8. AGE: Years	Months	Days	If less than one day
82 81	8	10	hr. min.

9. Birthplace Sweden (Town, county, and state)
10. Usual Occupation Fireman
11. Industry or business City Fire Dept

FATHER
12. Name Don't Know
13. Birthplace Sweden

MOTHER
14. Maiden Name Don't Know
15. Birthplace Sweden

16 (a) Informant Howard C Nelson
(b) Address 1719 N Wolfe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feby 8 1940 (month) (day) (year)
(c) Cemetery or crematory Emmanuel Cem
Location Balto

18 (a) Funeral director John Ulrich
(b) Address 2008 Orleans

19 (a) (Signature of local registrar) Huntington Willis M.D.

FEB 19 1940
VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 15 1940 at (3:5) PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 11 1940 to Feb 15 1940, and that I last saw him alive on Feb 15 1940.

Immediate cause of death
Arteriosclerotic C-V disease
Chronic nephritis
Due to Diabetes mellitus
Bronchopneumonia
Due to

Duration
years
years
years
months

Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
(Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Granger M. D.
Address 1402 E Lanvale St Date signed 2-18-40

F 66376 58618 - MB

F 66376

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-E Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3108 S. Lombard St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Schade

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Catherina (dead)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1879

8. AGE: Years	Months	Days	If less than one day
60	11	22	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business W.P.A.

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 17 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto.

18 (a) Funeral director John Ulrich
(b) Address 2008 Aliceanna

19 (a) FEB 19 1940 (Date received by registrar) (b) Huntington Ave. Hospital

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 14 1940, at 12 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 12 1940 to Feb 14 1940, and that I last saw h sim alive on Feb. 14 1940.

Immediate cause of death: Syphilitic Heart Disease — Duration unknown

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Mulvaghill Jr. M. D.
Address Balto City Hosp. Date signed 2-14-40

F 66377

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 66377 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1433 Pennsylvania Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1433 Pennsylvania Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 100 years

3 (a) **FULL NAME** Edward Hing Snowden

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Anna L. Snowden
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 16 1888

8. AGE: Years	Months	Days	If less than one day
56	3	28	hr. min.

9. Birthplace Montgomery Co, Md
(Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name Emory Snowden
13. Birthplace Montgomery Co, Md

MOTHER
14. Maiden Name Ruth Ann —
15. Birthplace Montgomery Co

16 (a) Informant Anna L. Snowden
(b) Address 343 Preston St

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-26-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Westport

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave.

19 (a) FEB 19 1940 (Date Rec'd) by Huntington Williams, M.D. Registrar
(b)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 14 1940, at 7.15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 12 1940, to Feb 14 1940, and that I last saw h— alive on Feb 14 1940.

Immediate cause of death Intracranial Hemorrhage

Due to Prolonged use of Alcohol

Due to

Other Conditions Arteriosclerosis

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William N Wright M. D.
Address 209 Preston Ave Date signed Feb 15 40

F 66378

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-C

F 66378 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 557 Orchard St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME WILLIAM PRICE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day: hr.	min.
59				

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Helen Price
(b) Address 432 Orchard st.

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-19-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave

19 (a) FEB 19 1940 (Date received by registrar) (b) Pennington Pittsburgh

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 14 1940, at 4.0 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquest) thereon and from the evidence obtained by said autopsy (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death Septicemia
Pneumonia, lobular
Due to Fracture Right tibia and fibula
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations Insertion of pin - traction
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident 15-17
(b) Date of occurrence Feb 10th, 1940
(c) Where did injury occur? Hayworth Cars Residence
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? No
(Specify type of place)
(e) Means of injury struck by auto while crossing street

23. Signature H. Lee Wallenmeyer M.D.
Medical Examiner.
Date signed Feb 15, 1940

F 66379

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 66379 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Sinia Hospital
(b) Street address Rutland Ave Monument St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1737 N. Appleton St (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Pauline Rubin

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife David
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business House Work

FATHER
12. Name Louis Foster
13. Birthplace Russia

MOTHER
14. Maiden Name Lena ?
15. Birthplace Russia

16 (a) Informant David Rubin
(b) Address 1737 N. Appleton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 19, 40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosdale
Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 E. North ave

19 (a) (Date received by local registrar) (b) Registrar Wilkins Md.

FEB 19 1940
VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-19 1940, at 3:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-12 1940, to 2-19 1940, and that I last saw her alive on 2-19 1940.

Immediate cause of death Pneumonia — Duration 1 d.
Due to
Due to
Other Conditions Arteriosclerosis Heart Dis
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature [illegible]
Address [illegible] Date signed 2/19/40

F 66380 F 66380

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 131-A Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1646 N. Smallwood st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1646 N. Smallwood st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Yetta Goldstein

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Isaac
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Mat Giest
13. Birthplace Russia

MOTHER
14. Maiden Name Ida —
15. Birthplace Russia

16 (a) Informant Mr Isaac Goldstein
(b) Address Corner Central ave & Pratt st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 19/40 (month) (day) (year)
(c) Cemetery or crematory Holem Rosedale
Location Philadelphia Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W. North ave

19 (a) (Date rec'd by registrar) (b) Registrar

FEB 19 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18 1940 at 10 15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to Feb. 18, 1940 and that I last saw her alive on Feb. 18, 1940

Immediate cause of death Arteriosclerosis, cardio-renal disease — Duration ?
Due to
Due to
Other Conditions Chronic Arthritis (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. A. Sugarman M. D.
Address 2340 Eutaw Place Date signed Feb. 19, 1940

H. B. Wollenweber M. D.
Assistant Medical Examiner pro. T. [illegible]

66381

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66381

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7407 W. Lombard St. 20th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Ethel Irene Heil

If U. S. Veteran (specify WAR)

(a) Residence: No. 7407 W. Lombard St., Ward. Social Security 217-05-4235

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 26-1910

7. AGE: Years 29 | Months 1 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Aetna Shirt Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME F. Benjamin Heil

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Ella C. Mortheisen

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT F. Benjamin Heil

(Address) 7407 W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb. 20. 1940

19. UNDERTAKER George L. Schwartz

(Address) 2101 Presidential ave

Feb 19 1940 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 1939, 19 to Feb 16, 19 40

I last saw her alive on Feb 15, 19 40. Death is said to have occurred on the date stated above, at 6 26 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	2 days

Other contributory causes of importance:

Chronic Myocarditis & Hypertension

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Galyn M. D.

(Address) 4 N. Fulton

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB

66382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 107

Registered No. E 66382

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto Co.

(c) City or town Bentley Springs (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Loretta Billet

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB-18, 1939

8. AGE: Years	Months	Days	If less than one day
01	11	29	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER 12. Name Herbert Billet

13. Birthplace Md.

MOTHER 14. Maiden Name Helen Thomas

15. Birthplace Md

16 (a) Informant RECORDS

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 20, 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion

Location Fairfield and

18 (a) Funeral director Jacob Hartenstein

(b) Address Mgr. Freedom, Pa

FEB 19 1940

19 (a) (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17 1940 at 930 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 17 1940 to Feb 17 1940, and that I last saw her alive on Feb 17 1940.

Immediate cause of death	Duration
Pneumonia, bronchial	2 days
Dehydration + Acidosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Ethel Walker M. D.

Address Baltimore Date signed 2/18/40

VS 3

F 66383

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. F 66383

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland St. Agnes Hospital
(b) Street address Caton & Wilkens Ave
(c) Hospital or institution:
St. Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 43 S. Schroeder St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Di Mattia

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 21 1938

8. AGE: Years	Months	Days	If less than one day
6	9	27	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Daniel
13. Birthplace Italy

MOTHER
14. Maiden Name Rose Page
15. Birthplace Italy

16 (a) Informant D. Di Mattia Father
(b) Address 43 S. Schroeder St

17 (a) Holy Redeemer Cem. (b) Date thereof Feb. 19 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Road Baltimore Md.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St.

19 (a) (Date rec'd by registrar) (b) Thomas J. Williams, M.D. Registrar

FEB 19 1940

vs 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-17 1940, at 5.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-6 1940 to 2-17 1940, and that I last saw him alive on 2-17 1940.

Immediate cause of death	Duration
Lobar pneumonia	
Due to	
Due to	
Other Conditions Hydrocephalus	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles J. Lenahan M. D.
Address 52 Eager St Date signed 2-19-40

F 66384

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-94

F 66384 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3404 Mt. Pleasant Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town 3404 Mt. Pleasant Ave
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANGELO PATACCA

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-03-2022

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Marr.

6 (b) Name of husband or wife Splendora Patacca
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 2 ~~1879~~ 1886

8. AGE: Years	Months	Days	If less than one day
53 50	3	14	hr. min.

9. Birthplace Giulianova Italy
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Canton Lumber Mills

FATHER
12. Name Late- Flaviano Patacca
13. Birthplace Italy

MOTHER
14. Maiden Name Giacinta Palantrani
15. Birthplace Italy

16 (a) Informant Splendora Patacca (Wife)
(b) Address 3404 Mt. Pleasant Ave

17 (a) Holy Redeemer Cem. (b) Date thereof Feb. 20 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Red. Cem.
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 (a) FEB 19 1940 (Registrar) (b) Huntington Williams, M.D. Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16 1940, at 8 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1938 to Feb. 1940.
and that I last saw her alive on Nov 16 1939.

Immediate cause of death Aortic dilatation of the heart. — Duration 2 hrs.
Hypertension — Myocarditis — 2 yrs.
Due to Chronic syphilis — 2 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank R. DiPaula M.D.
Address 232 S. Bakhing Date signed 2/19/40

66385

HEALTH DEPARTMENT—CITY OF BALTIMORE

66385

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2115 N. Calvert St. St., 12-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Richard Thompson Baden

If U. S. Veteran specify WAR .....

(a) Residence: No. 2115 N. Calvert St. St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elinor Williams Robertson

6. DATE OF BIRTH (month, day, year) May 16, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auditor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Income Tax Division State of Md.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Calvert County Md.

FATHER

13. NAME Joseph A. Baden

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Catherine Thompson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Elinor R. Baden
(Address) 2115 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date Feb. 19, 1940

19. UNDERTAKER John A. Mitchell & Sons Inc
(Address) 1900 Eutaw Place, Baltimore

FILED ..... 19 ..... Registrar.

FEB 19 1940

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-17-, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1934 to February 17, 1940

I last saw him alive on Feb. 15, 1940. Death is said to have occurred on the date stated above, at 3:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic lymphosarcoma	1934
Other contributory causes of importance:	
Pneumonia, bilateral	2/17/40

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr. Huntington Williams, M. D.

(Address) 2112 Maryland Avenue

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

36386 - RB

66386

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 155

F 66386
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr., 3 mo., 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 600 Berry St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Stella Muth

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 14, 1843

8. AGE: Years	Months	Days	If less than one day
96	4 6	2	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name George
13. Birthplace Maryland

MOTHER
14. Maiden Name Ann Elizabeth Williams
15. Birthplace Maryland

16 (a) Informant Records Balto. City Hosps.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 19 Feb 1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location North & Greenmount Ave

18 (a) Funeral director Weddefeld & Sons
(b) Address 501 E. 22nd St.

19 (a) FEB 19 1940 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 16 1940, at 11 55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 26 1938, to Feb 16 1940.
and that I last saw h[illegible] alive on Feb 16 1940.

Immediate cause of death Generalized Arteriosclerosis — Duration Unknown

Due to

Due to

Other Conditions Paget's Disease of Bone — Duration unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 2-17-40

66387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 66387

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 610 S. Paca St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 610 S. Paca St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Dorm

3 (b) If veteran, name war: no

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age 187 years

7. Birth date of deceased (mo., day, yr.) Feb. 28, 1884

8. AGE: Years 57 2/12 | Months 11 | Days 27 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state or foreign country)

10. Usual Occupation unemployed (Laborer)

11. Industry or business

FATHER 12. Name Edward

13. Birthplace Md.

MOTHER 14. Maiden Name Louisa

15. Birthplace Md.

16 (a) Informant Dept. Public Welfare

(b) Address 610 S. Paca St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Balto. Md.

18 (a) Funeral director Chas. Harper

(b) Address 514 W. Pratt St.

19 (a) (Date received by registrar) FEB 19 1940 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16 1940 at 5.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 14 1940 to Feb. 16 1940 and that I last saw him alive on Feb. 16 1940.

Immediate cause of death Cerebral Hemorrhage — Duration 3 days

Due to unknown

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature John W. Gaines M. D.

Address 615 S. Paca St. Date signed 2-16-40

VS 3

66388 F 66388

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 507 N Carlton St
(c) Hospital or institution: Balto md
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County md
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 507 N Carlton St (If rural give location)
(e) If foreign born, how long in U. S. A.? [redacted] years

3 (a) FULL NAME George Copeland

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	Widowed

6 (b) Name of husband or wife Etta Copeland
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6 - 1887

8. AGE: Years	Months	Days	If less than one day
52 51	8	10	hr. min.

9. Birthplace Suffolk - Va (Town, county, and state)
10. Usual Occupation Cobbler
11. Industry or business

FATHER
12. Name Richard Copeland
13. Birthplace Suffolk - Va

MOTHER
14. Maiden Name Hannah Williams
15. Birthplace Suffolk - Va

16 (a) Informant Emenda Copeland
(b) Address 507 N. Carlton St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 2-19-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mo. Ways - md

18 (a) Funeral director W. Saturn Williams
(b) Address 323 N. Belnord Ave.

19 (a) FEB 19 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16 1940, at 7 A M

21. I certify that death occurred on the date above stated, that I attended deceased from 2-7 1940 to 2-16 1940 and that I last saw h[illegible] alive on Feb 16 1940.

Immediate cause of death	Duration
Mitral Regurgitation	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. N. Hatem M. D.
Address 1 W Preston Date signed

VS 3

66380

Elizabeth Hopkins

No 66389

376-277

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-E Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct... is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 912 Pierce St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Lizzie Hopkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-10-86

8. AGE Years	Months	Days	If less than one day hr.	min.
63	3	6		

9. Birthplace Maryland
(Town, County, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Charles Hopkins
13. Birthplace Md

MOTHER 14. Maiden Name Merica Nancy
15. Birthplace Md -

16 (a) Informant Records -
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Wilson

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 3[illegible] N. Schroeder St

(Filled by registrar) (b)

FEB 19 1940

VS

Hunting for Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16 1940, at 5-10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 7 1940 to Feb 16 1940 and that I last saw h[illegible] alive on Feb 16 1940.

Immediate cause of death Cardiac failure ← Duration 1 mo

Due to Arteriosclerotic and syphilitic heart ← years

Due to disease

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John S. Hunt
Address Johns Hopkins Hospital Date signed 2-16-40 M. D.

66390

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 66390 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1400 N. Carolina St.

(c) Hospital or institution: St. Joseph's Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 da

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 1510 N. Washington St (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Henry Stresewski

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Margaret (Maxmad)

6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) 9/6/1871

8. AGE: Years 68 Months 6 Days 9 10 If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Dyer, Wagon

11. Industry or business Self

FATHER 12. Name Antone Stresewski

13. Birthplace Germany

MOTHER 14. Maiden Name Fredamia Feldmann

15. Birthplace Germany

16 (a) Informant James J. Tres

(b) Address 7502 - Park Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Balto Md

18 (a) Funeral director George J. Puth & Son

(b) Address 735 Harford Ave

19 (a) FEB 19 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-16 1940, at 10:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/4 1940, to 2/16 1940, and that I last saw him alive on 2/16 1940.

Immediate cause of death Emphysema — Duration 3-4 wks

Due to Pneumonia — Duration over

Due to ____

Other Conditions Cellulitis of chest wall

(Include pregnancy within 3 months of death)

Major findings:

Of operations Large empyemic cavity

Of autopsy Same - Marked pleurisy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

Signature B J Sabatino M. D.

Address St Jo's Hosp Date signed 2-17-40

F 66397 FL438

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

59 Registered No. E 66391

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver St.
(c) Hospital or institution:
St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County,
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1622 N. Bradford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Baby - Fuchs

3 (b) If veteran, name war ———
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single.

6 (b) Name of husband or wife ———
6 (c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) 2 13 40

8. AGE: Years	Months	Days	If less than one day
—	—	5	hr. — min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Joseph H. Fuchs
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary (Heffernan)
15. Birthplace Baltimore Md.

16 (a) Informant Joseph H. Fuchs
(b) Address 1622 N. Bradford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md.

18 (a) Funeral director George J. Roth Inc
(b) Address 1625 Bradford Ave.

19 (a) FEB 19 1940 (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 18 1940, at 9:00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 18 1940, to Feb 18 1940 and that I last saw him alive on Feb 18 1940.

Immediate cause of death	Duration
Prematurity	
Partial Atelectasis	
Due to Pneumonia of Mother.	
Due to	
Other Conditions Dehydration	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Partial Atelectasis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Kilmenson M. D.
Address 24 St. Joseph's Hosp Date signed 2-18-40

66392 F6495

HEALTH DEPARTMENT—CITY OF BALTIMORE 66392

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH University Hospital — Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore, Md St. 4-2 Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 1 da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Baby Girl Hill — If U. S. Veteran specify WAR _____

(a) Residence: No. Ellicott City Md St., _____ Ward. Howard Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) 2-18-40

7. AGE	Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ — 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) University Hosp. Balto. Md.

FATHER

13. NAME W. O. Hill

14. BIRTHPLACE (city or town) (State or country) Maryland Virginia

MOTHER

15. MAIDEN NAME Pearl May

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Pearl Hill
(Address) Ellicott City.

18. BURIAL, CREMATION, OR REMOVAL
Place Burial-St. John's Date 2-19-40

19. UNDERTAKER J C Higinbothom
(Address) Ellicott City Md

20. FILED FEB 19 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-19, 1940

22. I HEREBY CERTIFY, That I attended deceased from 2-18, 1940, to 2-19, 1940

I last saw her alive on 2-19, 1940. Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (7 mos.)	
atelectasis - Pulmonary	
Other contributory causes of importance:	

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Leo E. Woodward, M. D.

(Address) University Hospital.

WRITE PLAINLY, with pen and ink and use no abbreviations. PHYSICIANS should fill out this certificate, supply information called for, and sign and return it to the Registrar. AGE should be stated EXACTLY. Exact statement of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in very important. See instructions on back of certificate.

66393B

HEALTH DEPARTMENT—CITY OF BALTIMORE

XV F 66393

CERTIFICATE OF DEATH

83-2

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joseph Pole

If U. S. Veteran specify WAR

(a) Residence: No. Eastern Ave & Stemmers Run Rd. St., Ward. Baltimore Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Pole

6. DATE OF BIRTH (month, day, year) March - 17 - 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
74	75	11	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Leroy Easler

(Address) 2607 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 2-20 1940

19. UNDERTAKER John G. Connelly

(Address) Essex Md.

20. FILED 2-19-1940 Huntington Williamsport

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17 - 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1940, to Feb 17, 1940

I last saw him alive on Feb 17, 1940. Death is said to have occurred on the date stated above, at 4:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Cerebrovascular accident	3/14
Generalized arteriosclerosis	?
Hypostatic pneumonia	3/14
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy? Yes

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) H. Kennedy Walker M. D.

(Address) University Hospital

V8 8

LKD

F 66394

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 66394
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1711 N. Pulaski St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1711 N. Pulaski St
(If rural give location)
(e) If foreign born, how long in U. S. A.) 45 years

15

3 (a) FULL NAME Lewis Finkelstein

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed or divorced: Married
6 (b) Name ~~of husband or wife~~ wife Bailey Finkelstein
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 87 | Months | Days | If less than one day hr. min.

9. Birthplace Russia
(Town, county, or state)

10. ~~Usual~~ Occupation Retailer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Bailey Finkelstein
(b) Address 1711 N. Pulaski

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof 2-19-40 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Frankford & Belair

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto St

19 FEB 19 1940 (Date rec'd by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-17-40 19 , at 4:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-16-1940 to 2-17-1940, and that I last saw ~~him~~ her alive on 2/17 1940

Immediate cause of death Bronchopneumonia — Duration

Due to —

Due to —

Other Conditions Senility

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Louis R. Mann M.D.
Address 150 N. Wolfe Ave Date signed 2/19/40

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

66395

CERTIFICATE OF DEATH

83-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5117 Georgia Oak Ave 28-2 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR ____

2. FULL NAME Mary Onnen

(a) Residence: No. 5117 Georgia Oak Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arnold M. Onnen

6. DATE OF BIRTH (month, day, year) June 18, 1853

7. AGE	Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
	86	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Marr

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Margaret Dallmer

(Address) 5117 Georgia Oak Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 19 1940

19. UNDERTAKER Wm Fiselle Sons

(Address) North & Fa aves.

20. FILED 19 Registrar

FEB 19 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1940 to Feb 15, 1940

I last saw h[illegible] alive on Feb 15 1940 Death is said to have occurred on the date stated above, at 12 05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	Feb 1/40
Other contributory causes of importance: Arteria-sclerosis	
Old age	

Was an operation performed? No Date of ____

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? Clinical & Necropsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) Julius Friedenwald M. D.

(Address) 1015 N Charles St

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

66396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

43 66396 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 108 N 20th Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John A. Combs

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 14, 1883

8. AGE: Years	Months	Days	If less than one day
56	5	3	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation R.R. Shop Worker
11. Industry or business

FATHER
12. Name Benjamin Combs
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Ellen Hardward ?
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 20-40 (month) (day) (year)
(c) Cemetery or crematory Lorraine Mem
Location Balto., Md.
(a) Funeral director Wm. J. Pickett & Son
(b) Address North & Pa. Ave.

19 (a) FEB 19 (Date rec'd by Registrar) (b) Huntington Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17 1940, at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 18 1939, to Feb. 17 1940, and that I last saw him alive on Feb. 17 1940.

Immediate cause of death	Duration
Cardiac failure	
Due to Rheumatic Heart disease	unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Rheumatic Heart, congestive failure

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murphy Hagen M. D.
Address Balto City Hosp. Date signed 2-16-40

F 66397

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 66397 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2936 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2936 Edmondson Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Raymond Rumbey

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	wh	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 9, 1895

8. AGE: Years	Months	Days	If less than one day
44	7	8	hr. ..... min.

9. Birthplace Waynesboro, Pa. (Town, county, and state)
10. Usual Occupation (Laborer)
11. Industry or business

FATHER
12. Name Howard Rumbey
13. Birthplace Hagerstown, Md.

MOTHER
14. Maiden Name Percie Smith
15. Birthplace Hagerstown, Md

16 (a) Informant Custer (Undertaker)
(b) Address Hagerstown, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-40 (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Dickey Sons
(b) Address 1 North Pa. Ave.

19 (a) FEB 19 1940 (Date rec'd by registrar) (b) Huntington-Holliday Co.

MEDICAL CERTIFICATION

6-30-a

20. DATE OF DEATH Feb 16 1940, at ..... M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) I find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Chronic Pyelonephritis	
Due to Fracture 7 Spine with spinal cord injury	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1/16/40
(c) Where did injury occur? Parkton Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Private Hdg (Specify type of place) While at work? Yes
(e) Means of injury Fell from Bell Tower - 12 feet

23. Signature Wm. Vandegrift M.D. (Medical Examiner)
Date signed 2/16/40

VS 6

F 66398

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 66398 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2917 Pinewood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Antonia C. Stavaro

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Antonio Stavaro
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 31, 1873

8. AGE: Years 67 | Months 5 | Days 16 | If less than one day: hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation at Home
11. Industry or business

FATHER
12. Name Sebastian Cornella
13. Birthplace Italy

MOTHER
14. Maiden Name Theresa Lamare
15. Birthplace Italy

16 (a) Informant Theresa Stavaro
(b) Address 2917 Pinewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 20-1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto

18 (a) Funeral director Leonard Hayes
(b) Address 1205 Harford Ave

19 (a) Filed FEB 19 1940 (b) Huntington Williams Registrar
(Date rec'd by Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/17 1940 at 6:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/12 1940 to 2/17 1940 and that I last saw h[illegible] alive on 2/17 1940

Immediate cause of death: Cardiac failure
Due to: Rheumatic carditis
Due to: Chr. Rheumatic fever

Duration: 6 wks. / 2 yrs.

Other Conditions: Chr. pernicious anemia & thrombosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Mercy Hospital Date signed 2/16/40

F 66399 F-66399 F 66399

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 53

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2042 Ruth Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 25 years

3 (a) FULL NAME Joseph Date

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 11, 1868

8. AGE: Years 71 | Months 3 | Days 7 | If less than one day hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name John Date
13. Birthplace England

MOTHER
14. Maiden Name Harriet ?
15. Birthplace England

16 (a) Informant son
(b) Address 2042 Ruth St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-40 (month) (day) (year)
(c) Cemetery or crematory Balto Cem.
Location

18 (a) Funeral director Leonard F. Tuck
(b) Address 5300 Harford Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

FEB 14 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH February 19 1940, at 4:00 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 21 1940 to February 19 1940, and that I last saw him alive on February 18 1940.

Immediate cause of death: Hypertension Heart Disease — Duration

Due to

Due to

Other Conditions Sarcoma Abdomen Wall

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Millard P. Clark, M. D.
Address Mercy Hospital Date signed 2-18-40

F 66400

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

98

F 66400 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 426 E. Hanover St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wm Battenfeld

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Catherine Battenfeld
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5 - 1874

8. AGE: Years	Months	Days	If less than one day
64	9	12	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Retired Stat Engineer
11. Industry or business R.R.

FATHER
12. Name Peter Battenfeld
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant: Charles Battenfeld
(b) Address 712 Highwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/40 (month) (day) (year)
(c) Cemetery or crematory Western Cem
Location

18 (a) Funeral director Leonard J. Roth
(b) Address 505 Linwood Ave

FEB 19 1940 Huntington Williams M.D.
(Date received by Registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-17- 1940, at 4 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Gangrene Both Feet,
Due to Arteriosclerosis
Due to Toxemia
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence -
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - (Specify type of place) While at work? -
(e) Means of injury -

23. **Signature** Howard J. Madden M.D.
Medical Examiner
Date signed 2-18-40

F 66402

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a F 66401 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2411 Light St.
(c) Hospital or institution: S. Balto. Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 Yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1416 Cookerly St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Holman

3 (b) If veteran, name war
3 (c) Social Security Account No. 214-14-0342

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 9, 1921

8. AGE: Years	Months	Days	If less than one day
18	3	8	hr. min.

9. Birthplace Minnesota (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Sugar Refinery

FATHER
12. Name Joseph Holman
13. Birthplace South America

MOTHER
14. Maiden Name Pauline Maurer
15. Birthplace Germany

16 (a) Informant Joseph Holman
(b) Address 1416 Cookerly St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 21 '40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem.
Location Balto. Co. Md.

18 (a) Funeral director Charles F. Dill
(b) Address 1501 E. Fort Ave.

19 (a) Filed FEB 19 1940 Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-17 1940, at 3:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-15 1940, to 2-17 1940, and that I last saw h~~im~~ alive on 2-17 1940.

Immediate cause of death: extra dural haemorrhage — Duration
Due to: fall
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations: extra dural haemorrhage
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 2-15-40
(c) Where did injury occur? Balto (City or town) (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial place (Specify type of place) While at work? yes a boy at work
(e) Means of injury fall, to ground, while working
23. Signature Chas W. Preston. M. D.
Address S. Balto. Gen'l Hosp Date signed 2-17

Howard L. Mackenzie, M.D. City Medical Examiner

F 66405-MD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66402

137 - a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1212 Druid Hill Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Simms Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03-2608

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Marion
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-26-1879

8. AGE: Years	Months	Days	If less than one day
60	4	20	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER
12. Name John Simms
13. Birthplace Md.

MOTHER
14. Maiden Name Susan Day
15. Birthplace Md.

16 (a) Informant B.C.H. records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-19-40 (month) (day) (year)
(c) Cemetery or crematory Saint Peters Cemtary
Location Baltimore Md.

18 (a) Funeral director Archibald A. Gaddis
(b) Address 2141 McCulloh St.

19 (a) (b)
(Date rec'd by registrar) Registrar

FEB 19 1940 Hunters of Williams, Hyp. & Williams, Hyp.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-16 1940, at 4:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-8 1940, to 2-16 1940, and that I last saw h/ alive on 2-16 1940.

Immediate cause of death	Duration
Uraemia	over 1 week
Due to Benign prostatic hypertrophy & urinary retention	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Likert Edwards Jr. M. D.
Address Balto. City Hosp. Date signed 2-16-40

66403

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 66403 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1416 Central Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Addie Robinson (52828)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30, 1903

8. AGE: Years	Months	Days	If less than one day
36	6	15	hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation H. Work

11. Industry or business

FATHER
12. Name Joe Bonnie
13. Birthplace S. C.

MOTHER
14. Maiden Name Priscilla Williams
15. Birthplace N. C.

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb 19-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a.a. co md

18 (a) Funeral director Mrs B. A. Elliott & Dy
(b) Address 1129 N carolina St

19 (a) Date received by registrar (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 15, 1940, at 6:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 13, 1940, to Feb. 15, 1940, and that I last saw her alive on Feb. 15, 1940.

Immediate cause of death	Duration
Tuberculosis of the lungs	Nov 1939
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address Baltimore City Hospitals Date signed 2/16/40

66404

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-A

F 66404

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2446 Brentwood Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)

(d) Street 2446 Brentwood Ave.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Louisa Nolley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife John Nolley

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) April 30, 1884

8. AGE: Years 45 | Months 9 | Days 16 | If less than one day hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Unknown

13. Birthplace "

MOTHER

14. Maiden Name "

15. Birthplace "

16 (a) Informant John Nolley

(b) Address 2446 Brentwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 20, 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvery Cem

Location A. A. County

18 (a) Funeral director Mrs. R. A. Elliott Daughter

(b) Address 6129 N. Caroline St.

19 (a) FEB 19 1940 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16, 1940, at 6:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 10, 1940 to Feb. 16, 1940 and that I last saw h[illegible] alive on Feb. 16 1940.

Immediate cause of death Cerebral Hemorrhage — Duration 6 days

Due to Infection

Due to

Other Conditions Hemorrhoids

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Maurice Adams M. D.

Address 312 E 23rd St Date signed 2-17-40

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55E Registered No. F 66405

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5.
(c) Hospital or institution: S. Balto Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs 50 min
(e) Length of stay in Baltimore (yrs., mos., or days) 44 0.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street 1627 Catherine St (If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Willey

3 (b) If veteran, name war
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	widower

6 (b) Name of husband or wife dead
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1875

8. AGE: Years	Months	Days	If less than one day
64	9	5	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Milton V. Willey
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name unknown
15. Birthplace Pennsylvania

16 (a) Informant Mrs. Vernon Willey
(b) Address 3831 Brooklyn Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 19, 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Anne Arundel Co. Md.

18 (a) Funeral director Fred. A. Franner & Son
(b) Address 1216 N. Charles St.

19 (a) FEB 19 1940 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15 1940, at 5:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 15 1940, to Feb 15 1940, and that I last saw him alive on Feb 15 1940.

Immediate cause of death	Duration
cerebral hemorrhage (2)	
Due to hypertension	
Due to	
Other Conditions hypertension (2)	

(Include pregnancy within 3 months of death) none

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury KEESTER

23. Signature Pro Kuntz
Address S. Balto. Gen'l Hosp. Date signed 2/15/40 M. D.

VS 3

F 66406

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 66406
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 418 S. Fort Hill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 418 S Fort Hill ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie M. Anger (ANGERN)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Louis Anger Sr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 31 1856

8. AGE: Years	Months	Days	If less than one day
83	8	19	hr. min.

9. Birthplace Baltimore City (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Henry Schuchmann
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Bertsch
15. Birthplace Germany

16 (a) Informant Mrs. Louis Anger Sr.
(b) Address 418 S. Fort Hill ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City

18 (a) Funeral director F. O. Wippert & Son
(b) Address 1304 Eutaw Place

19 FEB 19 1940 (Date filed by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 16 1940, at 2:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 17 1940, to Feb 16 1940, and that I last saw h[illegible] alive on Feb 16 1940.

Immediate cause of death Parotid Abscess. — Duration 2 wks

Due to Pneumonia — 3 wks

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature G. Bruce Trogler M. D.
Address 2565 Reisterstown Date signed 2/19/40

VS 3

Dr. Howee Hooper

F 66407

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 66407

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4607 Park Heights Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4607 Park Heights Av (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lydia Elizabeth Wampler

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: G. Elmer Wampler

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Dec. 15, 1865

8. AGE: Years 74 | Months 2 | Days 2 | If less than one day: hr. min.

9. Birthplace Frederick Co. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business at Home.

FATHER
12. Name John Waddle
13. Birthplace Maryland.

MOTHER
14. Maiden Name Mary Lenn
15. Birthplace Maryland.

16 (a) Informant G. Elmer Wampler
(b) Address 4607 Park Heights Av

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 2/20/40 (month) (day) (year)

(c) Cemetery or crematory Sandy Mount.
Location Carroll County.

18 (a) Funeral director G. Vernon Lemmon
(b) Address 461 Park Heights Av.

19 FEB 19 1940 (b) Huntington Williams, M.D. Registrar
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17 1940, at 4:25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 8 1940 to Feb 17 1940, and that I last saw h[illegible] alive on Feb 16 1940.

	Duration
Immediate cause of death: Cerebral Hemorrhage	3 days
Due to: Arteri-Sclerosis	10 yrs
Due to: —	
Other Conditions: —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature [signature]
Address 824 W. 36th St. Date signed 2/18/40

F 66408

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 66408

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3621 Spaulding Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3621 Spaulding ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Magdalena Schlaffer

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married.
6 (b) Name of husband or wife: Charles Schlaffer
6 (c) If alive, give age 84 years
7. Birth date of deceased (mo., day, yr.) June 14, 1859
8. AGE: Years 80 | Months 7 | Days 5 | If less than one day: hr. min.
9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation:
11. Industry or business: at home

FATHER
12. Name: John
13. Birthplace: Germany.

MOTHER
14. Maiden Name: unknown.
15. Birthplace: Germany

16 (a) Informant: Charles Schlaffer
(b) Address: 3621 Spaulding ave.
17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 2/20/1940 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Balto. City.
18 (a) Funeral director: L. Verney Zimmerman
(b) Address: 4611 Park Heights
19 (a) FEB 19 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17 1940, at M
21. I certify that death occurred on the date above stated; that I attended deceased from July 1935 to 2-17 1940, and that I last saw her alive on 2-14 1940.

Immediate cause of death: Chronic Myocarditis — Duration:
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: No
Of autopsy: No.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature: C. A. Reifschneider M. D.
Address 1044 Woodbourne Date signed 2-19-40

VS 3

66409

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1/31-a

F 66409

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1954 Perlman Place

(c) Hospital or institution: no

(d) Length of stay in hospital or inst. (yrs., mos., or days) none

(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto City

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 1954 Perlman Place (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Thomas J Ganley

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex: Male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Frances Ganley

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan6 1866

8. AGE: Years 74 | Months 1 | Days 11 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER

12. Name unknown

13. Birthplace Ireland

MOTHER

14. Maiden Name unknown

15. Birthplace Ireland

16 (a) Informant Joseph Ganley(Son)

(b) Address 1954 Perlman Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb21 1940 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Road Balto Md

18 (a) Funeral director Lilly & Zeiler Inc.

(b) Address 403 S. WOLFE ST.

19 FEB 19 1940 (Local registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB. 16 1940, at 10/30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from February 5 1940, to Feb 16 1940, and that I last saw h[illegible] alive on ..... 19 .....

Immediate cause of death: General Arteriosclerosis & Chronic Interstitial Nephritis — Duration: 2 Years

Due to: .....

Due to: .....

Other Conditions: Influenza grave 5 Days; Acute Bronchitis — Duration: 9 Days

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)

(e) Means of injury .....

23. Signature Albert Eisenberg M.D.

Address 2025 E. North Ave. Date signed 2/18/40

VS 8

66410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 66410

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3200 Eastern Ave
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County Balto City
(c) City or town Balto City (If outside city or town limits, write RURAL and give town)
(d) Street No. 3200 Eastern Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

2-11

3 (a) FULL NAME Margaret Mueller

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Widow

6 (b) Name of husband or wife BARTH[illegible] MUELLER
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec 18 1863

8. AGE: Years	Months	Days	If less than one day
76	1	23	..... hr. ..... min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Joseph Miller
13. Birthplace Germany

MOTHER
14. Maiden Name Annie Miller
15. Birthplace Germany

16 (a) Informant MARY MUELLER (Daughter)
(b) Address 3200 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 20 1940 (month) (day) (year)
(c) Cemetery or crematory Sacred Hearts
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly & Zeiler Inc
(b) Address 4033 Eastern
(Date received by registrar) FEB 19 1940 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17 1940, at 3:29 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1940 to Feb 17 1940 and that I last saw her alive on Feb 17 1940

Immediate cause of death	Duration
Lobar Pneumonia	1 wk
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Williams M.D.
Address 2939 Eastern Ave Date signed 2/18/40 M. D.

VS 3

66411

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 66411

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1623 Gough St
(c) Hospital or institution: no
(d) Length of stay in hospital or inst. (yrs., mos., or days) none
(e) Length of stay in Baltimore (yrs., mos., or days) 48 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1623 Gough St (If rural give location)
(e) If foreign born, how long in U. S. A.? 48 years

3 (a) FULL NAME Raymond Fiorucci

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex: Male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Rosa Fiorucci

6 (c) If alive, give age: 76 years

7. Birth date of deceased (mo., day, yr.): April 25 1861

8. AGE: Years: 78 Months: 9 Days: 20 If less than one day: hr. min.

9. Birthplace: Italy (Town, county, and state)

10. Usual Occupation: Retired

11. Industry or business

FATHER
12. Name: Donomic Forucci
13. Birthplace: Italy

MOTHER
14. Maiden Name: Bartolomea alimenti
15. Birthplace: Italy

16 (a) Informant: Rosa Fiorucci (Wife)
(b) Address: 1623 Gough St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 21 1940 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Baltimore Md

18 (a) Funeral director: Lilly & Zeiler
(b) Address: 4033 Gough St

(a) Received by registrar FEB 19 1940 (b) Huntington Williams M.D. Registrar

VS 7

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB. 17 1940, at 8/30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1940 to Feb 17 1940, and that I last saw him alive on Feb 17 1940.

Immediate cause of death: Lobar Pneumonia — Duration: 8 days

Due to:

Due to: Acute Cardiac dilatation — 1 day

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: William J. Roarer M. D.
Address: 801 N Kenwood Ave Date signed: Feb 18 1940

66412 F5868

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161-a Registered No. F 66412

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Provident Hospital
(c) Hospital or institution: 1514 Division St.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Owings Mills (If outside city or town limits, write RURAL and give town)
(d) Street No. Greadamere Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Eley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	C. C.	

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
5 hrs.			4 hr. 50 min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Thomas Hamilton

13. Birthplace Md.

MOTHER 14. Maiden Name Viola Sparks (Eley)

15. Birthplace Md.

16 (a) Informant Viola Eley

(b) Address Greadamere Rd. Owings Mills Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location JOHNS HOPKINS MEDICAL SCHOOL FEB 20 1940

18 (a) Funeral director Commissioner of Health

(b) Address Per H. A. Moore

Date received FEB 19 1940 Registrar Huntington Williams M.D. Registrar

F 5868

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-9 1940 at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-9 1940 to 2-9 1940, and that I last saw h e alive on 2-9 1940.

Immediate cause of death Congenital Atelectasis — Duration 4 hrs. 50 min.

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Casey C. Johnson

Address Provident Hospital Date signed 2/[illegible]/40

F 66413

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 66413

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4023 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4023 Edmondson Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary A. McCullough

3 (b) If veteran, name war: No
3 (c) Social Security Account No. No

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Henry H. McCullough
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 14 - 1868

8. AGE: Years 71 | Months 3 | Days 3 | If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Edwin R. Clautice
13. Birthplace Balto, Md.

MOTHER
14. Maiden Name Sarah E. Williams
15. Birthplace Calvert Co. Md.

16 (a) Informant Emma M. Clautice
(b) Address 4023 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. H. Sauer Sons Inc
(b) Address 118 W. Mt Royal Ave

19 FEB 19 1940 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 15 1940 to Feb 17 1940.
and that I last saw h[illegible] alive on Feb 17 1940.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to	
Other Conditions Arteriosclerotic cardiac Vascular disease	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. J. Batteagher M. D.
Address 2921 Edmondson Ave Date signed 2/19/40

VS 8

F 66414 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131-W F 66414

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3817 Beech Ave. St. 13-7 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Walters F. Harvey

If U. S. Veteran specify WAR _____

(a) Residence: No. 3817 Beech Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Mitchell --- 59 yrs.

6. DATE OF BIRTH (month, day, year) June 1, 1858

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	81	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry D. Harvey

14. BIRTHPLACE (city or town) (State or country) Phila., Pa.

MOTHER

15. MAIDEN NAME Harriet Harper

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs. Mary A. Harvey
(Address) 3817 Beech Avenue, Baltimore

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cem. Date Feb. 20, 1940

19. UNDERTAKER John O. Mitchell & Sons, Inc.
(Address) 1900 Eutaw Place, Baltimore

20. Filed FEB 19 1940 19 _____ Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18, 1940

22. I HEREBY CERTIFY, That I attended deceased from _____, 1935 to Feb. _____, 1940

I last saw him alive on Feb. 17, 1940 Death is said to have occurred on the date stated above, at 3 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystitis - Tuberculosis	
Ch. Nephritis	
Uremia	10 days

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____ Urine

What test confirmed diagnosis? Blood Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) J. Theodore Eastwood M. D.

(Address) Medical Arts Bldg.

VS 5

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 66415

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83-a

Registered No. F 66415

1. PLACE OF DEATH Southern Hospital & Home
CITY OF BALTIMORE: (No. 2520 Greenmount Avenue St. 12-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 12 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Smeigh
If U. S. Veteran specify WAR

(a) Residence: No. 2520 Greenmount Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Albert Smeigh

6. DATE OF BIRTH (month, day, year) April 25, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bainbridge (State or country) Pa.

FATHER

13. NAME James Garrett

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Sarah Rutherford

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. E. C. Wright
(Address) 2510 Greenmount Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Feb. 20, 1940

19. UNDERTAKER John O. Mitchell & Sons, Inc.
(Address) 1900 Eutaw Place, Baltimore

20. FILED FEB 19 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1940 to Feb. 18, 1940
I last saw h[illegible] alive on Feb. 17, 1940. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	1-19-40
Other contributory causes of importance: Old age + Exhaustion	

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Herbert C. Wahe M. D.
(Address) Medical Arts Bldg.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 3

M. D. B. 1268-6

HEALTH DEPARTMENT—CITY OF BALTIMORE

66416

CERTIFICATE OF DEATH

46-G

F 66416

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Cambridge Arms Apts - St. - Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry T. Sensenderfer

(a) Residence: No. Cambridge Arms Apts St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Louise Sensenderfer

6. DATE OF BIRTH (month, day, year) May 17/1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Sensenderfer

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Georgia A. Townsend

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. O'Dea

(Address) 4203 Springwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 2/20/40

19. UNDERTAKER Chas. E. Enoch Son Inc

(Address) 113 W. Mt. Royal Ave

20. FILED FEB 19 1940 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1924 to Feb 17, 1940

I last saw him alive on Feb 17, 1940 Death is said to have occurred on the date stated above, at 7.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	
Carcinomatosis of Omentum	
(1) Symptoms	Nov 24/39

Other contributory causes of importance

Name of operation Gastro-enterostomy Date of Jan 12/40

What test confirmed diagnosis? X-ray - biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos. A. Hutchcraft, M. D.

(Address) 12 E. Lafayette Ave

F 66417

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 66417

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 215 N. Monroe St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)

(d) Street No. # 215 N. Monroe Street, (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN J. LINSENMYER

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None	None	Male	White	Married

6 (b) Name of husband or wife Anna L. Linsenmyer

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Aug 5, 1874

8. AGE: Years	Months	Days	If less than one day
65	6	12	hr. min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business Government, Wash. D.C.

FATHER 12. Name George Linsenmyer

13. Birthplace Germany

MOTHER 14. Maiden Name Mary Peifer

15. Birthplace Germany

16 (a) Informant Mrs Anna L. Linsenmyer

(b) Address # 215 N. Monroe Street,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 20, 1940 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location 4300 Old Frederick Road,

18 (a) Funeral director John J. Cowan & Son

(b) Address 901 Hollins Street

19 (a) FEB 19 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION P

20. DATE OF DEATH Febry 17th, 1940, at 12.50 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 20 1939, to 2-17 1940 and that I last saw h[illegible] alive on 2-17 1940

Immediate cause of death Coronary Thrombosis 2-17 (1 day) Duration

Due to —

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Edward J. Heath M. D.

Address 1945 W. Fayette Date signed 2-19-40

VS 8

F 66418

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

125-a F 66418 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 2618 Roselawn ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Henrietta M. Kachele

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Paul M. Kachele

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27-1902

8. AGE: Years 37 | Months 7 | Days 22 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Adolphus Gunn
13. Birthplace Tennessee

MOTHER
14. Maiden Name Maria Hairfield
15. Birthplace Balto Md.

16 (a) Informant Paul M. Kachele
(b) Address 2618 Roselawn Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 22-1940 (month) (day) (year)
(c) Cemetery or crematory Moreland Pk.
Location

18 (a) Funeral director Leonard J. Ruch
(b) Address 5303 Harford Road

FEB 20 1940 (Date received by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-19-40 19 at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-18 1940 to 2-19 19 40 and that I last saw h alive on 2-19 19 40.

Immediate cause of death: Acute Yellow Atrophy liver — Duration: 1 wk

Due to Secondary to hyperthyroidism.

Due to

Other Conditions Hyperthyroidism 5 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. J. Feendelis

Address Mercy Hosp Date signed 2-19-40 M. D.

Mahr

F 66419

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-E

Registered No. F 66419

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 Block E. Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2420 Liberty Heights ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 48 years

3 (a) FULL NAME Ida Mahr

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	W.

6 (b) Name of husband or wife Jacob L. Mahr

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day: hr.	min.
64	—	—		

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Emanuel Susman
13. Birthplace Russia

MOTHER
14. Maiden Name Leba.
15. Birthplace Russia

16 (a) Informant Abraham Mahr.
(b) Address 2420 Liberty Heights ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 20/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Bowley Lane

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W. North ave

19 (a) Date received FEB 20 1940 (b) Registrar Huntington Williams, Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-19 1940, at 8 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940, to Feb 19 1940, and that I last saw her alive on Feb 19 1940.

	Duration
Immediate cause of death: Renal quantity urinary retention	
Due to Carcinoma Hepatic flexure + Metastasis.	7 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: Of operation Carcinoma of ascending colon & metast
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theodore D. Tagnetman M. D.
Address Sinai Hospital Date signed 2-19-40

66420

HEALTH DEPARTMENT—CITY OF BALTIMORE

66420

CERTIFICATE OF DEATH

✓ 93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4504 Springdale Ave. St. 28-7 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Jennie McColloh Rife

(a) Residence: No. 4504 Springdale Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Hayden Rife

6. DATE OF BIRTH (month, day, year) May 10.1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Ohio
(State or country)

FATHER

13. NAME McCollough

14. BIRTHPLACE (city or town) Ohio
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) ...
(State or country)

17. INFORMANT C. Edwin Rife
(Address) 4504 Springdale Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Feby 20.1940

19. UNDERTAKER John O. Whitehill & Sons
(Address) 1900 Eutaw Place

20. FILED FEB 20 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 18.1940 19

22. I HEREBY CERTIFY, That I attended deceased from October 30 19 12 to February 18 19 40

I last saw her alive on February 18 19 40 Death is said to have occurred on the date stated above, at 1:05P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	1922
Myocarditis	1935

Other contributory causes of importance:

Hypostatic pneumonia	2.10.40

Was an operation performed? Herniorraphy Date of 4:27:29

For what disease or injury? Strangulated Hernia (rt)

Name of operation See above

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) C. Edwin Rife M. D.

(Address) 222 Wendover Road

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

66421

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 66421

Registered No.

PRINT OR TYPE ALL INFORMATION. WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4040 Eastern Avenue

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 580 da 7-1-38 M.

(e) Length of stay in Baltimore (yrs., mos., or days) 12 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. ? ? Hill St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANNIE ~~Annie~~ Williams (Annie Williams) 34948

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ????

8. AGE: Years	Months	Days	If less than one day
59 ?			hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER

12. Name Austin

13. Birthplace Maryland

MOTHER

14. Maiden Name Caroline ?

15. Birthplace Md.

16 (a) Informant Hospital Records

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb 20-40 (month) (day) (year)

(c) Cemetery or crematory McCalvary

Location Balto. Co. Md.

18 (a) Funeral director James A Hayes

(b) Address 142 W Fred

19 (a) (Signature of local registrar) (b) Thaddeus Williams M.D. Registrar

FEB 20 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14, 1940 1940 at 3:40 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 14, 1938 to Feb. 14, 1940. and that I last saw her alive on Feb. 14, 1940.

Immediate cause of death Tuberculosis of the Lungs — Duration July 1938

Due to

Due to Arteriosclerotic Heart Disease — July 1937

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Thaddeus Williams M. D.

Address Baltimore City Hosp. Date signed 2/14/40

F 66422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

139a

F 66422 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The street age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) a life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3024 Remington Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Ruth Poehler

3 (b) If veteran, name war	3 (c) Social Security Account No.
c	c

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife George E. Poehler
6 (c) If alive, give age 31 years

7. Birth date of deceased (mo., day, yr.) Dec 30, 1910

8. AGE: Years	Months	Days	If less than one day
29	1	19	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles F. Pfeltz
13. Birthplace md.

MOTHER
14. Maiden Name Bessie E. Hopkins.
15. Birthplace md.

16 (a) Informant George E. Poehler.
(b) Address 3024 Remington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 21, 1940 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Ivy Hill
Location Laurel, Md

18 (a) Funeral director Ehrenwerth & Donovan
(b) Address 3615-17 Chestnut Ave

19 (a) [illegible] registrar [illegible] Registrar

FEB 20 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 - 19 - 1940, at 10:25 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2 - 17 1940, to 2 - 19 1940, and that I last saw h[illegible] alive on 2 - 19 1940.

Immediate cause of death	Duration
Pulmonary embolism	
Due to marked secondary anemia	
Due to	
Other Conditions sub ovarian abscess, left	

(Include pregnancy within 3 months of death)

Major findings:
Of operations sub-ovarian abscess, left
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address St. Joseph's Hospital Date signed 2/19/40

66423

HEALTH DEPARTMENT—CITY OF BALTIMORE

66423

CERTIFICATE OF DEATH

94-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 Cedarcroft Rd. St. 27-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Martha Elliott

(a) Residence: No. 406 Cedarcroft Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Curtis E. Elliott

6. DATE OF BIRTH (month, day, year) April 28 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Daniel Feldmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Rinkee

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Caroline Wagner

(Address) 406 Cedarcroft Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 21st 1940

19. UNDERTAKER William J. Tickner & Sons

(Address) Nor6h & Pennsylvania Aves.

20. FILED ..... 19.. Huntington Mills Register

FEB 20 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18, 1940

22. I HEREBY CERTIFY, That I attended deceased from 4-26, 1937, to 2-18, 1940

I last saw her alive on 2-18, 1940 Death is said to have occurred on the date stated above, at 5 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility.	
Arteriosclerosis.	
Coronary Thrombosis?	2-15-40
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Nelson Care M. D.

(Address) 1014 Druid Park Street.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 66424

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V131-W S.S. None F 66424

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1915 W. North Avenue St. 15-27 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 89 yrs. 6 mos. 2 ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Margaret A. Kraft

If U. S. Veteran specify WAR _____

(a) Residence: No. 1915 W. North Avenue St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Kraft

6. DATE OF BIRTH (month, day, year) Aug 17th 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	89	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Meise

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ? Besche

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Louis Kraft
(Address) 96 Kingston Park-Middle River, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb 21st 1940

19. UNDERTAKER Wm. J. Tickner & Sons,
(Address) North & Penna Aves.

20. FILED FEB 20 1940 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 19th 1940

22. I HEREBY CERTIFY, That I attended deceased from July 1933 to Feb 19 1940
I last saw h[illegible] alive on Feb 18 1940 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal Disorder	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis Usual Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19___

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
_____ If so, specify _____

(Signed) Fred B Jarrett M. D.

(Address) 2516 Penna. Ave.

VS 3

INSTRUCTIONS: Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

66425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. E 66425

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2706 Roslyn Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2706 Roslyn Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME MARTHA Ann HURST

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband ~~or wife~~ W. E. Hurst
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 25, 1855

8. AGE: Years	Months	Days	If less than one day
84	4	24 23	hr. min.

9. Birthplace Davidsonville, Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Geo. E. Stockett
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth E. Lovelace
15. Birthplace Maryland

16 (a) Informant Mr. Arthur Stockett,
(b) Address 2706 Roslyn Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/40 (month) (day) (year)
(c) Cemetery or crematory Davidsonville Methodist
Location Davidsonville, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) FEB 20 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 18 1940, at 3 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death Arteriosclerotic heart disease — Duration —

Due to

Due to

Other Conditions no history
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. T. L. Wollenweber M.D.
Medical Examiner.
Date signed Feb. 19, 1940

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

66426

CERTIFICATE OF DEATH

✓97 F 66426

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2817 Brighton St. St., 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ida Whiteside

If U. S. Veteran specify WAR

(a) Residence: No. 2817 Brighton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George W Whiteside

6. DATE OF BIRTH (month, day, year) June 22 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME ? Thweatt

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Fanny Goodrich

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs George W Whiteside

(Address) 2817 Brighton St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 21, 1940

19. UNDERTAKER William J Dukner + Sons

(Address) Arch + Pennsylvania Ave

20. FILED 19 Huntington Williams Registrar.

FEB 20 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1939, to February 18, 1940

I last saw h[illegible] alive on February 18, 1940. Death is said to have occurred on the date stated above, at 11 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypertension	?
2. Arteriosclerosis	

Other contributory causes of importance: None

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leon Ayloman M. D.

(Address) 1201 Poplar Grove St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 66427

F 66427

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1647 N. Appleton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1647 N. Appleton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Alfred Lenn

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-9283

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Della H. Lenn
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) June 15, 1874

8. AGE: Years	Months	Days	If less than one day
65	8	3	hr. min.

9. Birthplace Germany (Town, county and state)
10. Usual Occupation Retired Furniture Salesman
11. Industry or business

FATHER
12. Name Louis Lenn
13. Birthplace Germany

MOTHER
14. Maiden Name Theresa Eglick
15. Birthplace Germany

16 (a) Informant Mrs. Della Lenn
(b) Address 1647 N. Appleton ST.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/21/40. (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director David Goodman & Son
(b) Address 1902 Eutaw Place

19 (a) [illegible] (Date rec'd by registrar) Huntington Williams M.D. Registrar

FEB 21 1940

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1940, at P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1 1939, to Feb. 18 1940, and that I last saw h im alive on Feb 18 1940;

Immediate cause of death
Coronary Thrombosis
Due to Arteriosclerosis
Due to Hemiplegia.
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. Wirsk, M. D.
Address 2314 W. North Ave. Date signed

52920-M

F 66428

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937D

F 66428 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 115 N. Bond St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Keene

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Murray

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-2-1871

8. AGE: Years 68 | Months 10 | Days 14 | If less than one day: hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER
12. Name George Lee
13. Birthplace Md.

MOTHER
14. Maiden Name Annie Seymour
15. Birthplace Md.

16 (a) Informant B.V.H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 19 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Mt Wilmans

18 (a) Funeral director Elroy O Weber
(b) Address 1000 Brantley Ave.

19 (a) [illegible] (b) [illegible]

FEB 20 1940

Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH February 16 1940, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 15 1940, to Feb. 16 1940, and that I last saw her alive on Feb 16 1940.

Immediate cause of death: Cardiac failure — Duration: unknown

Due to: Hypertensive Cardiovascular disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Murray Kabat-Lein M. D.

Address Balto City Hosp. Date signed 2-16-40

THIS CERTIFICATE, WITH CAPTIONS INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

66429 James Smith

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 66429

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Type correct as it is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 707 W Franklin St

(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balt. City

(If outside city or town limits, write RURAL and give town)

(d) Street No. 707 W Franklin St

(If rural give location)

If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W.

6 (a) Single, ~~married~~, widowed, or divorced W. Single

6 (b) Name of husband or wife Amy Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 12, 1866

8. AGE: Years 74 Months 5 Days 5 If less than one day hr. min.

9. Birthplace Md (Town, county and state)

10. Usual Occupation Teamster

11. Industry or business

FATHER

12. Name Abraham Smith

13. Birthplace Md

MOTHER

14. Maiden Name Amy Smith

15. Birthplace Md

16 (a) Informant Hilda Lee Burke

(b) Address 1127 W. Mulberry

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-1940 (month) (day) (year)

(c) Cemetery or crematory Mount Calvary

Location a a co

18 (a) Funeral director Joseph A Tinsley

Address 408 N Mount street

19 (a) (Date received by registrar) (b) Registrar

FEB 20 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/17/40 19 at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/28/40 to 2/17/40 and that I last saw him alive on 2/17/40

Immediate cause of death (a) Pneumonia Duration 3 days

Due to

Due to

Other Conditions Hemiplegia

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H Lee Ellis M. D.

Address 524 Park Ave Date signed 2/18/40

VS 3

F 66430

STATE OF MARYLAND—CERTIFICATE OF DEATH

F 66430

1. PLACE OF DEATH

County

Village or City Baltimore City

Length of residence in city or town where death occurred 30 yrs. mos.

No. 1211 E. Oliver St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth? 30 yrs. mos. da.

If U. S. Veteran, specify WAR

If nonresident give city or town and State

Registration Dist. No. 44-B

2. FULL NAME Anna Fessner

(a) Residence: No. 1211 E. Oliver St. Ward.

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE at: Andrew Fessner

6. DATE OF BIRTH (month, day, and year): May 13 1870

7. AGE: Years 70 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Home Wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Austria Hungary

FATHER

13. NAME: Andrew Straka

14. BIRTHPLACE (city or town) (State or country): Austria Hungary

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Andrew Fessner

(Address) 1211 E. Oliver Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Ly Redeemer Date 22 Feb 1940

19. UNDERTAKER: James K. Byrnes

(Address) 311 E. Eager St

20. Filed FEB 20 1940, 19 Huntington Williams, M.D. Registrar.

If more blanks are required, apply to State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Feb (Month) 18 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1939, to Feb 18, 1940, I last saw h alive on Feb 18, 1940, death is said to have occurred on the date stated above, at 3 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerotic C.V. disease — Date of onset

Carcinoma of stomach

Liminal Hernia of stomach 2-16-40

Other Contributory Causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Path. clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Natural Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? None

If so, specify

(Signed) E. A. Schemerhorn M. D.

(Address) 842 S. Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Caster

F 66431 HEALTH DEPARTMENT—CITY OF BALTIMORE F 66431

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 McCulloh St. 14-2 107 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isaac Custer

If U. S. Veteran specify WAR .....

(a) Residence: No. 1411 McCulloh St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances

6. DATE OF BIRTH (month, day, year) Feb. 2, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	15		18	15

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Lancaster Co. (State or country) Virginia

FATHER

13. NAME Logan Carter

14. BIRTHPLACE (city or town) Lancaster Co. (State or country) Virginia

MOTHER

15. MAIDEN NAME Abby Diamonds

16. BIRTHPLACE (city or town) Lancaster Co. (State or country) Virginia

17. INFORMANT Cynthia Custer (Address) 1407 Myrtle Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Arbutus Mem. Pk. Date Feb. 20, 1940

19. UNDERTAKER Mrs. George H. Holland (Address) 1631 Druid Hill Ave.

20. FILED ..... (Registrar) Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1940 to Feb 17, 1940

I last saw him alive on Feb 16, 1940 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. J. Colesberry M. D.

(Address) 1039 McCulloh

FEB 20 1940

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 66432

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66432 Registered No.

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: E. Monument St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1508 3408 Rural Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 yrs years

3 (a) FULL NAME SARAH SIRKIN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife HYMAN SIRKIN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years	Months	Days	If less than one day
78			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Nathan Sirkin
(b) Address 3408 Rural Ave.)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Lebanon Pikesdale
Location Phila., Pa.

18 (a) Funeral director Jack Nevins Inc.
(b) Address 1434 E. Baltimore St.

19 (a) (b) Registrar Williams M.D. Registrar

FEB 20 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/19 1940, at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-28 1940 to 2-19 1940, and that I last saw her alive on 2/19 1940.

Immediate cause of death Cerebral Apoplexy — Duration

Due to Arteriosclerotic Heart Dis

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Williams M.D.
Address Sinai Hospital Date signed 2/19/1940

66433

F 66433

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No.

F

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3510 PK. HGTS AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 3510 PK. HGTS. AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? 39 years

3 (a) FULL NAME HILDA WEISTOCK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Herman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) (?)

8. AGE: Years 63 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace R.

MOTHER 14. Maiden Name Unknown
15. Birthplace R.

16 (a) Informant Abe Weistock (Son)
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 2/20/40 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location 3510 Park Heights Ave

18 (a) Funeral director Jack Levin Sons
(b) Address 1592 Bolton St.

19 (a) (Local registrar) (b) Pennington Williams, M.D. Registrar

FEB 20 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-20-40 19 at 1.15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 29 1939 to 19 and that I last saw h 4 alive on Feb 20 1940.

Immediate cause of death Coronary thrombosis — Duration Sudden

Due to Dehydration — Duration 10.

Due to Hypertension — Duration 6

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Levin Horne M.D.
Address 1720 Eutaw Pl. Date signed 2/20/40

F 66434

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 66434 Registered No.

1. PLACE OF DEATH: 3205 E. Lombard St
(a) Baltimore City, Maryland
(b) Street address 3205 E. Lombard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 3205 E. Lombard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 48 years

3 (a) FULL NAME Helma Thiele

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Otto F. Thiele
6 (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) Oct. 19, 1861

8. AGE: Years 78 | Months 4 | Days - | If less than one day: hr. min.

9. Birthplace Laston Germany (Town, county, or state)

10. Usual Occupation House Work

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Otto F. Thiele, "Husband"
(b) Address 3205 E. Lombard St.

17 (a) Baltimore (Burial, cremation, or removal) (b) Date thereof Feb. 22 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location East end of North Ave.

18 (a) Funeral director Charles W. Dill.
(b) Address 3109 Frederick Ave.

19 (a) (Date received by Registrar) (b) Interment, Cremation or Removal

FEB 20 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 19-40 19 at 9:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/1/40 19 to 2/20/1940 and that I last saw her alive on 2/19/40.

Immediate cause of death: Myocardial Degeneration — Duration: 6 mo.

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. V. Herman, M.D.
Address 2213 E. Baltimore Date signed 2/20/40

Physicians, with CAP ALONG INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66435

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 66435

Registered No.

PLEASE WRITE LEGIBLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1308 Argyle Ave
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1308 Argyle Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? —— years

3 (a) FULL NAME LOUISE BRADLEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/26/39

8. AGE: Years	Months	Days	If less than one day
	6	22	hr. min

9. Birthplace Balto. Md. (Town, county and state)

10. Usual Occupation infant

11. Industry or business

FATHER
12. Name John Saunders
13. Birthplace Tenn. Va

MOTHER
14. Maiden Name Louise Bradley
15. Birthplace Md.

16 (a) Informant Julia Hall
(b) Address 1308 Argyle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Thos. E. Kalsom
(b) Address 130 S. Presstman St.

19 (a) (Date received by local registrar) (b) Signature of local registrar

FEB 20 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 18 1940, at 9:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Pneumonia, lobular	autopsy
Due to malnutrition	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Lee Wollenweber M.D.
Medical Examiner.

Date signed Feb 19, 1940

66436 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 66436

CERTIFICATE OF DEATH 30-E

1. PLACE OF DEATH Md Penitentiary

CITY OF BALTIMORE: (No. 954 Forrest St. 11th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leonard Jones

If U. S. Veteran specify WAR

(a) Residence: No. Maryland Penitentiary St., Ward. 917 Madison Ave

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 24 1888

7. AGE: Years 51 | Months 0 | Days 24 | If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster County, Va

FATHER

13. NAME Roston Jones

14. BIRTHPLACE (city or town) (State or country) Lancaster County, Va

MOTHER

15. MAIDEN NAME Alice Smith

16. BIRTHPLACE (city or town) (State or country) Lancaster County, Va

17. INFORMANT Lena Smith

(Address) 1024 N. Monroe St

18. BURIAL, CREMATION, OR REMOVAL

Place National Date 2/21 40

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Preastman

20. FILED FEB 20 1940 Wm. J. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 17, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 30 1938 to February 17 1940

I last saw him alive on February 17 1940 Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1938
Other contributory causes of importance:	
Syphilis	
Chronic cardiac failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry Landsey M. D.

(Address) 34th and Guilford

THE MORGUE

Only CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 66437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 66437

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Lawrason Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 413 Myrtle Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella Wesby (Ella Louise Whidbee)

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-12-1367

4. Sex: Female
5. Color or race: Col.
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 10-27-1912
8. AGE: Years 27 | Months 3 | Days 22 | If less than one day hr. min.
9. Birthplace Norfolk Va (Town, county, and state)
10. Usual Occupation House work
11. Industry or business

FATHER
12. Name Seth Whidbee
13. Birthplace N. C.

MOTHER
14. Maiden Name Ada Hawkins
15. Birthplace N. C.

16 (a) Informant John Mason
(b) Address 413 Myrtle ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 23 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Westport Md

18 (a) Funeral director Williams & Jackson
(b) Address 916 Pennsylvania ave

19 (a) [illegible] (Registrar) (b) Washington D.C.

FEB 20 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-18- 1940, at 12:30 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said autopsy find that said deceased came (Autopsy or Inquiry) to her death on the day stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	
Due to: Myocardial degeneration	
Due to: Chron. Congestion of Lungs	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy an abstract

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Howard J. Markus M.D. (Medical Examiner)
Date signed 2-18-40

61401 SD F 66438

F 66438

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 125 N. Bond Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Alder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 22, 1918

8. AGE: Years	Months	Days	If less than one day
22	0	25	hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Porter Boy

11. Industry or business

FATHER
12. Name John (d)
13. Birthplace Virginia

MOTHER
14. Maiden Name Ida Butler
15. Birthplace Virginia

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb 23. 1940
(month) (day) (year)
(c) Cemetery or crematory Mt. calvery cemetery
Location a-h-rn

18 (a) Funeral director Edward Boston
(b) Address 1241 orleans st

19 (a) (Date rec'd by registrar) (b) Registrar

FEB 20 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/17 1940, at 9:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/2 1940 to 2/17 1940, and that I last saw h alive on 2/17 1940.

Immediate cause of death Tuberculosis of the Lungs — Duration May 1939

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature

Address Date signed 2/19/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66439 — CERTIFICATE OF DEATH — 50 F 66439

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1413 Gorsuch Ave. Ward) 9-5

Registered No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Edna W. Gates — If U. S. Veteran specify WAR ___

(a) Residence: No. 1413 Gorsuch Ave St., Ward 10 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
Female	White	Widowed

6a. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Thomas R. Gates

6. DATE OF BIRTH (month, day, year) July 30th 1860

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
79	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X — 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Daniel S. Cottrill

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Magulda A. Cottrell

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs M. A. Ireland

(Address) 1413 Gorsuck Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 21st 1940

19. UNDERTAKER Wm Cook

(Address) 317 St. Paul St

20. FILED FEB 20 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18th 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 1939, 19___ to Feb 18th 1940, 19___

I last saw ___ alive on Feb 17th 1940, 19___ Death is said to have occurred on the date stated above, at 3:25 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum — Date of onset Chronic

Other contributory causes of importance: —

Was an operation performed? No — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ___

(Signed) Henry B. Holtzman M. D.

(Address) 20 W. Lexington St. Balto Md

VS 8

F 66440

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

120- (Registered No.) F 66440

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1222 N. Charles St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert O. Nitzell

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 220-03-4057

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband~~ or wife Gertrude M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1874

8. AGE: Years	Months	Days	If less than one day
65	6	16	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER 12. Name	John Nitzell
13. Birthplace	Unknown
MOTHER 14. Maiden Name	Evelyn "
15. Birthplace	"

16 (a) Informant Gertrude Nitzell
(b) Address 1222 N. Charles St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 2/21/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Rose Hill
Location Hagerstown Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) FEB 20 1940 (b) Huntington Williams, M.D.
(Date Received by Registrar) (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb- 19 1940, at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-9- 1940 to 2-19 1940 and that I last saw him alive on 2-19-1940.

Immediate cause of death: Uremia
Due to: Peritonitis
Due to: Cardiac collapse
Due to:

Duration
Fourth
1 week
2 days

Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations Uremia
Of autopsy Peritonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. W. K. Mansfield M. D.
Address Md. General Hospital Date signed

VS 3

Please write plainly, using ink. Any information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66441

CERTIFICATE OF DEATH

93-D

F 66441

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1828 N Bethel St. 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. da. How long in U. S. If of foreign birth yrs. mos. da.

2. FULL NAME August A Heinemann

If U. S. Veteran specify WAR 1?

(a) Residence: No. 1828 N Bethel St., Ward 4th S.O. November

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mary A Heinemann

6. DATE OF BIRTH (month, day, year): June 19, 1866

7. AGE: Years 73; Months 8; Days -; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs Mary A Heinemann 1828 N Bethel St

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: 2/22 1940

19. UNDERTAKER: Wilson & Corbett

(Address) 1217 N Gay St

20. FILED FEB 20 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 19, 1940

22. I HEREBY CERTIFY, That I attended deceased from August 7, 1937 to Feb 19, 1940

I last saw him alive on Feb 19, 1939. Death is said to have occurred on the date stated above, at 7:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular disease	
Cerebral Hemorrhage	

Was an operation performed? No Date of -

For what disease or injury?

Name of operation -

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John A Barnaby, M. D.

(Address) 1531 E North Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 66442

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 66442

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3608 Harford Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) hs
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3608 Harford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME LOUISE D. CALLSEN

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-15-8407

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9, 1880

8. AGE: Years 59 | Months 10 | Days 10 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation seamstress
11. Industry or business laundry

FATHER
12. Name Henry M Callsen
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Downs
15. Birthplace Germany

16 (a) Informant Catherine Callsen
(b) Address 3608 Harford ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 2/22/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto
Location Balto Md

18 (a) Funeral director William Frost
(b) Address 1217 St. Paul St

19 (a) FEB 20 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 19 1940, at 4a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death Coronic nephritis renal sclerosis.	—
Due to Acute cardiac dilatation	sudden
Due to Hypertensive heart disease	unknown
Other Conditions no Grippe	3 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H L Wallenmeier M.D.
Asst Medical Examiner.
Date signed Feb 19, 1940

V8 6

PRINT NAME, PLACE, AND DATE OF DEATH PLAINLY, WITH INK. AVOID ABBREVIATIONS. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

120-3 Registered No. F 66443

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Calvert
(c) City or town Pikesville, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 Glenbarry Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Earl E. Mayer

3 (b) If veteran, name war NO | 3 (c) Social Security Account No. [illegible]

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 9, 1917

8. AGE: Years 22 | Months 6 | Days 10 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Cash Boy

11. Industry or business Mercantile Trust Co

FATHER 12. Name Frederick Mayer
13. Birthplace Germany

MOTHER 14. Maiden Name Bertha Sammers
15. Birthplace Washington D. C.

16 (a) Informant Mrs. Mayer
(b) Address [illegible]

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 2 22 40 (month) (day) (year)
(c) Cemetery or crematory [illegible]
Location [illegible]

18 (a) Funeral director [illegible]
(b) Address [illegible]

19 (Date rec'd by registrar) FEB 20 1940

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/19/40 19 . at 4:43 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/22/40 19 . to 2/19/40 19 . and that I last saw h alive on 2/19/40 19 .

Immediate cause of death: Ulcerative Colitis — Duration: 28 days
Due to Intestinal Perforation — 2 days
Due to Generalized Peritonitis — 2 days
Due to Bronchial Pneumonia — 2 days

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy See Above

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. Frederick Johnston Jr. M. D.
Address Md. General Hospital Date signed

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66444 — CERTIFICATE OF DEATH — 131-B — F 66444

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 530 E North Ave St., 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Howard E Worden — If U. S. Veteran specify WAR

(a) Residence: No. 530 E North Ave St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male — 4. Color or Race: White — 5. Single, Married, Widowed, or Divorced (write this word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Mary B Worden

6. DATE OF BIRTH (month, day, year): June 21 1878

7. AGE: Years: 61 — Months: 7 — Days: 28 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Edward Worden

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Sarah E Valentine

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mary B Worden (Address) 530 E North Ave

18. BURIAL, CREMATION, OR REMOVAL: Place London Park Date 2/22 1940

19. UNDERTAKER: Milton Cox (Address) 124 N Gay St

20. FILED FEB 20 1940 19... Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 19, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1940 to Feb 19, 1940

I last saw him alive on Feb 18, 1940. Death is said to have occurred on the date stated above, at 3:20 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia —	Feb 12
Chronic Nephritis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Jack J. Singer, M. D.

(Address) 506 E. North Ave.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

66445 — 91-a — Registered No. F 66445

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 431 E. North Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Ida May Overman

3 (b) If veteran, name war No

3 (c) Social Security Account No. 215-05-0265

4. Sex Female | **5. Color or race** White | **6 (a) Single, married, widowed, or divorced.** Married

6 (b) Name of husband or wife Charles Overman

6 (c) If alive, give age? years

7. Birth date of deceased (mo., day, yr.) Aug 20 1906

8. AGE: Years 33 | Months 6 | Days 27 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Operator

11. Industry or business Sewing Factory

FATHER
12. Name Fred. Henderman
13. Birthplace Germany

MOTHER
14. Maiden Name Anna?
15. Birthplace Balto. Md.

16 (a) Informant Chas. E. Overman
(b) Address 431 E. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/21/40 (month) (day) (year)
(c) Cemetery or crematory Balto
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (Date received) FEB 20 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17 1940, at 5:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1 1940 to Feb. 17 1940, and that I last saw her alive on Feb. 17 1940.

Immediate cause of death	Duration
Pneumococcic Septicemia	3 days
Due to Acute Pneumococcic Endocarditis	32 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Vegetations, mitral valve.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. H. Kemmer, Jr.
Address Mercy Hospital Date signed 2/21/40

VS 8

F

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66446

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

Registered No. F 66446

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 231 ½ Front St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 231 N. Front St (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 yrs years

3 (a) FULL NAME HELGE G. COSTER

3 (b) If veteran, name war No

3 (c) Social Security Account No. 217-09-7633

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Clarence Coster deceased

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 12 - 1876

8. AGE: Years 64 | Months 0 | Days 6 | If less than one day hr. min.

9. Birthplace Sweden (Town, county, and state)

10. Usual Occupation machinist

11. Industry or business Metal Products 1936

FATHER
12. Name unknown
13. Birthplace Sweden

MOTHER
14. Maiden Name unknown
15. Birthplace Sweden

16 (a) Informant Mrs Magnus Morgan - daughter
(b) Address 4013 Orchard Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/40 (month) (day) (year)
(c) Cemetery or crematory St Johns
Location Beyond Ellicott City Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) FEB 20 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 18 1940, at 8 40 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death Acute cardiac dilatation — Duration

Due to Arteriosclerotic heart disease

Due to

Other Conditions Contusion, severe right shoulder and arm — 12 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence About Feb 7th, 1940
(c) Where did injury occur? Front & Lowe St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? no (Specify type of place)
(e) Means of injury slipped on ice and fell on sidewalk

23. Signature H. L. Wallenmeier M.D. Medical Examiner.

Date signed Feb 19, 1940

VS 6

Please write plainly, with INDELIBLE INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66447

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83C

Registered No. F 66447

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2322 22nd St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Grace Virginia Coburn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fe

5. Color or race White

6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) aug 27 1886

8. AGE: Years 53 | Months 5 | Days 22 | If less than one day: hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Retired. Secretary

11. Industry or business

FATHER
12. Name George Coburne
13. Birthplace Balto.

MOTHER
14. Maiden Name Virginia Allison
15. Birthplace Balto

16 (a) Informant Evelyn Allison.
(b) Address 2416 E. Federal St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) (Registrar) (b) Huntington Williams M.D. (Registrar)

FEB 20 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/19 1940, at 5 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/17/40 19 to 2/19/40 19 and that I last saw her alive on 2/19/40 19

	Duration
Immediate cause of death: Convulsions	
Due to Extirpation Brain Tumor (7 years ago)	
Due to Encephalomalacia	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Tumor (supposed) 7 yrs ago
Of autopsy See Above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lt. Fredrick Johnston Jr. M.D.
Address Md. General Hospital Date signed

Please print plainly, with ONE LETTER IN A SPACE. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

66448

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66448

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 N. Kenwood St. 6-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Charles M. Drurey Social Security 212-09-0140

If U. S. Veteran specify WAR World

(a) Residence: No. 117 N Kenwood St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hilda

6. DATE OF BIRTH (month, day, year) March 4-1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator Dispatcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto - Md.

FATHER

13. NAME Charles H. Drurey

14. BIRTHPLACE (city or town) (State or country) Balto - Md.

MOTHER

15. MAIDEN NAME Anna R. Dunnigan

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Anna R. Drurey

(Address) 117 N. Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 2/21- 1940

19. UNDERTAKER John A. McGan

(Address) 3000 E. Baltimore St.

FILED FEB 20 1940 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18- 1940

22. I HEREBY CERTIFY, That I attended deceased from August, 1939, to Feb 18, 1940

I last saw h[e] alive on Feb 17, 1940 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
arteriosclerotic heart disease	
Hypertension	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) John J Gorsuch M. D.

(Address) 14 N/East ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

66449 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 D

F 66449

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 155 N. Lakewood Ave. Ward)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

2. FULL NAME Winifred M Kelly

(a) Residence: No. 155 N Lakewood Ave. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 4-1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Patrick Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Winifred Broom.

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Brown

(Address) 155 N. Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Bath. Date 2/22 1940

19. UNDERTAKER John A. Moran

(Address) 3000 E. Balto. St.

20. [illegible] 19 Huntington Williams, M.D.

Registrar.

FEB 20 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18 1940

22. I HEREBY CERTIFY, That I attended deceased from December, 1939, to Feb 18, 1940

I last saw h[illegible] alive on 2-18, 1940 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1 day
Arteriosclerosis	
Other contributory causes of importance:	
Hypertension	?
Hypertensive heart disease	?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John J Conrad M. D.

(Address) 14 N East ave.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 66450

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 66450 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2020 E.Lanvale Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 80 11 6

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County None
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2020 E.Lanvale Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

16

3 (a) FULL NAME Margaret Krause

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or ~~wife~~ John C.Krause
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 12,1859

8. AGE: Years 80 | Months 11 | Days 7 6 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Heinlein
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Baltimore, Md.

16 (a) Informant Miss Amelia Krause(Daughter)
(b) Address 2020 E.Lanvale Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-40 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Taylor Ave.Balto.Md.

18 (a) Funeral director Albert L Nulsh
(b) Address 1606 N.Chester Street

19 (a) (b)
(Signature of Registrar)

FEB 20 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 19, 1940 at 7:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 7, 1940 to Feb.19, 1940, and that I last saw h er alive on Feb.19, 1940.

Immediate cause of death Bronchopneumonia — Duration 2/7/40

Due to

Due to

Other Conditions Arteriosclerotic-Cardio-vascular Disease (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Wessler M.D.
Address 1937 E North Ave. Date signed 2/20/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

66451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

X ✓ F 66451 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City ~~Baltimore~~ (If outside city or town limits, write RURAL and give town)
(d) Street No. Essex Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME George W Foster

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary (Gilgriat)
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) 7/2/1866

8. AGE: Years 73 | Months 7 | Days 17 | If less than one day ——— hr. ——— min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Stationary Engineer

11. Industry or business Un. Memorial Hospital

FATHER
12. Name Henry Foster
13. Birthplace Md

MOTHER
14. Maiden Name Mariah (Warner)
15. Birthplace Md

16 (a) Informant Mary Foster
(b) Address Essex Ave Stevenson Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director Geo. J. Birk Jr.
(b) Address 2225 Kloman Ave Balto

19 (a) Filed in my office FEB 20 1940 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 19 1940, at 5:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 18 1940 to Feb 19 1940. and that I last saw him alive on Feb 19 1940.

Immediate cause of death: Cardiac Failure — Duration: ———
Due to Arteriosclerotic Heart Disease — Duration: ———
Due to ——— — Duration: ———
Other Conditions Lobar Pneumonia Lung Abscess — Duration: 2 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Coffin Diagnosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William F. Pearce M. D.
Address Union Memorial Date signed 2/19/40

66452

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 66452 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Fairmount
(c) Hospital or institution:
Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 72 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5310 Catalpha Road
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME George C. Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Marie Wilson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 2, 1868

8. AGE: Years 5 7 | Months 4 | Days 13 2 | If less than one day hr. min.

9. Birthplace Magnolia, Md.
(Town, county, and state)

10. Usual Occupation None
11. Industry or business Laborer

FATHER
12. Name [illegible]
13. Birthplace

MOTHER
14. Maiden Name Mary Hawkins
15. Birthplace Md.

16 (a) Informant Marie B. Wilson
(b) Address 5310 Catalpha Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-40 (month) (day) (year)
(c) Cemetery or crematory Oakdawn
Location

18 (a) Funeral director Leonard J. Tuck
(b) Address 530 Harford Rd.

(Signature of local registrar) Huntington Williams, M.D. Registrar

FEB 20 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 20 1940, at 1 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1940, to Feb 19 1940, and that I last saw h i m alive on Feb 19 1940.

Immediate cause of death: Coronary occlusion ? — Duration: 5 hrs

Due to Thrombosis of aorta — 2 days

Due to Arteriosclerotic heart disease

Other Conditions: Cerebral thrombosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isabella Hannon M. D.
Address Church Home & Infirmary Date signed 2-20-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

66453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-E

Registered No. F 66453

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3608 Reisterstown Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3608 Reisterstown Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? ------ years

3 (a) FULL NAME Elizabeth James Coale

3 (b) If veteran, name war --------
3 (c) Social Security Account No. -------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Charles Coale
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Dec. 3, 1876

8. AGE: Years	Months	Days	If less than one day
63	1 2	30 10	hr. ---- min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation -------
11. Industry or business -------

FATHER
12. Name ------- James
13. Birthplace Maryland

MOTHER
14. Maiden Name Not obtainable
15. Birthplace Not obtainable

16 (a) Informant Mr. T. Chase Coale
(b) Address 3608 Reisterstown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 21, 1940 (month) (day) (year)
(c) Cemetery or crematory Trinity Church Cem.
Location Churchville, Md.

18 (a) Funeral director H. U. Means & Son
(b) Address 805 N. Calvert Street

19 (a) (Date Received by Registrar) FEB 20 1940 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-19- 1940 at 2.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feby 7 1940, to Feby 19 1940, and that I last saw her alive on Feb 19 1940.

Immediate cause of death	Duration
Myocardial insufficiency with decompensation	(year) (month) 5 yrs
Due to Hypertension.	
Due to Arteriosclerosis	10 days
Other Conditions Pulmonary Edema	2 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harley Cole M.D.
Address 2202 Garrison Date signed 2/20/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66454

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 66454

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Arbutus (If outside city or town limits, write RURAL and give town)
(d) Street No. Sulphur Spring Rd rear Work Bldg (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME MISS CATHERINE SADLER -

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19 - 1913

8. AGE: Years 26 27 | Months 6 | Days 29 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Housework.
11. Industry or business

FATHER
12. Name Joseph Sadler
13. Birthplace Balto

MOTHER
14. Maiden Name Mary Bolan.
15. Birthplace Balto

16 (a) Informant George Sadler
(b) Address Sulphur Round.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location

18 (a) Funeral director Edward Foulbrey
(b) Address 2357 Wash Blvd

19 (a) FEB 20 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 18 1940, at 9 50 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death: Bullet wound of head — Duration: —
Due to suicide
Due to mental depression manic phase
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence February 18, 1940
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no (Specify type of place)
(e) Means of injury Revolver bullet

23. Signature H. L. Wollenweber M.D. Asst Medical Examiner.
Date signed Feb 18, 1940.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly, and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

66455 — CERTIFICATE OF DEATH — F 66455

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 27-16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Roland A. Dorsey

If U. S. Veteran specify WAR

(a) Residence: No. 3413 Virginia Ave St., Ward.

S. S. No. 217-05-2709

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Nellie Norwood 48 yrs.

6. DATE OF BIRTH (month, day, year): Jan. 5, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Y. W. C. A.

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Frederick Co. Md.

FATHER

13. NAME: Albert Dorsey

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Nettie E. Kleese

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mrs. Roland A. Dorsey

(Address): 3413 Virginia Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place: Piney Grove Cem. Mt. Airy, Md. Date: Feb. 22 1940

19. UNDERTAKER: John O. Mitchell & Sons, Inc.

(Address): 1900 Eutaw Place, Baltimore

20. FILED: FEB 20 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1940 to Feb. 20, 1940

I last saw him alive on Feb. 20, 1940 Death is said to have occurred on the date stated above, at 1:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2-19-40
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. T. R. Revell Jr. M. D.

(Address) University Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

66456 486

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-7

Registered No. F 66456

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County
(c) City or town Middletown
(If outside city or town limits, write RURAL and give town)
(d) Street No. 54 Washington
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ralph Y. Matthews

3 (b) If veteran, name war: World War
3 (c) Social Security Account No: ?

4. Sex: Male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Etta Harlow
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-26-86

8. AGE: Years 53 | Months 5 | Days 4 | If less than one day hr. min.

9. Birthplace N.Y.
(Town, county, and state)

10. Usual Occupation Electrical Contr.
11. Industry or business

FATHER
12. Name Chas. Matthews
13. Birthplace N.Y.

MOTHER
14. Maiden Name Hattie Bull
15. Birthplace N.Y.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (b) Date thereof 2-20-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hillside Cem
Location Middletown N.Y.

18 (a) Funeral director John O. Mitchell Son
(b) Address 1800 Eutaw Pl

19 (a) FEB 20 1940 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20 1940 at 11 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb-12 1940 to Feb-20 1940 and that I last saw h[illegible] alive on Feb-20 1940

Immediate cause of death Cardiac failure — Duration ?
with calcified aortic ring — 4 days
Uremia — ?
Due to Arteriosclerotic heart disease
Due to
Other Condition Pulmonary Infarction
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ward W. Briggs M. D.
Address Johns Hopkins Hospital Date signed Feb 20, 40

V8 3

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D. m ar

F 66457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

+46-B

Registered No. F 66457

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-3
(e) Length of stay in Baltimore (yrs., mos., or days) 5 Mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Darlington
(If outside city or town limits, write RURAL and give town)
Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Helen Patrick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lonnie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years 52 | Months | Days | If less than one day: hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER 12. Name George Forgerman
13. Birthplace Va

MOTHER 14. Maiden Name Sarah Stallard
15. Birthplace Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 22 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Dublin Cem
Location Harford Co. Md

18 (a) Funeral director H. D. Bailey
(b) Address Darlington, Md

19 (a) FEB 20 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19 1940, at 805 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Carcinoma of Stomach — Duration 1940

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James A. Howard M. D.
Address Johns Hopkins Hop. Date signed 2-20-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

66458

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-B Registered No. F 66458

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 yrs 1 7
(e) Length of stay in Baltimore (yrs., mos., or days) 9yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 738 W Franklin
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rebecca Perkins
3 (b) If veteran, name war
3 (c) Social Security Account No. 219-03-0060

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fem.	Colored	Separated

6 (b) Name of husband or wife: Samuel
6 (c) If alive, give age 40 years
7. Birth date of deceased (mo., day, yr.) 7-12-1905

8. AGE: Years	Months	Days	If less than one day
34	7	6	hr. min.

9. Birthplace Dandy York Co. Va.
(Town, county, and state)
10. Usual Occupation Janitress
11. Industry or business

FATHER
12. Name Wm. Brooks
13. Birthplace Va.

MOTHER
14. Maiden Name Nettie Wilson
15. Birthplace Va.

16 (a) Informant Margaret Perkins
(b) Address 738 W Franklin St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-40 (month) (day) (year)
(c) Cemetery or crematory Shafter Baptist Church
Location York County Va.
18 (a) Funeral director Chas G Harper
(b) Address 514 N. Calhoun St
19 (a) FEB 20 1940 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/18/1940 at 4 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 2/13/1940 to 2/18/1940.
and that I last saw him alive on 2/17/1940.

Immediate cause of death: Peritonitis Due to unknown origin — Duration
Due to
Due to
Other Conditions: Intestinal Obstruction Due to Postoperative adhesions
(Include pregnancy within 3 months of death)
Major findings: Of operations Operation was refused
Of autopsy not performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature B. Harris M.D.
Address Provident Hosp (Date signed) 2/20/40

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-B

Registered No. F 66459

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1620 E. Oliver St
(c) Hospital or institution:
8-6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1620 E. Oliver St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marie M. Cole

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Edward J. Cole
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 6-1905

8. AGE: Years: 34 | Months: 6 | Days: 11 | If less than one day: hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Lawrence Foetsch
13. Birthplace Germany

MOTHER 14. Maiden Name Elizabeth Ellingham
15. Birthplace Germany

16 (a) Informant Edward J. Cole
(b) Address 1620 E. Oliver St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 21-1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location

18 (a) Funeral director Leonard J. Finch
(b) Address 530 S. Harford Road

19 (c) FEB 20 1940 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from December 1939 to Feb 17 1940 and that I last saw her alive on Feb 17 1940.

Immediate cause of death: Carcinoma of uterus — Duration: May 1939.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John J. Gould M. D.
Address 14 W. East Ave Date signed 2-20-40.

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66460

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No. F 66460

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 602 Springfield Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-10

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town 602 Springfield Ave (If outside city or town limits, write RURAL and give town)
(d) Street No. Balto md. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herman R Hulshoff

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Mary Hulshoff
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 17 1869

8. AGE: Years	Months	Days	If less than one day
70	6	2	hr. min.

9. Birthplace [redacted] (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name John Hulshoff
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace [redacted] Mary Hulshoff

16 (a) Informant [redacted]
(b) Address 602 Springfield Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 2 22 40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J Koch
(b) Address 5201 Harford Road

19 (a) (b)

FEB 20 1940 Registrar
Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-19- 1940, at 7:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-6- 1939, to 2-19-1940, and that I last saw him alive on 2-16 1940.

Immediate cause of death: Chronic endocarditis
Due to: Chronic nephritis
Due to: Arteriosclerosis
Other Conditions:
(Include pregnancy within 3 months of death)

Duration: Unknown

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jno. B. Egbert M. D.
Address 2802 Harford Ave Date signed 2-20-40.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66461

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66461

Registered No. 47-D

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd St
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Md. Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Pikesville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 12
(If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Samuel Hall Lyon Jr

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) ~~Single~~, ~~married~~, ~~widowed~~, or divorced: divorced

6 (b) Name of husband or wife —

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) May 17 1886

8. AGE: Years 53 | Months 9 | Days 2 | If less than one day hr. ... min.

9. Birthplace Baltimore Co Md
(Town, county, and state)

10. Usual Occupation Retired Insurance Co

11. Industry or business

FATHER
12. Name Samuel H Lyon
13. Birthplace Baltimore Co Md

MOTHER
14. Maiden Name Fanny M. N. Lyon
15. Birthplace Virginia

16 (a) Informant C Lyon
(b) Address Pikesville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 21 '40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ St Thomas Church
Location Garrison Forest Md

18 (a) Funeral director D Watkins & Lake
(b) Address Eschbach & McCausland

19 (a) FEB 21 1940 (Registrar's signature) (b) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-19 1940, at 12 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-10-1940, to 2-19-1940, and that I last saw him alive on 2-18 1940.

Immediate cause of death Cardiac failure due to Pulmonary edema

Due to

Due to Carcinomatosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: 6 months

over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philip L. Linard M. D.

Address Union Memorial Hospital Date signed 2-19-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66462

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 66462 Registered No. 94-a

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Any error or omission should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd St
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Garrison Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 12
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Jarvis Spencer Jr

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife None
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 30th 1876

8. AGE: Years	Months	Days	If less than one day
63 63	6	20	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Banker
11. Industry or business

FATHER
12. Name Jarvis Spencer
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Elder
15. Birthplace Maryland

16 (a) Informant H. Bentley Marshall
(b) Address Garrison P.O. —

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 22/40 (month) (day) (year)
(c) Cemetery or crematory H Thomas
Location Garrison Forest Md

18 (a) Funeral director H W Jenkins est'd
(b) Address Orchard & McCollough

19 (a) (Date received by registrar) (b) Huntington Hill (Registrar)
FEB 21 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 20 1940, at 7:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 18 1940 to Feb 20 1940 and that I last saw him alive on Feb. 20 1940

Immediate cause of death Coronary Occlusion Congestive Failure — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ferdinand E. Clautice, M.D.
Address Union Memorial Hosp Date signed 2-20-40

F 66463

F 66463

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 210 N. Eden St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 19 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 210 N Eden

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Barney Garrett

3 (b) If veteran, name war World War

3 (c) Social Security Account No. 213-01-5288

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years 43 | Months — | Days — | If less than one day hr. min.

9. Birthplace Glover Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Richard Garrett

13. Birthplace Glover Va

MOTHER 14. Maiden Name Annie Forester

15. Birthplace Glover Va

16 (a) Informant George Woodall

(b) Address 210 N Eden St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-40 (month) (day) (year)

(c) Cemetery or crematory National Cemetary

Location Maryland

18 (a) Funeral director Elroy O. Wilson

(b) Address 1000 Brantley ave.

FEB 21 1940 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18 1940 at 9:00 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 17 1940 to Feb 18 1940 and that I last saw h alive on Feb 18 1940.

Immediate cause of death Hypostatic Pneumonia (Lobar)

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy —

Duration
2
1

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address 20 E Centre St Date signed 2-20-40

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

66464

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

130

F 66464 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution:
Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 51
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County U.S.A.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 828 W. Carrollton Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Butler

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Eva Butler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2-1889

8. AGE: Years	Months	Days	If less than one day
50	9	12	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Printer (Job)

11. Industry or business

FATHER
12. Name John Butler
13. Birthplace Md.

MOTHER
14. Maiden Name Josephine Woods
15. Birthplace Md.

16 (a) Informant Eva Butler
(b) Address 828 W. Carrollton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Co.

18 (a) Funeral director Jas. L. Thanhardt Son
(b) Address 638 W. Lemmon St.

19 (a) FEB 21 1940 (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 20 1940, at 7:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-12 1940, to 2-20 1940, and that I last saw him alive on 2-20 1940.

Immediate cause of death	Duration
Uremic Coma	6 hrs.
Due to Acute Nephritis	
Bilateral Hydrocele	
Due to Ot Scrotum	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Hydrocele of Scrotum
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Franklin Kiefer M. D.
Address 1514 Division St Date signed 2-21-40

F 66465

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 164-40 F 66465

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 147 N. Ellwood ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 147 N. Ellwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret I Fisher

3 (b) If veteran, name war

3 (c) Social Security Account No. Bad num

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Marr. Widow from husband

6 (b) Name of husband or wife Charles G Fisher

6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) October 1897

8. AGE: Years	Months	Days	If less than one day hr.	min.
42	4			

9. Birthplace Winston Salem N.C. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown Davis
13. Birthplace N.C.

MOTHER
14. Maiden Name Unknown Davis
15. Birthplace N.C.

16 (a) Informant Mr John J Smith
(b) Address 1231 N. Decker Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/23/1940 (month) (day) (year)
(c) Cemetery or crematory Aberdeen M E
Location Aberdeen Md

18 (a) Funeral director Howard N. Wright Jr
(b) Address 4914 Belair Road. Huntington Williams Jr.

19 (a) FEB 21 1940 (Date received by Registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-20- 1940, at 11 45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest + Autopsy thereon and from the evidence obtained by said Autopsy + Inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Asphyxiation	
Due to Hanging	
Due to Mental Distress	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 2-20-40
(c) Where did injury occur? Baltimore Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Hanging by rope from transom

23. Signature Howard N. Wright Jr Medical Examiner M.D.
Date signed 2-20-40

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66466

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66466

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3006 Clifton Ave St., 15-7 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Archer Elijah Potter

If U. S. Veteran specify WAR _____

(a) Residence: No. 3006 Clifton Ave St., _____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Josephine Potter

6. DATE OF BIRTH (month, day, year): Aug. 31, 1870

7. AGE: Years 69; Months 5; Days 18; If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Somerset Co Md.

FATHER

13. NAME: Salathiel Potter

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Margaret Dorsey

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mrs. Josephine Potter

(Address) 3006 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL: Place Lorraine Date Feb. 21 1940

19. UNDERTAKER: Wm. Pickner Son

(Address) Nobel & Hawes

19 Huntington Williamsport, Md.

FEB 21 1940

C/C

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 19, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1940 to Feb 19, 1940

I last saw him alive on Feb. 19, 1940. Death is said to have occurred on the date stated above, at 5:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infarction of myocardium due to arteriosclerotic Coronary Thrombosis	Feb 14, 1940
Other contributory causes of importance: arteriosclerotic heart disease with angina - d.d not recall.	1936

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) S. Kendig Wallace M. D.

(Address) 2839 Walbrook Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V9 8

66467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66467

93-C Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1527 N. Bentalou St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1527 N. Bentalou St
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Harry Klawan (KLAWANSKY)

3 (b) If veteran, name war —

3 (c) Social Security Account No. 081-03-9198

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Clara

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years 46 | Months | Days | If less than one day hr. min.

9. Birthplace Balto Md.
(Town, county, or state)

10. Usual Occupation Telegraph Operator

11. Industry or business

FATHER
12. Name Michael Klawan
13. Birthplace Russia

MOTHER
14. Maiden Name Celia
15. Birthplace Russia

16 (a) Informant Rose Klawan
(b) Address 1527 N. Bentalou St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-46 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Phila Pk + Belvedere Ave

18 (a) Funeral director Jenk Jones Inc.
(b) Address 1739 E. Balto St

19 (a) FEB 21 1940 (To be filled in by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/20/40 19 , at 3 05 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1939 to Feb 20 1940, and that I last saw him alive on 2/19 1940.

Immediate cause of death Cerebral apoplexy — Duration 4 hrs.

Due to

Due to

Other Conditions Hardening of Coronary Arteries

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Gordon M. D.
Address 3400 E. Biddle St Date signed 2/20/40

VS 8

Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly. — PENALTY FOR CONCEALING INFORMATION, WITH CONCEALING INFORMATION, WITH

E 66468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. E 66468

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hebrew Home for the Aged, Dipsm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 917 Belvidere ave & Greenspring (If rural give location)
(e) If foreign born, how long in U. S. A.? 36 years

3 (a) FULL NAME Abraham Steinberg

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years	Months	Days	If less than one day
74			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Sigmund Feinblatt
(b) Address Belvidere & Greenspring

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-40 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Phila Rd & Hamilton Ave.

18 (a) Funeral director Jack Levin Inc.
(b) Address 1439 E. Baltimore St

19 FEB 21 1940 Attending Physician Hebrew Home
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20 1940, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apl 7 1938 to Feb 19 1940, and that I last saw him alive on Feb 19 1940.

Immediate cause of death Hypertension
Arteria sclerosis.
Chr. card. vascular disease

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Edmund Levin MD.
Address Levindale Date signed 2/Feb/40

66469

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66469 Registered No. 95-C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4005 Barrington Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 59 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4005 Barrington Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? 59 years

3 (a) FULL NAME Gabriel Goldsenberg

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Libby

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5, 1860

8. AGE: Years 79 | Months 9 | Days 1 | If less than one day hr. min.

9. Birthplace Russia (Town, county and state)

10. Usual Occupation Retired Cigar Mfg.

11. Industry or business

FATHER 12. Name Not Known
13. Birthplace Russia

MOTHER 14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Dave Goldsenberg
(b) Address 4005 Barrington Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-40 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Phil Rd & Hamilton Ave

18 (a) Funeral director Jack Sans Inc.
(b) Address 1439 E. Balto St

19 (a) Filed by registrar FEB 21 1940 (b) Registrar Deputy for Baltimore City

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/19/40 19 ..., at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feby 4th 1940, to Feby 19th 1940, and that I last saw him alive on Feby 18th 1940.

Immediate cause of death Cardiac Decompensation — Duration 2 wks
Due to General Arteriosclerosis — Many Years
Due to
Other Conditions Prostatic Hypertrophy — over
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the causes to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. W. Keown
Address 1938 Linden Ave Date signed Feb 21st 1940 M. D.

VS 3

correct are is especially important. Physicians: please write the causes of death clearly and legibly.

F 66470

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 65 — Registered No. F 66470

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1610 Hollins St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1510 Hollins St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Carrie Sophia Showacre

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 31 - 1865

8. AGE: Years 75 | Months — | Days 18 17 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business —

FATHER
12. Name Josiah Showacre
13. Birthplace Md

MOTHER
14. Maiden Name Sophia Barnes
15. Birthplace Md

16 (a) Informant Mrs Kate Taylor
(b) Address 1510 Hollins st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md

18 (a) Funeral director Geo. L. Beyer Jr
(b) Address 512 Lolling St

FEB 21 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 18 1940 at 3 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 13 1931 to Feb. 18 1940 and that I last saw her alive on Feb. 17 1940

Immediate cause of death: arterio sclerosis — Duration: (?)

Due to: — Duration: over

Due to: — Duration: Immediate

Other Conditions: Coronary Occlusion

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Williams O. Triplett M. D.

Address 1326 W. Lanvale Date signed 2/20/40

VS 8

correct age is especially important. Physicians; please write the causes of death clearly and legibly.

F 66471

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-W Registered No.

F 66471

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2608 Orleans st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2408 Orleans st (If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bertie Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Sewell Johnson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 187[illegible]

8. AGE: Years 64 | Months 5 | Days 5[illegible] | If less than one day hr. min.

9. Birthplace St. Mary's County (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name William Wheeler
13. Birthplace Maryland

MOTHER 14. Maiden Name Tina Allison
15. Birthplace Maryland

16 (a) Informant Sewell Johnson
(b) Address 2608 Orleans Street

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 2/22/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location North Avenue

18 (a) Funeral director John Ullrich, 2008 Orleans St.
(b) Address

19 (a) FEB 21 1940 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 19 1940, at 3 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said [illegible] (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Cardiovascular-renal disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Vandegrift M.D. Medical Examiner.
Date signed 2/20/40

F 66472

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C Registered No. F 66472

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 601 Evesham Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5-7 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 601 Evesham Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sophie M Brandt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife John H Brandt

6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Feby 6-1865

8. AGE: Years 75 | Months — | Days 8 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation
11. Industry or business At home

FATHER
12. Name — Meyer
13. Birthplace Germany

MOTHER
14. Maiden Name Dorothea
15. Birthplace Germany

16 (a) Informant Mrs Dietrich
(b) Address 601 Evesham Ave

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Feb 21 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Edgewater Ave

18 (a) Funeral director John Ulmt
(b) Address 2008 Orleans St

19 (a) (Date rec'd by registrar) (b) Registrar

FEB 21 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 15 1940, at 12 15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1937 to Feb 15 1940 and that I last saw her alive on Feb 15 1940

Immediate cause of death Myocardial Insufficiency — Duration 3 days

Due to Chronic Myocarditis — 3 yrs

Due to Rheumatism — 5 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ernest L. Jungmann M. D.

Address 2958 Harford Ave Date signed 2/24/40

F 66473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 66473 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1829 Ashland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1829 Ashland Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Henry Jones.

3 (b) If veteran, name war	3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col.	Married

6 (b) Name of husband or wife Lourvina G. Jones
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) March 22 1890

8. AGE: Years	Months	Days	If less than one day
Aged 59	10	26	— hr. min.

9. Birthplace Maryland (Town, county and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Benjamin Jones.
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth Custis
15. Birthplace Va

16 (a) Informant Lourvina G. Jones
(b) Address 1829 Ashland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 21 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Robert H. Young
(b) Address 804 W. Caroline St.

19 FEB 21 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 18 1940 at 10 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 8 1940 to Feb 18 1940 and that I last saw him alive on Feb 17 1940.

Immediate cause of death Acute Lobar Pneumonia — Duration Feb 8 1940

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings: —
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M.D.
Address [illegible] Date signed 2-20-40

VS 2

Every item of information should be carefully supplied. Use correct age in especially important. Physicians: please write the causes of death clearly and legibly.

F 66474

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66474

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Carroll Williams

If U. S. Veteran specify WAR

(a) Residence: No. Savage Md St., Ward. Howard

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 18-1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machanist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R Co. Mt Clare

10. Date deceased last worked at this occupation (month and year) Jan 24

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Gilbert E Williams

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ella Biggs

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Md University Hosp

(Address) Balto Md

18. BURIAL, CREMATION, OR REMOVAL

Place Savage Md Date Feb 23 /40

19. UNDERTAKER Alford Carey

(Address) Laurel Md.

20. FILED Feb 21 1940 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from February 20, 1940 to February 20 1940

I last saw him alive on February 20, 1940 Death is said to have occurred on the date stated above, at 10:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	7 days
Portal Cirrhosis	
Chronic Alcoholism	

Other contributing causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph M. Hess Jr. M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

Spec.—1-12-23—M&T—500 Blks.

F 66475

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66475

CERTIFICATE OF DEATH.

55-E

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 Chapel Gate Lane W. 21-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ~~Mrs.~~ EMMA Seabreeze.

(a) RESIDENCE No. 1244 Washington Blvd. St. 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of or) WIFE of: Richard Seabreeze

6 DATE OF BIRTH (month, day, and year): July 10 1868

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
71	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: John Hisi

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not known

14 Informant (Address): Richard Seabreeze 1244 Washington Blvd

FEB 21 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb, 20. 1940

17 I HEREBY CERTIFY, That I attended deceased from Oct, 6, 39 to Feb, 20 1940

that I last saw her alive on Feb, 17, 1940

and that death occurred, on the date stated above, at 3.0 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

(duration) 1. yrs. mos. ds.

CONTRIBUTORY (Secondary) Cancer of the Foot.

(duration) Years yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) H. Floyd Hamm M. D.

, 19 (Address) Catonsville, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: 2-23 1940

20 UNDERTAKER: Bernard C Harle

ADDRESS: 121 E West St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

66476

F 66476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V/31-a

Registered No. .....

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 631 Gold St -

(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs -

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County .....

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 631 Gold St (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Henry Hall

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Widowed

6 (b) Name of husband or wife Annie Hall -

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 8/2/1844

8. AGE: Years 55 | Months 6 | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Co. Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Public work -

FATHER — 12. Name James Hall

13. Birthplace Balto. Co. Md

MOTHER — 14. Maiden Name Martha Davis

15. Birthplace Balto. Co. Md.

16 (a) Informant Edward Hall

(b) Address 2308 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 21 - 1940 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Cedar Hill

18 (a) Funeral director Jr Brooks

(b) Address 1463 W. Carey St

19 (a) FEB 21 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 19 1940 at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/17 1940 to 2/19 1940 and that I last saw X alive on 2/19 1940.

Immediate cause of death Cerebral Hemorrhage — Duration 5 days

Due to Cardio-Renal Vascular Disease — 8 yr.

Due to .....

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury .....

23. Signature C. M. Pickett M. D.

Address 1536 W. Lanvale St. Date signed 2/20/40

Please write plainly. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66477

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V61

F 66477 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly. No

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 842 Woodward St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 842 Woodward St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

21-1

3 (a) FULL NAME Katie Hardy Katie Hardy

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John T. Hardy
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Dec. 31, 1874

8. AGE: Years	Months	Days	If less than one day
65 ~~60~~	1	20 19	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Charles Minton
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Katie ?
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. John T. Hardy
(b) Address 842 Woodward St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 23, 1940 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore, Md.

18 (a) Funeral director D. M. Amoroso
(b) Address 1003 W. Baltimore St. Huntington Williams, Mgr

19 (a) FEB 21 1940 (Date received by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 - 20 - 1940, at 7 40 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy and inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said autopsy and inquest, (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Diabetes	
Due to Arteriosclerosis	
Due to Gangrene of left foot	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence -
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - While at work? -
(Specify type of place)
(e) Means of injury -

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 2-21-40

F 66478

F 66479

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3707 Harlem Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3707 Harlem Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rachel A. Fisher

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 12,1874

8. AGE: Years	Months	Days	If less than one day
65	2	6 3	hr. min.

9. Birthplace Anne Arundel County, Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

FATHER
12. Name James Fisher
13. Birthplace Anne Arundel County, Md.

MOTHER
14. Maiden Name Augustus Harmon
15. Birthplace Anne Arundel County, Md.

16 (a) Informant Mrs. Edna E. Ponton
(b) Address 3707 Harlem Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 21,1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director M. J. Amoreau
(b) Address 1003 N. Baltimore St.

19 (a) (Date received by registrar) (Huntington Williams M.D.)

FEB 21 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH February 18 1940, at 9.30A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 2 1939 to Feb 18 1940
and that I last saw her alive on Feb 17 1940

Immediate cause of death: General Carcinomatosis — Duration: [illegible]
Due to: Carcinoma ovary left — Duration: [illegible]
Due to — Duration:
Other Conditions — Duration:
(Include pregnancy within 3 months of death)

Major findings: Of operations: Primary Carcinoma Left Ovary 10/19/39
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eliot W. Johnson M. D.
Address 3432 Frederick Ave. Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66479 HEALTH DEPARTMENT—CITY OF BALTIMORE F 66479

CERTIFICATE OF DEATH V 83-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 654 W. Saratoga St., [illegible] Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Concetta Cascio If U. S. Veteran specify WAR

(a) Residence: No. 654 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Cascio

6. DATE OF BIRTH (month, day, year) Dec 8 - 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Joseph Renando

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Giovanna

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Anthony Cascio

(Address) 632 W. Saratoga St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Feb 24 1940

19. UNDERTAKER Albert W Corrigan

(Address) 440 E. Monument St Baltimore, Md.

FEB 21 1940, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1940 to Feb 19, 1940

I last saw her alive on Feb 19, 1940 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Exhaustion	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Luigi D. DiStefano M. D.

(Address) 407 N. Exeter St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 3

F 66480

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33a

F 66480 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3113 Stafford St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3113 Stafford St (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Augusta Gilbert

3 (b) If veteran, name war: —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John Gilbert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7 1871

8. AGE: Years	Months	Days	If less than one day
68	8	12	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation at Home
11. Industry or business

FATHER
12. Name Christopher Gent
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mahoney
15. Birthplace Germany

16 (a) Informant John Gilbert
(b) Address 3113 Stafford St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 22 40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director Albert W Barger
(b) Address 440 E North Ave

19 (a) FEB 21 1940 (Date received by local registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19 1940, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1940, to Feb 18 1940 and that I last saw h alive on Feb 18 1940.

Immediate cause of death	Duration
(a) Pneumonia	2 Days
Due to (b) Influenza	4 Days
Due to	
Other Conditions Arthritis deformans	8 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Elliot W Johnson
Address 843 Fredrick Ave Date signed 2/20/40

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66481

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-E

F 66481
Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 867 W Franklin St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 867 W. Franklin St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Hood

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col.	Widow

6 (b) Name of husband or wife Berry Hood
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 23-1885

8. AGE: Years	Months	Days	If less than one day
54	5	24	hr. min.

9. Birthplace Greenwood - S.C.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Bristo Sheard
13. Birthplace Greenwood - S.C.

MOTHER
14. Maiden Name Edsel
15. Birthplace Greenwood S.C.

16 (a) Informant Hattie Smith
(b) Address 867 W. Franklin St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 2-22-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Winans

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 3224 Dr. Delaposeder St Huntington Williams, W.V.

19 (a) (Date rec'd by registrar) (b) Registrar

FEB 21 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-17- 1940, at 10 A. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy - Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy - Inquiry find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Acute dilatation of Heart — Duration
Due to Myocardial Failure
Due to Congestion of Lungs.
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence -
(c) Where did injury occur? (City or town) (County) (State) -
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? -
(e) Means of injury -

23. Signature Howard J. Wheeler M.D.
Medical Examiner.
Date signed 2-18-40

F 66482

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B 52937 SD

Registered Number F 66482

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 612 Jasper Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louisa Smith Pipes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	Married

6 (b) Name of husband or wife Alfred Pipes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. ? 74?

8. AGE: Years	Months	Days	If less than one day
65 ?	? 5	?	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name ? Samuel Smith
13. Birthplace ? Baltimore, Md

MOTHER
14. Maiden Name Ida Sykes
15. Birthplace Baltimore, Md

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Winans - Md

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) (b) Registrar

FEB 21 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH February 18 1940, at 8 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 16 1940, to Feb. 18 1940, and that I last saw h[illegible] alive on Feb. 18 1940.

Immediate cause of death	Duration
Uremia	1 week.
Due to Chronic glomerulo-nephritis	unknown.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Scarred kidneys, generalized

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature I. Mirvaghalstein M. D.
Address Bolton City Story Date signed 2-18-40

Registrar

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66483

Elizabeth Johnson

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

E. 66483

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 308 Schroeder
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 308 Schroeder St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eliz. Johnson

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widow

6 (b) Name of husband or wife Thomas John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 15 87

8. AGE: Years	Months	Days	If less than one day
53		3	hr. min.

9. Birthplace Md Atl Co (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Private

FATHER — 12. Name	Jack Green
FATHER — 13. Birthplace	Atl Co
MOTHER — 14. Maiden Name	Simpson
MOTHER — 15. Birthplace	" "

16 (a) Informant Emma Weldon
(b) Address 308 Schroeder St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Winans

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) FEB 21 1940 (b) [illegible] Registrar

FEB 21 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/18/40, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-4 1939 to 7-18 1940 and that I last saw h[illegible] alive on 7/18 1940

Immediate cause of death Pyelo Nephritis — Duration 1 Month
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Lee Ellis M. D.
Address 724 Mad Ave Date signed 7-20-40

F 66484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-B

F 66484 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution:
Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County U.S.A.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 503 N. Schroeder
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME William Rogers Richardson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22, 1914

8. AGE: Years	Months	Days	If less than one day
25	8	29	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Williams Richardson
13. Birthplace King & Queen Co. Va.

MOTHER
14. Maiden Name Mary Wilson
15. Birthplace Baltimore, Md

16 (a) Informant Mary Richardson
(b) Address 503 N. Schroeder St

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb 23, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) FEB 21 1940 (Date filed by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 19 1940, at 2.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-28 1939, to 2-19 1940, and that I last saw him alive on 2-19 1940.

Immediate cause of death	Duration
Post-operative Adhesions & Intestinal obstruction	6 mos.
Due to operation	
Due to	
Other Conditions Fecal Fistula	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Multiple Dense Adhesions
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Franklin Phillips M.D.
Address 514 Division St Date signed 2/19/40

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66485 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 131-a F 66485

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1629 Edmonson Av St. 14-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME James Richard Nelson

If U.S. Veteran specify WAR .....

(a) Residence: No. 1629 Edmonson Av. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Owens Nelson

6. DATE OF BIRTH (month, day, year): June 13-57

7. AGE: Years 82; Months 8; Days 5; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): St. Mary's Co Md

FATHER

13. NAME: William Nelson

14. BIRTHPLACE (city or town) (State or country): St. Mary Co Md

MOTHER

15. MAIDEN NAME: Julia Butler

16. BIRTHPLACE (city or town) (State or country): St. Mary Co Md.

17. INFORMANT: Mrs Annie Nelson

(Address) 1629 Edmonson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. [illegible] Date 2-22 19 40

19. UNDERTAKER: Mrs. Katie R. Williams

(Address) 322 N. Delaware St

20. FEB 21 1940 19 ..... Registrar.

Printing for Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 18 40

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 40 to Feb 17 40

I last saw h[illegible] alive on Feb 17 19 40 Death is said to have occurred on the date stated above, at 4:30 A m.

The principal cause of death and related causes of importance were as follows:

Cardio Vascular-Renal Disease

Date of onset 9 1

Other contributory causes of importance: Exhaustion

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, how?

(Signed) S B Hughes M. D.

(Address) 1413 Dalrymple Hall Av

INFORMATION SHOULD be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

66486

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122-a

F 66486 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1709 Brunswick (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME adelia Meyers

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widow

6 (b) Name of husband or wife John A Meyers
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 4/7/1866

8. AGE: Years	Months	Days	If less than one day
73	10	13	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation housework
11. Industry or business

FATHER
12. Name James Connelly
13. Birthplace Ireland

MOTHER
14. Maiden Name Mahoney
15. Birthplace Ireland

16 (a) Informant Adele Bader
(b) Address 403 Pleasant

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/23/40 (month) (day) (year)
(c) Cemetery or crematory Western
Location Frederick Road

18 (a) Funeral director John J Tyson Sons
(b) Address 2[illegible] W Lex

19 (a) (Date received by registrar) FEB 21 1940 (b) Thurston Town Millington, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-20-1940, at 9 20 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-11 1940 to 2-20 1940 and that I last saw h[illegible] alive on 2-20 1940.

Immediate cause of death: Hypostatic pneumonia — Duration
Due to: post-operative
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations strangulated hernia
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address St Joseph's Hospital Date signed 2-20-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66487

CERTIFICATE OF DEATH

✓ 131-W F 66487

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. University Hospital St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Powell

If U. S. Veteran specify WAR

(a) Residence: No. 1622 W. Lexington St. St., Ward. Balto.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Powell

6. DATE OF BIRTH (month, day, year) Dec. 10th 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Milford Del.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Lizzie Heefeld
(Address) 411 E. Madison St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date Feb 22nd 40

19. UNDERTAKER Robert Mamie & J. Wright
(Address) 1818 McElderry St

20. FILED FEB 21 1940 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17, 1940

22. I HEREBY CERTIFY, That I attended deceased from 2-14, 1940 to 2-17, 1940

I last saw him alive on 2-17, 1940 Death is said to have occurred on the date stated above, at 1:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage into Right	2-14
Internal Capsule; Hypertension	?
Card. Vasc. Renal Disease,	?
Arteriosclerosis generalized	
Other contributory causes of importance:	
old Cerebral Hemorrhage into left	
Internal Capsule →	1938

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) J. A. Calhoun Jr M. D.
(Address) University Hospital

If state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V2.a

52852 - RB

66488

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 66488

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 108 McPhail st court
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Lohrig

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. Unknown

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Elizabeth (dead)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 17, 1856

8. AGE: Years 83 | Months 4 | Days 3 | If less than one day ... hr. ... min.

9. Birthplace Ohio
(Town, county, and state)

10. Usual Occupation Basket Manufacturer

11. Industry or business Unemployed

FATHER
12. Name Peter Lohrig (dead)
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Gleason (dead)
15. Birthplace Germany

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location W. 300 Old Frederick Rd.

18 (a) Funeral director John J. Cowan & Son
(b) Address 1911 Gilling, St.

19 FEB 21 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-20 1940, at 12:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-13 1940, to 2-20 1940, and that I last saw him alive on 2-19 1940.

Immediate cause of death Arteriosclerotic and hypertensive cardio vascular disease — Duration 2

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Kleinschmidt M. D.
Address Balto City Hosp. Date signed 2-20

VS 3

The undersigned hereby agrees to furnish any information relative to the above case that may be required. Every item of information should be carefully supplied. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

66489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 181

Registered 66489

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 42 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 111 N. Caroll St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George J. Ochsler Jr

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	—

6 (b) Name of husband or wife —
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 16 1936

8. AGE: Years	Months	Days	If less than one day
3	11	3	hr. min.

9. Birthplace Balto, Md (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER 12. Name George W. Ochsler, Sr
FATHER 13. Birthplace Balto, Md
MOTHER 14. Maiden Name Josephine Cullum
MOTHER 15. Birthplace Baltimore

16 (a) Informant Father
(b) Address 111 N. Caroll St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 22 40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto.

18 (a) Funeral director Philip Herwig Sons
(b) Address 2066 Edgewood Huntington Pittsburgh, Pa.

FEB 21 1940 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19 1940, at 5:42 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Burns — Duration
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 1/4/40
(c) Where did injury occur? 111 N. Caroll St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Kitchen of home (Specify type of place) While at work? No
(e) Means of injury Spilled scalding water on himself

23. Signature W. M. Vanderhoff M.D. Medical Examiner.
Date signed 2/20/40

VS 6

F 66490

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 66490
Registered No.

Every item of information should be carefully supplied; cause and age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1614 E. Pratt St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life time

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1614 E. Pratt St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Georgiana Morton

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Widow

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-22-1887

8. AGE: Years	Months	Days	If less than one day
52	7	28	hr. min

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Domestic
11. Industry or business Home

FATHER
12. Name Steve Johnson
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Md

16 (a) Informant Leroy Morton
(b) Address 1614 E. Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Lebanon
Location A. A. Co. - Md.

18 (a) Funeral director Mrs. P. A. Elliott Dexter
(b) Address 1129 N. Carolina St

19 (a) FEB 21 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-20- 1940, at 3 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry and that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Pfont aneurism	
Due to arteri-sclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence -
(c) Where did injury occur? (City or town) (County) (State) -
(d) Did injury occur about home, on farm, industrial place, in public place? - While at work? -
(Specify type of place)
(e) Means of injury -

23. Signature Howard J. Madison M.D.
Medical Examiner.
Date signed 2-21-40

F 66491

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1940 F 66491

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument and Rutland
(c) Hospital or institution:
Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County - - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1532 Homestead St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? - - years

3 (a) FULL NAME Anna Beulah TAYLOR

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife - -
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan: 12, 1882

8. AGE: Years	Months	Days	If less than one day
58	1	57	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business Domestic

FATHER
12. Name Robert William Taylor
13. Birthplace Virginia

MOTHER
14. Maiden Name Elizabeth Fletcher
15. Birthplace Virginia

16 (a) Informant Mrs. Lottie Leimbach (Sister)
(b) Address 1532 Homestead St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 22. 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC
(b) Address Baltimore & Broadway.

19 (a) (Date rec'd by registrar) (b) Registrar

FEB 21 1940

Physician for Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-19 1940, at 5 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-5 1940 to 2-19 1940 and that I last saw her alive on 2-19 1940

Immediate cause of death: Cerebral hemorrhage — Duration: 5 days
Due to Arteriosclerosis
Due to
Other Conditions Coronary occlusion — 14 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Occlusion of anterior descending branch of coronary

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dick DeLentis M. D.
Address Sinai Hospital Date signed 2/19/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66492

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1108

Registered No. F 66492

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33 rd + Calvert

(c) Hospital or institution:

Union Memorial

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 5001 Guilford Ave, City (If rural give location)

(e) If foreign born, how long in U. S. A.? years

2-23

3 (a) FULL NAME Mary [illegible] Lent

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	widow

6 (b) Name of husband or wife Mr Edwin Lent

6 (c) If alive, give age → years

7. Birth date of deceased (mo., day, yr.) Nov. 1, 1854

8. AGE: Years	Months	Days	If less than one day
86	3	20	hr. min.

9. Birthplace New York City (Town, county and state)

10. Usual Occupation housewife

11. Industry or business

FATHER

12. Name Matthew Dudek

13. Birthplace New York City

MOTHER

14. Maiden Name Catherine Filak

15. Birthplace Austria

16 (a) Informant Wilson Wheeler

(b) Address 2616 N Calvert St Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 23-40 (month) (day) (year)

(c) Cemetery or crematory Port Republic NJ - Calvary NJ.

Location

18 (a) Funeral director [illegible]

(b) Address [illegible]

19 (a) FEB 21 1940 (b) Huntington Williams, M.D. Registrar

(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 21 1940, at 6:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 16, 1940, to Feb 21, 1940, and that I last saw her alive on Feb. 20 1940.

Immediate cause of death Lobar Pneumonia, Congestive Failure — Duration 5 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Frank N. Sutherlin M. D.

Address Union Memorial Hosp Date signed 2/21/40

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

66493

20212-FU

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 66493
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2217 Brunt St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eliza Blanchard Chandler.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1856 ?

8. AGE: Years 84 ? | Months | Days | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business Home

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Thos E. Nelson
(b) Address 1303 Presstman

FEB 21 1940
(Local registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 19 1940, at 11 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 11 1937, to Feb. 19 1940, and that I last saw her alive on Feb. 19 1940.

Immediate cause of death: Hypertensive cardiovascular disease — Duration: unknown

Due to

Due to

Other Conditions: Terminal bronchopneumonia — Duration: 1 week

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murray Lobstein M. D.
Address Balto City Hosp. Date signed 2-20-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66494

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 43

Registered No. F 66494

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Months
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or town Adamstown (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lee C. Thomas

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Kate Thomas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 3, 1889

8. AGE: Years 51 | Months — | Days 50 | If less than one day: hr. 18 min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Manager, Personal

11. Industry or business

FATHER
12. Name Curtis W. Thomas
13. Birthplace Maryland

MOTHER
14. Maiden Name Abbie ?
15. Birthplace Maryland

16 (a) Informant Union Memorial Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 23 1940 (month) (day) (year)
(c) Cemetery or crematory
Location Frederick Md.

18 (a) Funeral director Wm R. Etchison & Son
(b) Address Frederick, Md

FEB 21 1940 (Date rec'd by registrar)

(b) Huntington Mills, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from October 13 1939, to Feb 21 1940, and that I last saw h/im alive on Feb 21 1940.

Immediate cause of death: Cardiac Failure — Duration: 24 hrs.
Due to Lung Abscess — Duration: 40 days
Due to Actinomycosis of lung & Chest Wall — Duration: ambulant
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Empyema 1st Chest (Actinomycosis, Actinomycosis of lung, Chest wall)
Of autopsy 1 2 Given.

PHYSICIAN: Underline the cause to which death should be referred statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard C. Crawford, M.D.
Address Union Memorial Hospital Date signed 3/23/40

VS 3

The information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. WITH UNFADING INK. Every item of

CERTIFICATE OF DEATH

66493 29970-FD BALTIMORE CITY HEALTH DEPARTMENT 131-a Registered No. F 66493

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2yr. 1mo. 4days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1015 S. Payson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Beck

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-1-1879

8. AGE: Years 60 | Months 10 | Days 18 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Charles F. Hoffman (d)
13. Birthplace Md.

MOTHER
14. Maiden Name Catherine Ulrich (d)
15. Birthplace Germany

16 (a) Informant B.V.H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/40 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Baltimore City

18 (a) Funeral director F. B. Wippert & Son
(b) Address 1300 Lafayette Blvd. Huntington Williams, M.D.

19 (a) (b) Registrar

FEB 21 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 19 1940 at 1:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 15 1940, to Feb. 19 1940, and that I last saw her alive on Feb. 19 1940.

Immediate cause of death: Arteriosclerotic nephritis — Duration unknown.
Due to
Due to
Other Conditions: generalized arteriosclerosis — unknown.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature I. Neuwahrtstein M. D.
Address Balto City Hosp. Date signed 2-19-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66496

CERTIFICATE OF DEATH

93-C F 66496

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 96-1 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Howard Phoebus

If U. S. Veteran specify WAR .....

S. S. No. 216-05-7972

(a) Residence: No. 4310 Arizona Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept. 9, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ins. Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Accountant

10. Date deceased last worked at this occupation (month and year) Feb

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (City or town) (State or country) Baltimore Maryland

FATHER

13. NAME Harry E. Phoebus

14. BIRTHPLACE (city or town) (State or country) Baltimore City

MOTHER

15. MAIDEN NAME Helen Austin

16. BIRTHPLACE (city or town) (State or country) Dover Delaware

17. INFORMANT Mrs. Helen Phoebus

(Address) 4310 Arizona Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodland Park Date 2/25/40 19

19. UNDERTAKER F. B. Wippert & Son

(Address) 1300 Eutaw Place

20. FEB 21 1940 Huntington Hilliard M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 21, 1940

22. I HEREBY CERTIFY, That I attended deceased from January 3, 1940, to February 21, 1940

I last saw him alive on February 21, 1940. Death is said to have occurred on the date stated above, at 3:0 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardiovascular Disease	Yrs.
Subacute Bacterial Endocarditis	5 Mos.
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph M. George, Jr. M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

66497

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. 66497

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto.
(c) City or town Arbutus
(If outside city or town limits, write RURAL and give town)
(d) Street No. Sulphur Spring Rd & Wesley Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry James Kolbe

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-9971

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Louise N. Kolbe
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 22 1889

8. AGE: Years	Months	Days	If less than one day
50	8	26	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Car Repairer
11. Industry or business Baltimore Transit Co

FATHER
12. Name John Kolbe
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Annie S. J. Leahman
15. Birthplace Baltimore Maryland

16 (a) Informant Mrs. Louise Kolbe
(b) Address Sulphur Spring Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/21/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director J. B. Weppert & Son
(b) Address 1301 Edmondson Ave

19 (a) Filed by (Signature) (b) Registrar

FEB 21 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 5 1940 to Feb 17 1940 and that I last saw h[illegible] alive on Feb 16 1940.

Immediate cause of death	Duration
Coronary Thrombosis	Acute
Myocarditis	Acute
Due to Insufficiency.	
Due to	
Other Conditions Hypotension. Syphilis Hereditary	20 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature James Wilson M.D.
Address 1 E. Pratt St. Date signed Feb 20 40

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66498 F 6x32 ✓159 F 66498

CERTIFICATE OF DEATH

Registered No. 30456

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 27-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 da. How long in U. S. If of foreign birth? ... yrs. ... mos. 2 da.

2. FULL NAME Stedding, Baby Girl

If U. S. Veteran specify WAR ...

(a) Residence: No. 330 W Rodgers Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-15-40

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph E. Stedding

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Betty Baughman

16. BIRTHPLACE (city or town) (State or country) Detroit Mich.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

[redacted] MEDICAL SCHOOL FEB 21 1940 19

19. UNDERTAKER Commissioner of Health

(Address)

FEB 21 1940 Per H. A. Moore

Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-17, 1940

22. I HEREBY CERTIFY, That I attended deceased from 2-15, 1940 to 2-17, 1940

I last saw him alive on 2-17, 1940 Death is said to have occurred on the date stated above, at 5-29 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	2-15-40
Pulmonary Atelectasis	2-15-40
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Brodas E. Goodwood, M. D.

(Address) University Hospital

VS 9

HEALTH DEPARTMENT—CITY OF BALTIMORE

66499 F 3193 CERTIFICATE OF DEATH 108 F 66499

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Barbara Green

If U. S. Veteran specify WAR .....

(a) Residence: No. 804 Vine st St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	negro	

6. If married, widowed or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 4 1939

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Washington Green

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Marie Shaw

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ..... 19..

19. UNDERTAKER JOHNS HOPKINS MEDICAL SCHOOL FEB 21 1940
(Address)

20. FILED FEB 21 1940 Commissioner of Health
Registrar.

5110

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/17, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1940 to Feb 17, 1940

I last saw h[illegible] alive on Feb 17, 1940 Death is said to have occurred on the date stated above, at 11[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/14/40
Other contributory causes of importance: Hemorrhagic Pericarditis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) L. J. Gaver M. D.

(Address) University Hosp.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 66500

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 157E

Registered No. F 66500

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd ST & CALVERT
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town White Hall
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Goldie Viola Swift

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
3	8	18	hr. min.

9. Birthplace White Hall, Bust County, Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Walter M Swift
13. Birthplace Maryland

MOTHER
14. Maiden Name B Blanche Hunsberger
15. Birthplace Maryland

16 (a) Informant Walter M Swift
(b) Address White Hall

17 (a) (Burial, cremation, or removal) (b) Date thereof 2/24/40 (month) (day) (year)

(c) Cemetery or crematory Farm Lane Rd
Location Farm Lane Pa

18 (a) Funeral director H Young Hill
(b) Address Farm Lane Pa

19 (a) FEB 21 1940 (Date received by registrar) Huntington Willigues M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 21 1940, at 3:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 21, 1:00 PM 1940, to 3:15 P.M. Feb 21 1940, and that I last saw h.w. alive on Feb. 21 1940.

Immediate cause of death ~~Cardiac~~ Congenital Heart Disease?
Due to Pulmonary Congestion
Congestive Heart
Due to Failure

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: Birth 3 dd.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph M. Cordi M. D.
Address Union Memorial Hospital Date signed 2/21/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Spec.-7-17-36—A Co.—200 Bks.

66501

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66501

CERTIFICATE OF DEATH

111-2

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 918 S. Ponca St. 26-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margret E Goodnow

(a) RESIDENCE NO. 918 S Ponca St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Goodnow

6 DATE OF BIRTH (month, day, and year): Feb - 1848

7 AGE: Years 92 Months Days IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

9 BIRTHPLACE (city or town): Parma

(State or country)

PARENTS

10 NAME OF FATHER: Parker Harding

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Margaretta Thompson

13 BIRTHPLACE OF MOTHER (city or town): Ireland

(State or country)

14 Informant: Fred Goodnow

(Address) 918 Ponca St

15 Filed ..... 19 .....

Registrar

Huntington Williams, M.D.

FEB 22 1940

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

2/22/40

17 I HEREBY CERTIFY, That I attended deceased from Jan 20 19 40 to Feb 22 19 40

that I last saw her alive on Feb 22 19 40

and that death occurred, on the date stated above, at 9:10 m.

The CAUSE OF DEATH* was as follows:

Pneumonia (hypostatic)

(duration) 3 yrs. mos. 2 da.

CONTRIBUTORY (Secondary): Senility

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

19 (Address) 1123 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pine Bank Cemetery Md

Date of Burial: Feb 24 19 40

20 UNDERTAKER: Mrs Florence E Armstrong

ADDRESS: Easton Md

IMPORTANT—Statement of OCCUPATION should be carefully supplied, since upon it may depend the value of CERTIFICATE OF DEATH in plain terms, so that it may be understood. Items 8 to 13 are very important. See instructions on back of certificate.

F 66502

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No.

F 66502

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33 4th & Calvert

(c) Hospital or institution: Union Memorial Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2001 Linden ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rev. Dr William Albert Price

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 26, 1864

8. AGE: Years	Months	Days	If less than one day
76		25	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Clergyman

11. Industry or business

FATHER 12. Name William Price

FATHER 13. Birthplace Md

MOTHER 14. Maiden Name Ann Green

MOTHER 15. Birthplace Md.

16 (a) Informant Hospital records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 24 40 (month) (day) (year)

(c) Cemetery or crematory Chestnut Grove Location Jacksonville Md

18 (a) Funeral director E. E. Hunt & Son

(b) Address Lansdowne Md.

19 (a) Filed FEB 22 1940 (b) Livingston Williams M.D. Registrar

(Registered by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 21, 1940, at 10 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 15, 1940, to Feb 21 1940, and that I last saw ~~him~~ alive on Feb 15, 1940.

Immediate cause of death	Duration
Cardiac failure	
Due to Arteriosclerotic heart disease	
Due to	
Other Conditions Typhoid Fever pneumonia, right lung (Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Frank W. Sutterlee M. D.

Address Union Memorial Hosp Date signed 2-24-40

F 66503

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55-E

53005 SD F 66503 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 735 W. Fayette Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ferdinand Hessler

3 (b) If veteran, name war: W
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife: Myrtle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 22, 1884

8. AGE: Years	Months	Days	If less than one day
56	0	29	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Door to Door Peddler
11. Industry or business

FATHER
12. Name Michael A.
13. Birthplace ?

MOTHER
14. Maiden Name Caroline Kirchnew
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul st

19 (a) Signature of local registrar Hamilton Williams, M.D. Registrar

FEB 25 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-21 1940, at 1:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-19 1940, to 2-21 1940, and that I last saw him alive on 2-21 1940.

Immediate cause of death: Osteogenic Sarcoma left calcaneus with
Due to: metastasis

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Duration: over 9 months

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. K. Woodward M. D.
Address Balto City Hosp Date signed 2-24-40

F 66504

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163-H

F 66504 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 219 N. Wolfe St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) [illegible]
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 219 N Wolfe St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME WILLIAM WALDMAN

3 (b) If veteran, name war — No
3 (c) Social Security Account No. 212-18-8911

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 12 1877

8. AGE: Years	Months	Days	If less than one day
62	9	8	hr. ..... min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Painter
11. Industry or business House

FATHER
12. Name William C. Waldman Germ
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Julia Brohet
15. Birthplace Baltimore Md

16 (a) Informant Anna Nash
(b) Address 2228 Eutaw St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Eutaw
(b) Address 1219 E Fayette

FEB 22 1940 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 21 1940, at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Autopsy or Inquiry) find that said deceased came to ..... death on the day stated above.

Immediate cause of death	Duration
Illuminating gas poisoning	
Due to suicide	
Due to mental depression	
Other Conditions no history	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence Feb 21 st, 1940
(c) Where did injury occur? 219 N Wolfe St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Illuminating gas

23. Signature H. Williams M.D. Medical Examiner.
Date signed Feb 21, 1940

F 66505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-c

F 66505

Registered No. 53016 SD

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1625 Cereal Street (If rural give location)

(e) If foreign born, how long in U. S. A.? Sweden years

3 (a) FULL NAME Charles Bergman

3 (b) If veteran, name war No

3 (c) Social Security Account No. 216-01-7148

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Esther

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6, 1901

8. AGE: Years 38 | Months 10 | Days 15 | If less than one day hr. min.

9. Birthplace Sweden (Town, county, and state)

10. Usual Occupation Mutual Chemical Co.

11. Industry or business 1314 Block Street

FATHER 12. Name Charles (d)

FATHER 13. Birthplace Sweden

MOTHER 14. Maiden Name Olive Bergman

MOTHER 15. Birthplace Sweden

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 24 40 (month) (day) (year)

(c) Cemetery or crematory Glen Haven

Location Glen Burnie, Md.

18 (a) Funeral director Wilhelm Bros

(b) Address 1219 E. Pratt St

FEB 22 1940 (b) Registrar

Date received by Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 21 1940, at 11.25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 19 19 , to Feb. 21 1940, and that I last saw him alive on Feb. 21 1940.

Immediate cause of death: Carcinoma of the Bronchus — Duration unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Carcinoma of bronchus metastasis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. Weinfeldstein M. D.

Address Balto City Hosp Date signed 2-21-40

F 66506 52816-FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 66506 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 105 N. Carey st.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Kate Cecil

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	NONE	Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-8-1870

8. AGE: Years	Months	Days	If less than one day
70	1	12	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name James Cecil
13. Birthplace Md.

MOTHER
14. Maiden Name Eliza Hammett
15. Birthplace Md.

16 (a) Informant B.C.H. records
(b) Address

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 2/22/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) FEB 22 1940 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-20 1940, at 12 3/4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/12 1940, to 2/20 1940, and that I last saw her alive on 2/20 1940.

Immediate cause of death: Coronary thrombosis — Duration: several minutes one week
Antecedent: Fracture rt. femur, intertrochanteric
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-12-40
(c) Where did injury occur? Baltimore (City or town) Md. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Fell down cellar steps

23. Signature E. Rudolph M. D.
Address Balto city Hosp. Date signed 2-20-40

Howard J. Mahler, M.D. Chief Med. Examiner
per E.R. Brantigan

F 66507

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 66507 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 116 N. Lakewood ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 116 N. Lakewood ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Abraham Cohen

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-2462

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Edith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day hr.	min.
63				

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Hat Blocker
11. Industry or business

FATHER
12. Name Hyman Cohen
13. Birthplace Russia

MOTHER
14. Maiden Name Reia Ezarsky
15. Birthplace Russia

16 (a) Informant Edith Cohen
(b) Address 116 N. Lakewood Ave

17 (a) Burial (Burial, cremation or removal) (b) Date thereof Feb 22/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Philia Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W. North ave
(c) Date received by Registrar FEB 22 1940 Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1940 at 11 30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1940 to Feb. 21, 1940 and that I last saw him alive on Feb. 20, 1940.

Immediate cause of death Arteriosclerotic Cardio-vascular Disease — Duration ?
Due to
Due to
Other Conditions Coronary Thrombosis — 10 minutes
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. A. Shapiro M. D.
Address 2340 Eutaw Place Date signed Feb. 21/1940

F 66508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 66508

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2546 Boyd St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Annulis (52961)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 13, 1879

8. AGE: Years	Months	Days	If less than one day
61	1	7	hr. min.

9. Birthplace Lithuania (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name William
13. Birthplace Lithuania

MOTHER
14. Maiden Name Anna Yasinskute
15. Birthplace Lithuania

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location

18 (a) Funeral director Joseph Kasiunas, Jr.
(b) Address 602 Washington Blvd

FEB 22 1940

(b) (Signature of local registrar) Huntington Williams Registrar V.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 20, 1940, at 2:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 17, 1940, to Feb. 20, 1940 and that I last saw h in alive on Feb. 20, 1940.

Immediate cause of death Tuberculosis of the Lungs — Duration Feb 1939

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.

Address Baltimore City Hospitals Date signed 2/20/40

F 66509

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66509

CERTIFICATE OF DEATH

1 07

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 E. Biddle St. 10-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Annie Colgate Cook

If U. S. Veteran specify WAR _____

(a) Residence: No. 401 E. Biddle St., _____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Coleman Cook

6. DATE OF BIRTH (month, day, year): Mar 12, 1860

7. AGE — Years: 79 | Months: 11 | Days: 7 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

FATHER

13. NAME: Dr. Septimus Musgrove

14. BIRTHPLACE (city or town) (State or country): Howard Co. Md.

MOTHER

15. MAIDEN NAME: Mary Ann Dresser

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Mr. Coleman B. Cook 2008 E. 30th St.

18. BURIAL, CREMATION, OR REMOVAL: Asbury Cem. Registered Feb 22 1940

19. UNDERTAKER (Address): Wm. Fickus & Sons. Govans, Md.

Filed FEB 26 1940 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 19, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1940 to Feb. 19, 1940

I last saw her alive on Feb 19, 1940. Death is said to have occurred on the date stated above, at 9:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute bronchial pneumonia	
primary acute cardiac failure	
Other contributory causes of importance:	

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) A. L. Hornstein M. D.

(Address) 733 Asquith St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 5

F 66510

HEALTH DEPARTMENT—CITY OF BALTIMORE

66510

CERTIFICATE OF DEATH

28-2 93-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3203 Howard Park Avenue St. 28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME James Joyce

(a) Residence: No. 3203 Howard Park Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Annie Joyce

6. DATE OF BIRTH (month, day, year) February 15, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Industrialist

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James Joyce

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Campbell

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. Annie M. Joyce
(Address) 3203 Howard Park Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Burial Date 2-22-40 19
Manchester, Conn.

19. UNDERTAKER Wm. J. Tickner & Sons.
(Address) North & Pa. Avenues

20. FILED 19 Registrar.

FEB 22 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1940 to Feb 20, 1940

I last saw h~~im~~ alive on Feb 20, 1940 Death is said to have occurred on the date stated above, at 6:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	5 days
Other contributory causes of importance: Asthma	4 yrs
Arteriosclerosis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address) 2020 N. Charles

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 66511

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 66511

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2808 Southern ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 72 - 24

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2808 Southern Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME August Kummer

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [illegible]

8. AGE: Years 72 | Months — | Days — | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Don't Know
13. Birthplace Don't Know

MOTHER 14. Maiden Name Don't Know
15. Birthplace Don't Know

16 (a) Informant Mrs Ada Kummer
(b) Address 2808 Southern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feby 23/40 (month) (day) (year)
(c) Cemetery or crematory 5-th Reformed Cem
Location Baltimore Md

18 (a) Funeral director John Wiesand
(b) Address 200 E Allens Ln

19 (a) FEB 22 1940 (Date rec'd by Registrar) (b) Thurlow Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 20 19 40, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 5 1939, to Feb 21 1940 and that I last saw h[illegible] alive on Feb 20 1940.

Immediate cause of death Coronary Thrombosis.
Due to
Due to
Other Conditions Bronchial Asthma Hypertension. (Include pregnancy within 3 months of death)

Duration: 8 yrs

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thurlow Weinland M.D.
Address 1730 E. Fayette St. Date signed 2/24/40

66512

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 66512 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1649 E. Madison St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Martin Weldon

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-4678

4. Sex: Male | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Caroline Weldon

6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) May 13 1900

8. AGE: Years 39 | Months 9 | Days 8 | If less than one day: hr. ____ min.

9. Birthplace S.C. (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business Bethlehem Steel Co

FATHER
12. Name Tom Weldon
13. Birthplace S.C.

MOTHER
14. Maiden Name Rebecca Young
15. Birthplace S.C.

16 (a) Informant Caroline Weldon
(b) Address 1649 E. Madison St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Robert L. Young
(b) Address 804 W. Caroline St

19 (a) [illegible] (Signature of Registrar) (b) Waiting for [illegible] Registrar

FEB 24 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-21-1940, at 2.48 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-20-1940, to 2-21-1940 and that I last saw him alive on 2-21-1940.

Immediate cause of death: Lobar Pneumonia, Rt. lung + middle — Duration: 6 days

Due to: Toxemia + Cardiac Failure.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. F. Maloney M. D.
Address Provident Hosp. Date signed 2/24/40

(Over)

66513 53065-PD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137-A Registered No. F 66513

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 11 N. Carrollton Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Frank

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-5-1868

8. AGE: Years	Months	Days	If less than one day
71	3	16	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation OAP

11. Industry or business

FATHER 12. Name John Henry Hardy
13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Marie
15. Birthplace Baltimore, Md.

16 (a) Informant B.C.H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 23, 1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Md.

18 (a) Funeral director J. J. Amoss
(b) Address 1005 W. Baltimore St.

Filed FEB 22 1940 Huntington Williams M.D. Registrar
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/21 1940, at 8:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/20 1940, to 2/21 1940, and that I last saw him alive on 2/21 1940.

Immediate cause of death

	Duration
Uremia and acute urinary retention	four days
Due to Benign prostatic hypertrophy	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Kreuzbaumer M. D.
Address Balto. City Hosp. Date signed 2-21-40

F 66514

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 176-B

F 66514 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3718 Park Heights Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

15 5 17

3 (a) FULL NAME BENJAMIN GOLD X

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 213-05-9219

4. Sex: m | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 13, 1902

8. AGE: Years 37 | Months 2 | Days 7 | If less than one day hr. - min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Bus driver
11. Industry or business Baltimore Transit Co

FATHER
12. Name Louis Gold
13. Birthplace Russia

MOTHER
14. Maiden Name Lena Katz
15. Birthplace Russia

16 (a) Informant Brother Jack Gold
(b) Address 3718 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-40 (month) (day) (year)
(c) Cemetery or crematory Shaare Zion
Location Rosedale

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St

19 (a) Date received by registrar FEB 22 1940 (b) Registrar Huntington Woods MD

MEDICAL CERTIFICATION

20. DATE OF DEATH February 21 1940, at 3.30 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Carbon monoxide poisoning	
Due to auto exhaust.	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy and

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence February 21st, 1940
(c) Where did injury occur? Garage 3718 Park Heights Ave. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury auto exhaust gas

23. Signature Dr. L. Wallenmeier M.D.
Asst. Medical Examiner.
Date signed 2-24-40

VS 6

F 66515

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered F 66515

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: Monument St
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2528 Loyola Southway (If rural give location)
(e) If foreign born, how long in U. S. A.? 34 years

1515

3 (a) FULL NAME Meyer Rocklin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Fannie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day hr.	min.
69				

9. Birthplace Plumber - Retired (Town, county, and state)

10. Usual Occupation Russia

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Hospt. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-40 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Old Fed or Hamilton Ave

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St

19 (a) Interington Williams M.D.

FEB 22 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/21 1940, at 6:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/21 1940, to 2/21 1940, and that I last saw him alive on 2/21 1940.

Immediate cause of death	Duration
Terminal Bronchopneumonia	
Due to Congestive Heart Failure	
Due to Arteriosclerotic Heart Disease	
Other Conditions Prostatism	over

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. B. Williams M.D.
Address Sinai Hospital Date signed 2/21

F 66516 HEALTH DEPARTMENT—CITY OF BALTIMORE F 66516

CERTIFICATE OF DEATH

14

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 303 N Belnder St. 18-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Woodall

If U. S. Veteran specify WAR .....

(a) Residence: No. 303 N Belnder St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	col	child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-9-39

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Clark

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Catherine Wooten

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Catherine Wooten

(Address) 303 N. Schroeder St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb. 23, 1940

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N. Schroeder St.

20. FILED ..... 19.....

Registrar.

Huntington Williams, M.D.

FEB 22 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-20-, 1940

22. I HEREBY CERTIFY, That I attended deceased from 2-14, 1940 to 2-20 1940

I last saw her alive on 2-20- 1940 Death is said to have occurred on the date stated above, at 9p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	2/7/40

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. E. Jackson M. D.

(Address) 606 Mulberry St

U. S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Entry must be complete in every item. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 66517

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 66517 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1521 Shields Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1521 Shields Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clara Le Cato

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	married

6 (b) Name of husband or wife Charles Lecato

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, 1854

8. AGE: Years	Months	Days	If less than one day
85	7	10	hr. min.

9. Birthplace Onancock, Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Poulson
13. Birthplace Va

MOTHER
14. Maiden Name Nellie Bunz
15. Birthplace Va

16 (a) Informant Mattie White
(b) Address 1202 Edmondson Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb 22, 1940 (month) (day) (year)
(c) Cemetery or crematory Onancock, Va.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

(c) (Signature of registrar) Mrs Katie R. Williams

FEB 23 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-20- 1940, at 12:35 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy - Inquiry thereon and from the evidence obtained by said Autopsy - Inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death — Duration

Arteriosclerotic Cardiac Disease

Due to

Due to Senility

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Howard J. Malone M.D. (Medical Examiner.)

Date signed 2-21-40

F 66518

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-B

Registered No. F 66518

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4006 Springdale Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4006 Springdale ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Michael J. Fox

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Bertha

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 23/1888

8. AGE: Years	Months	Days	If less than one day
51	1	30	hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Leather Bag

11. Industry or business Manf.

FATHER
12. Name Sabbathai Fox
13. Birthplace Russia

MOTHER
14. Maiden Name Hattie Ades
15. Birthplace Russia

16 (a) Informant Bertha Fox
(b) Address 4006 Springdale ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/23/40 (month) (day) (year)
(c) Cemetery or crematory Beth Tfiloh Cem
Location Windsor Mill Road.

18 (a) Funeral director Sol Levinson & Bro
(b) Address 1124-26 W. North ave

19 FEB 23 1940 (Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 1940 at 9 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 6 1940, to Feb 22 1940, and that I last saw him alive on Feb 22 1940.

Immediate cause of death	Duration
Influenzal Bronchopneumonia	16 days
Due to	
Due to	
Other Conditions Multiple Myeloma	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis J. Kroll M. D.
Address 11 E. Chase St. Date signed 2/22/40

F 66519

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C Registered No. F 66519

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1028 S. Lombard St. (If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rocco Rizzi

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 14, 1919

8. AGE: Years	Months	Days	If less than one day: hr.	min.
20	6	7		

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Luigio Rizzi
13. Birthplace Italy

MOTHER
14. Maiden Name Anna La Fortezza
15. Birthplace Italy

16 (a) Informant Mrs Anna Rizzi
(b) Address 1028 E Lombard st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 24/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Blair Road

18 (a) Funeral director Jos Fitzsimons & Sons
(b) Address 124-26 W North Ave Baltimore, Md

19 (a) [illegible] (by) Registrar

FEB 23 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-21-1940, at 12:15 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Shock - traumatic — Duration

Due to Fractured skull

Due to Multiple fractures of thigh & leg

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 2-19-40
(c) Where did injury occur? Baltimore, Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury struck by auto while walking on st

23. Signature Howard J. Madden M.D. Medical Examiner

Date signed 2-21-40

F 66520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

89a Registered No. F 66520

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calhoun & Fayette
(c) Hospital or institution:
Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (Fairlawn)
(If outside city or town limits, write RURAL and give town)
Street No. 410 Danville
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Dolores Anderson.

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	S.

6 (b) Name of husband or wife —
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb. 15th 1939

8. AGE: Years	Months	Days	If less than one day
1	0	6	..... hr. ..... min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Robert Anderson
13. Birthplace Illinois

MOTHER
14. Maiden Name Dolores Harrington
15. Birthplace Illinois

16 (a) Informant Robert Anderson.
(b) Address 410 Danville Rd. Pikesville
17 (a) Burial (b) Date thereof Feb 23 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Baltimore Md.
18 (a) Funeral director Frank Lansdale & Son
(b) Address 7401 Belair Road
19 (a) FEB 23 1940 Huntington Mill
(Date rec'd by registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-21 1940, at 8:35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-21 1940, to 2-21 1940, and that I last saw h e alive on 2-21 1940.

Immediate cause of death Pneumonia - Bronchial — **Duration** 2 days

Due to .....

Due to .....

Other Conditions Otitis Media - Acute 2 days.
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature A. B. Daugherty M. D.
Address Franklin Sq. Hosp. Date signed 2-21-40

66521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66521

91-A Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5110 Richard Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 5110 Richard Ave (If outside city or town limits, write RURAL and give town)
(d) Street No. Balto Md (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Dorothy Sekuly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Chas M Sekuly

6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) Aug 31st 1903

8. AGE: Years	Months	Days	If less than one day: hr.	min.
36	6	20		

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Chas Kirchheimer
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Anna Ortman
15. Birthplace Balto. Md

16 (a) Informant C. M. Sekuly
(b) Address 5110 Richard Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 24 40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto City

18 (a) Funeral director J. Lassahn & Son
(b) Address 1701 Aisquith St.

(a) Registrar (b) Huntington Williams M.D. Attending Physician

FEB 22 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 21st 1940, at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1939 to Feb 21 1940.
and that I last saw h[illegible] alive on Feb 21 1940.

Immediate cause of death	Duration
Streptococcus Endocarditis	4 Months
Due to Streptococcus Viridans	5 Months
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature H. L. Gordy, M.D.
Address 5706 Harford Rd (Date signed) 2-22-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

66522 F

CERTIFICATE OF DEATH

46-F F 66522

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3033 Abell Ave. St. 12-W Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5a yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Thomas Holliday Hurst

If U. S. Veteran specify WAR .....

(a) Residence: No. 3033 Abell Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Willie S. Hurst

6. DATE OF BIRTH (month, day, year) Jan. 26 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ins. Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home Friendly Ins.

10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dorchester Co.
(State or country) Md.

FATHER

13. NAME Edward B Hurst

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Sarah Harper

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Mr. Roland Hurst
(Address) 3033 Abell Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb. 23 1940

19. UNDERTAKER Wm. Fischer Sons
(Address) Hoed & Paines.

20. FILED FEB 23 1940 19 .....
Registrar.

Huntington Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 13 1940, to Feb 21 1940

I last saw ~~he~~ alive on Feb 21 1940 Death is said to have occurred on the date stated above, at 2.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Carcinoma of Liver	1 year
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. L. Gordy M. D.

(Address) 5706 Harford Road

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 66523 LB 50553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-B

Registered No. F 66523

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days 2 mth.
(e) Length of stay in Baltimore (yrs., mos., or days) 45yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1343 Patterson Park Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Hopkins (Franklin Hopkins)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Gertrude Hopkins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 5, 1869

8. AGE: Years	Months	Days	If less than one day
70	4	16	hr. min.

9. Birthplace Delaware (Dover)
(Town, county, and state)

10. Usual Occupation machinist

11. Industry or business unemployed

FATHER
12. Name John Hopkins
13. Birthplace Del.

MOTHER
14. Maiden Name Jane Hazel
15. Birthplace Del.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-40 (month) (day) (year)
(c) Cemetery or crematory Bethel Cem.
Location Brandywine Hundred, Del.

18 (a) Funeral director Wm. J. Pickett & Sons
(b) Address Lord's Pl. Ave.

19 (a) FEB 23 1940 (Date received by registrar) (b) [illegible] (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-21 1940, at 10:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-29 1939, to 2-21 1940, and that I last saw him alive on 2-21 1940.

Immediate cause of death: Carcinoma urinary bladder — Duration over 2 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations same
Of autopsy not completed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto. City Hosp. Date signed 2-22-40

F 66524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-a Registered No. F 66524

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South. Balt. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 2½ mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2630 Francis Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marlton (LeRoy) Staley, Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife ----------

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-29-39

8. AGE: Years	Months	Days	If less than one day
1	0	23	hr. min.

9. Birthplace York, Pennsylvania (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Marlton O. Staley
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Eileen Myers
15. Birthplace York, Pennsylvania

16 (a) Informant Mr. Marlton Staley
(b) Address 2630 Francis Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-40 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location York, Pennsylvania

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Penna. Avenues

19 (a) FEB 23 1940 (Date rec'd by registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-22-40 1940, at 4 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-21 1940 to 2-22 1940 and that I last saw h. / M alive on 2-22 1940.

Immediate cause of death Acute laryngo-tracheo-bronchitis

Duration 1 wk.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John P. Unlocke, Jr. M. D.
Address South. Balt. Gen. Hosp. Date signed 2-22-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66525

F 66525

CERTIFICATE OF DEATH

83-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2504 Hollins St. 20th Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Gertrude R. Saunders

If U. S. Veteran specify WAR. ___

(a) Residence: No. 2504 Hollins st St., ___ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William F. Saunders

6. DATE OF BIRTH (month, day, year) Feb. 12 - 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	72	—	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Havre de Grace Md

FATHER

13. NAME Samuel F. Cooling

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Barnaby

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mr. S. Carle Cooling

(Address) Balto Md

18. BURIAL, CREMATION, OR REMOVAL

Place Havre de Grace Date 2-23-40 19

19. UNDERTAKER Pennington & Son

(Address) Havre de Grace

20. FILED FEB 23 1940 Huntington Phillips Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 at 1940, to Feb. 20, 1940

I last saw her alive on Feb 20 1940 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas S. Bowyer M. D.

(Address) Med. Arts Bldg.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 66526 HEALTH DEPARTMENT—CITY OF BALTIMORE F 66526

F6014 160-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 324 Furrow St 90-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Teresa Hughes

If U. S. Veteran specify WAR

(a) Residence: No. 324 Furrow St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/22/40

7. AGE Years	Months	Days	If LESS than 1 day, hrs. min.
			1 hr. 45 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto - Md

FATHER

13. NAME Lawrence Hughes

14. BIRTHPLACE (city or town) (State or country) Phila Pa

MOTHER

15. MAIDEN NAME Lillian Gardner

16. BIRTHPLACE (city or town) (State or country) Phila Pa

17. INFORMANT Mrs Lillian Hughes

(Address) 324 Furrow St

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem 2/20/40

19. UNDERTAKER John J Cowan Son

(Address) 701 Hollins St

20. FILED 19 Huntington Williams Registrar.

FEB 23 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-22- 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 22 1940 to Feb 22 1940

I last saw h alive on Feb 22 1940 Death is said to have occurred on the date stated above, at 2:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra-cranial bleeding	2-22-40
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Nathan Rosen M. D.

(Address) 2063 Gilmor St

INSTRUCTIONS: Physicians will please fill out this certificate in full. Please print or write plainly with pen and ink. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 66527

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 66527 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3110 Wolcott Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3110 Wolcott Ave. 5 9
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John L. Hansen,

3 (b) If veteran, name war ---

3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary E. Hansen,
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) December 25 1866

8. AGE: Years	Months	Days	If less than one day
73	1	25 26	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Retired Railway Express
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Denmark

MOTHER
14. Maiden Name Elizabeth Damer,
15. Birthplace Unknown

16 (a) Informant Mrs Mary E. Hansen,
(b) Address 3110 Wolcott Ave FEB 24 1940

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore Md

18 (a) Funeral director Robert S. Sittle
(b) Address 2700 Edmondson Ave.

FEB 23 1940 (Date received by Registrar) (b) Hunting to Williamsville Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB 21 1940 9 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 28 1940, to Feb 21-40 19 , and that I last saw h-- alive on Jan 28 1940.

Immediate cause of death Hypertension
Arterio-sclerosis
Cerebral Hemorrhage
Due to Cerebral paralysis

Due to

Other Conditions Hypostatic pneumonia
(Include pregnancy within 3 months of death)

Major findings
Of operations
Of autopsy

Duration
?
25 days
3 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter L. Dublin M.D.
Address 2220 Harlem Ave Date signed Feb 22/40

F 66528

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No. F 66528

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3703 6th St Brooklyn
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Brooklyn (If outside city or town limits, write RURAL and give town)
(d) Street No. 3703 6th St (If rural give location)
(e) If foreign born, how long in U. S. A.) 60 years

25

3 (a) FULL NAME Henry August Dahle
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Eva
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 22 1862

8. AGE: Years	Months	Days	If less than one day
77	11		hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Frederick Dahle
13. Birthplace Germany

MOTHER
14. Maiden Name Dorretta Fricket
15. Birthplace Germany

16 (a) Informant Mrs Eva Dahle
(b) Address 3703 6th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 26 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director William M Marech
(b) Address 715 Light St

19 (a) FEB 22 1940 (Date filed by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 1940, at 5 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/17 1940, to 2/22 1940, and that I last saw h[illegible] alive on 2/17 1940.

Immediate cause of death a Cute Cardiac dilatation — Duration 4 days
Due to Chronic myocarditis
chronic renal disease — Duration [illegible]
Due to — Duration [illegible]
Other Conditions — Duration [illegible]
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. C Feldman M. D.
Address 1440 E Baltimore st Date signed 2/23/40

F 66529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 66529

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1437 N Charles St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME JOSEPH A. DEGENHARDT or DEGENDMARK

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-01-2879

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife ~~Nov 19, 1940~~ Mabel Bishop 6 (c) If alive, give age d years

7. Birth date of deceased (mo., day, yr.) Mar 19, 1878

8. AGE: Years 61 | Months 11 | Days 3 | If less than one day hr min

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Bookkeeper

11. Industry or business store

FATHER 12. Name Joseph R Degenhardt

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Mary Eisenhardt

15. Birthplace Baltimore

16 (a) Informant Brother Wm. J. Degenhardt

(b) Address 1125 N Charles St

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Feb. 24-1940 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cem

Location Belair Rd.

18 (a) Funeral director Henry Stoecker Sons Inc.

(b) Address 1301 E. Eager St.

19 FEB 23 1940 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22, 1940, at 8 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquest) thereon and from the evidence obtained by said ~~inquest~~ (Autopsy or Inquest) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death: Arteriosclerotic heart disease — Duration: ~~years~~

Due to

Due to

Other Conditions senility

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenmeber M.D.
Asst Medical Examiner.

Date signed Feb 22, 1940

F 66530 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 66530

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2028 Mt. Royal Terrace St. 13-W Ward)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emily Parker Fox

If U. S. Veteran specify WAR .....

(a) Residence: No. 2028 Mt. Royal Terrace St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William B. Fox

6. DATE OF BIRTH (month, day, year) July 7, 1847

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	92	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME John G. Parker

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Esther Platt

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Elizabeth Fox Austin
(Address) 2028 Mt. Royal Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place Rural Cemetery, Poughkeepsie, N.Y. Date Feb. 23, 1940

19. UNDERTAKER John A. Mitchell Sons
(Address) 1900 Eutaw Place, Baltimore

20. FILED ..... Huntington Williams Registrar

FEB 23 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1933, to Feb 20, 1940

I last saw h[illegible] alive on Feb 20, 1940 Death is said to have occurred on the date stated above, at 5:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Arterio-sclerosis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. Corbus Streett M. D.

(Address) 712 Park Avenue

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 66531

F 66531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~3301~~
(c) Hospital or institution: West Baltimore Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 58 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 3301 Richmond Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Charles D. Howard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Anna B. Howard (nee Geissner)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 5, 1882

8. AGE: Years 57 | Months 11 | Days 16 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Moving Picture Operator

11. Industry or business

FATHER 12. Name Charles D. Howard

13. Birthplace Boston

MOTHER 14. Maiden Name Kate Gimmert

15. Birthplace Baltimore

16 (a) Informant Anna B. Howard

(b) Address 3301 Richmond Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/40 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location North Ave & Gay St

18 (a) Funeral director Harry H. Smith

(b) Address 4141 Edmondson Ave

19 (a) Filed FEB 23 1940 (Date rec'd by registrar)

(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-21 1940 at 12:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-30 1940 to 2-21 1940 and that I last saw him alive on 2-21 1940.

Immediate cause of death: Coronary occlusion — Duration 23 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isadore Scher M. D.

Address West Balto Gen Hosp Date signed 2-23-40

VS 3

66532

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 66532
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 9 S. Linwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 9 S. Linwood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Shreck

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife George T. Shreck
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 29, 1854

8. AGE: Years	Months	Days	If less than one day
85	10	24 23	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Adam Hofferberth
13. Birthplace Germany

MOTHER
14. Maiden Name Eva Mclean
15. Birthplace Germany

16 (a) Informant Milton Shreck
(b) Address 9 S Linwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 24/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Cemt.
Location 5712 Odonnell St.

18 (a) Funeral director [illegible]
(b) Address 2723 E. Preston St.

19 (a) FEB 22 1940 (Date rec'd by registrar) (b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 1940, at 1 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 30 1940, to Feb 22 1940 and that I last saw her alive on Feb 22 1940.

Immediate cause of death Bronchial Pneumonia — Duration 3 wks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. E. Kupferschmieder M. D.
Address 2939 Eastern Ave Date signed 2/24/40

F 66533

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 66533

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1304 W. Lombard St
(If rural give location)
(e) If foreign born, how long in U. S. A.? , years

3 (a) FULL NAME John Bolden

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 213-05-9349 1

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 12 1891

8. AGE: Years	Months	Days	If less than one day
58	3	8	hr. min.

9. Birthplace Europe (Town, county, and state)
10. Usual Occupation Car Cleaner
11. Industry or business Balto Transit Co

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Geo C. Wolfe
(b) Address 542 Eutaw Pl Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 24 1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Edmondson Ave

18 (a) Funeral director Warren Rock
(b) Address 1217 St Paul St

19 FEB 23 1940 (b) Huntington Willi[illegible]

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/20 1940, at 10 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/17 1940 to 2/20 1940 and that I last saw him alive on 2/20 1940.

Immediate cause of death	Duration
(a) Lobar Pneumonia Acute	4 days
Due to (b) Chronic Rheumatism & Hemiplegia	7 days
Due to (c) Arteriosclerosis	
Due to (d) My illness was	
Other Conditions Coronary Thrombosis	7 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mercy Hospital M. D.
Address K. Beck Date signed 2/20/40

375660

66534

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-c

F 66534 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 29
(e) Length of stay in Baltimore (yrs., mos., or days) 37

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 3003 Rosekamp Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME KATIE ANNA DASHNER (S.S.# 217-01-3130)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F
5. Color or race White
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife William Dashner
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 3-30-02
8. AGE: Years 37 Months 10 Days 19½ If less than one day hr. min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation Packer
11. Industry or business A. M. Pitt Co
FATHER 12. Name John Youngbower
13. Birthplace Austria
MOTHER 14. Maiden Name Rose Youngbower
15. Birthplace Austria
16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore
18 (a) Funeral director Philip J. Hennig Sons
(b) Address 2016 Eutaw Pl. Baltimore, Md.
19 (a) FEB 23 1940 (Date rec'd by Reg.) (b) Huntington Wolfe Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20 1940 at 9:45 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Feb 16 1940 to Feb 20 1940 and that I last saw her alive on Feb 20 1940.

Immediate cause of death ~~Respiratory~~ failure — Duration ?
Due to Gummata of brain — Duration 1940
Due to Central Nervous System Syphilis
Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James St. Hoveland M. D.
Address Johns Hopkins Hosp. Date signed Feb 23 1940

VS 8

F 66535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 66535
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun
(c) Hospital or institution: Franklin Square Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 5 3yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 26 N. Linwood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Evelyn Carson (Corson)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 25 1879

8. AGE: Years 60 | Months 3 | Days 27 | If less than one day hr. min.

9. Birthplace Wilmington, Del. (Town, county, and state)

10. Usual Occupation housework

11. Industry or business Home

FATHER 12. Name Charles G. Bekinger

13. Birthplace Germany

MOTHER 14. Maiden Name Augusta Bitzman

15. Birthplace Brodely N. J.

16 (a) Informant Mable Carson

(b) Address 26 N. Linwood Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/40 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Greenmount Ave Chase St.

18 (a) Funeral director John J. Morgan

(b) Address 3000 E. Balt. St.

19 (a) FEB 23 1940 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 22 1940 at 3:42 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 21 1940 to Feb 22 1940, and that I last saw her alive on Feb 22 1940.

Immediate cause of death Lobar Pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Ward M. D.

Address Franklin Sq. Hosp. Date signed 2/22/40

F 66536

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 66536 Registered No. 83-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 607 W Franklin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 607 W. Franklin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Hutchins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	widow

6 (b) Name of husband or wife unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
80			hr min

9. Birthplace Prince George County, Maryland (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Frances Canaday
(b) Address 607 West Franklin St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 2/24/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Brooklyn

18 (a) Funeral director A. Halstead
(b) Address 818 Reed Hill Ave Huntington Williams N.Y.

FEB 23 1940
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-20- 1940, at 2 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death: Cerebral Hemorrhage, Spontaneous. — Duration

Due to Atherosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Howard J. Wilkins M.D.
Medical Examiner
Date signed 2-21-40

F 66537 . F4759

F 66537

LB 52057

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days 1 mth.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 531 Druid Hill Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Jacobs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/18/40

8. AGE: Years	Months	Days	If less than one day
0	1	3	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation --

11. Industry or business

FATHER
12. Name Eugene Peterson
13. Birthplace N. C.

MOTHER
14. Maiden Name Delia Jacobs
15. Birthplace N. C.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Balto City Hospitals (Burial, cremation, or removal) (b) Date thereof 2-22-40 (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 FEB 23 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/20/40 19 . at 9.50 P M

21. I certify that death occurred on the date above stated, that I attended deceased from 1/18/40 19 , to 1/20/40 19 , and that I last saw her alive on 1/20/40 19 .

Immediate cause of death	Duration
Broncho-pneumonia	3 days
Due to Prematurity	
6	
Due to	
Other Conditions Otitis media	3 days.
Acidosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. C. Goodwin M. D.
Address Balt City Hosp Date signed 2/20

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66538

CERTIFICATE OF DEATH

To be Countersigned by Medical Examiner

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 6 - 2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Holmes

If U. S. Veteran specify WAR

(a) Residence: No. 1619 Riggs Ave St., ... Ward.

(Usual place of abode) S/S. No. 212-10-2189

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Copper Wks.

10. Date deceased last worked at this occupation (month and year) 2-17-40

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME White

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Anna Cutler

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenfield Cem. Date 2-24th 1940

19. UNDERTAKER Jas. H. Skinner

(Address) 1927 Pennsylvania Ave

20. FILED FEB 23 1940 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/18, 1940

22. I HEREBY CERTIFY, That I attended deceased from 2/18, 1940 to 2/18, 1940

I last saw him alive on 2/18, 1940. Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of liver	2/17/40
Other contributory causes of importance: Hemoperitoneum	2/17/40

Was an operation performed? Yes Date of Yes

For what disease or injury? Rupture of liver.

Name of operation Exp. Lap. Hepatorrhaphy

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 2/17, 1940

Where did injury occur? Baltimore Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place On way home

Manner of injury Fell down steps

Nature of injury Struck liver when falling

24. Was disease or injury in any way related to occupation of deceased? No If so, about?

(Signed) Jas. H. Skinner M.D.

(Address)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Huntington Williams, M.D.

Howard J. Madden M.D.
City Medical Examiner

F 66539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-D

F 66539 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 839 N. Wolfe St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 839 N. Wolfe St (If rural give location)

(e) If foreign born, how long in U. S. A.? 33 years

3 (a) FULL NAME Sarah Grodnitzky

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Meyer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 87 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Abraham Kosenosky

13. Birthplace Russia

MOTHER 14. Maiden Name Dvina

15. Birthplace Russia

16 (a) Informant Meyer Grodnitzky

(b) Address 839 N Wolfe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-40 (month) (day) (year)

(c) Cemetery or crematory Hebrew Rose Hill

Location Philip Rd

18 (a) Funeral director Jack Newmyer

(b) Address 1739 E. Balto. St.

19 (a) (Date received by registrar) FEB 23 1940 (b) Huntington Mills Baltimore, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/23 1940, at 1 A M

21. I certify that death occurred on the date above stated, that I attended deceased from Aug 11 1938 to Feb 23 1940, and that I last saw her alive on Feb 23 1940.

Immediate cause of death	Duration
Acute Cardiac Dilatation	1 da
Due to Rheumatic Heart	2 yr
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature M D Baylin M.D.

Address 2040 Eutaw Date signed 2/23/40

F 66540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95-e

F 66540 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2079 Brunt
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2079 Brunt
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Peter Ferguson
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/7?

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Home

FATHER
12. Name William Ferguson
13. Birthplace Va

MOTHER
14. Maiden Name Fowlkes ?
15. Birthplace Va

16 (a) Informant Julia York
(b) Address 1906 Rolanda

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Thos. E. Kelson
(b) Address 1303 Pennsylvania Ave

19 (a) 2-23-1940 (Date received by registrar) (b) Registrar's signature Huntington Williams M.D.

FEB 23 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/21/40 19 1:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/20/40 to 2/21/40 and that I last saw h alive on 2/20/40.

Immediate cause of death Cerebral abscess Duration 3 weeks
Due to Pneumococcic Meningitis
Due to Purulent Otitis Media
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Lee Mahon M. D.
Address 6 E. Mad Date signed 2/22/40

PHYSICIAN
Underline the cause to which death should be charged statistically.

F 66541

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53088 SD F 66541 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 minutes
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 114 S. Collington Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Francis - LeRoy Hergenroeder

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-07-5924

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 16, 1906

8. AGE: Years	Months	Days	If less than one day
33	5	5	hr. min.

9. Birthplace Maryland
(Town, county and state)
10. Usual Occupation Mason - out work for 2 yrs.
11. Industry or business Step-father

FATHER
12. Name Jacob Hergenroeder
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Goetzinger
15. Birthplace Maryland

16 (a) Informant Records City Hosps.
(b) Address Balto.

17 (a) Burial (b) Date thereof Feb. 24, '40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Martin W. E. Dippel
(b) Address Ann & Lombard Sts.

19 (a) FEB 23 1940 (b) [illegible] Md.
(Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 21 1940, at 4:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 21 1940, to Feb. 21 1940, and that I last saw h[illegible] alive on Feb. 21 1940.

Immediate cause of death	Duration
Pulmonary Tuberculosis	unknown.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosps. Date signed 2-22-40

F 66542 F 66542

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Alphonsus Stocksen

If U. S. Veteran specify WAR

(a) Residence: No. 1912 E. 28th St Baltimore St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Alfred Stocksen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Stolden

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Amelia Kendelbeck (Address) 1912 E. 28th St

18. [illegible] CREMATION OR REMOVAL Place Fairview Pk Date 2-24 1940

19. UNDERTAKER Main & E. Diegel (Address) 27 S. Ann St.

20. FILED 19 Harrington Williams REGISTRAR

FEB 23 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22, 1940

22. I HEREBY CERTIFY, That I attended deceased from March, 1934 to Feb 22, 1940

I last saw him alive on Feb. 22, 1940. Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dementia Praecox	3 yrs
Arteriosclerosis	7
Other contributory causes of importance: coronary occlusion	1 da

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Dennis P. Magee M. D.

(Address) 33 N. Broadway

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-0 Registered No. F 66543

F 66543

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 415 S. Highland Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town 415 S. Highland Ave. (If outside city or town limits, write RURAL and give town)

(d) Street No. Balto. Md. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Noah Silks

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-5545

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	White	married

6 (b) Name of husband or wife Deziah (Rider)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept - 21 - 1896

8. AGE: Years	Months	Days	If less than one day
43	4	28	hr. min.

9. Birthplace Newport Penna (Town, county, and state)

10. Usual Occupation Crane Operator

11. Industry or business

FATHER

12. Name John N. Silks

13. Birthplace Newport Penna

MOTHER

14. Maiden Name Susan Siddick

15. Birthplace Penna

16 (a) Informant Mrs. Deziah Silk

(b) Address 415 S. Highland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-40 (month) (day) (year)

(c) Cemetery or crematory Morelands

Location Taylor Ave.

18 (a) Funeral director John B. Connelly

(b) Address East Md.

19 (a) FEB 23 1940 (Date received by registrar) (b) Registrar Hunter for Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19 1940, at 5 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 10 1939 to Feb 19 1940 and that I last saw h[im] alive on Feb 19 1940.

Immediate cause of death	Duration
Central Hemorrhage	5 Months 9 days
Due to Hypertension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury M. G. Jacobs

23. Signature

Address 1735 N. Bentalou Date signed Feb 20- 1940

66544

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 66544 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2604 Hudson St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 2604 Hudson St. (If rural give location)

(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Antonina Olesz

3 (b) If veteran, name war No | 3 (c) Social Security Account No. No.

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Peter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1 1883

8. AGE: Years 56 | Months 10 | Days 21 | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name John Zaporowski

13. Birthplace Poland

MOTHER 14. Maiden Name Josephine

15. Birthplace Poland

16 (a) Informant Michael Olesz

(b) Address 741 S Fremont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 21 40 (month) (day) (year)

(c) Cemetery or crematory St Stanislaus

Location O'Donnell St

18 (a) Funeral director Stephen J. Kralkowski

(b) Address 1000 E. Fayette

19 (a) (Date rec'd by Registrar) (b) Huntington Ave Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 22 1940 at 9:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1939 to Feb 22 1940 and that I last saw her alive on Feb 22 1940.

	Duration
Immediate cause of death: Coronary Thrombosis	?
Due to: Hypertensive C. V. Disease	?
Due to:	
Other Conditions: Obesity	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Stephen C. Mackowiak M. D.

Address 6833 Holabird Ave Date signed Feb 22, 1940

F 66545

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-a

F 66545 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 30 E Wheeling St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County City Balto

(c) City or town Balto Md

(If outside city or town limits, write RURAL and give town)

(d) Street No. 30 E. Wheeling St

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

23

3 (a) FULL NAME Rosa Jones

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fem.	White	Married

6 (b) Name of husband or wife Charles Jones

6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) July 22 1869

8. AGE: Years	Months	Days	If less than one day
70	6	24	hr. min.

9. Birthplace Balto Md.

(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business at home

FATHER

12. Name Martin Rebline

13. Birthplace Germany.

MOTHER

14. Maiden Name Martha Rebline

15. Birthplace Germany.

16 (a) Informant Charles Jones

(b) Address 30 E Wheeling St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-40 (month) (day) (year)

(c) Cemetery or crematory Holy Cross

Location G A Co.

18 (a) Funeral director Bernard E Hahn

(b) Address 121 E West St

FEB 23 1940 (Date rec'd by registrar)

(b) Huntington Hillsville, W.Va. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 21 1940, at 7.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 16 1940 to Feb 21 1940 and that I last saw h[illegible] alive on Feb 21 1940.

Immediate cause of death Myocardial Insufficiency

Due to Pulmonary oedema

Due to

Other Conditions Grippe & Bronchopneumonia (Terminal).

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature John A. Schenuck M. D.

Address 1337 S. Charles St Date signed 2/22/40

CK 52544

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66546 — 131-a — Registered No. F 66546

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 871 Watts Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Flemming

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1886

8. AGE: Years	Months	Days	If less than one day
53	9	18	hr. min.

9. Birthplace N.C.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Walter Flemming
13. Birthplace N.C.

MOTHER
14. Maiden Name Maggie Neely
15. Birthplace N.C.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb 23 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St
Mrs Katie R. Williams, M.D. Registrar

19 (a) (Date rec'd by registrar) (b)

FEB 23 1940

VS-5

MEDICAL CERTIFICATION

20. DATE OF DEATH February 19 1940, at 11:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 3 1940, to Feb. 19 1940, and that I last saw h[illegible] alive on Feb. 19 1940.

Immediate cause of death — Duration
Uremia — 3 weeks.
Due to Arteriolar nephrosclerosis — unknown.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Acquired kidneys.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Mallwaine Baker M. D.
Address Balto City Hosp. Date signed 2-21-40

F 66547

F 66547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1113 N. Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1113 N. Fulton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Wm. L. Griswold

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex M | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Sallie Griswold

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 1 - 1876

8. AGE: Years 63 | Months 5 | Days 21 | If less than one day: hr. min.

9. Birthplace Reisterstown Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Charles Griswold

13. Birthplace Md

MOTHER 14. Maiden Name Ann Johnson

15. Birthplace Md

16 (a) Informant Mrs Mary Libby

(b) Address 1113 N. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 26 - 1940 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Balto Md

18 (a) Funeral director Putnam & Lee

(b) Address 2324 N. Charles St.

19 (a) [illegible] (b) Wilmington Williams M.D. Registrar

FEB 23 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22nd 1940, at 2:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 12 1939 to Feb. 21 1940 and that I last saw h alive on Feb. 21 1940.

Immediate cause of death Carcinoma of rectum — Duration 11/2 yr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard U. Dodd

Address 735 N. Fulton Ave Date signed 2/22/40 M. D.

F 66548

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 66548

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 da
(e) Length of stay in Baltimore (yrs., mos., or days) 20 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Connecticut (b) County
(c) City or town Bridgeport
(If outside city or town limits, write RURAL and give town)
Street No. 1338 Traniston Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.) 30 years years

3 (a) FULL NAME William S. Fell

3 (b) If veteran, name war

3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16, 1907

8. AGE: Years	Months	Days	If less than one day
32	10	5	hr. min.

9. Birthplace Manchester, England
(Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business Seafaring

FATHER
12. Name William Fell
13. Birthplace Barrow in Furness, Eng.

MOTHER
14. Maiden Name Eliza Prescott
15. Birthplace Manchester, England

16 (a) Informant Records-U. S. Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 24 (month) (day) (year)
(c) Cemetery or crematory St. Mary
Location Hamden

18 (a) Funeral director A Bailey Slade
(b) Address 4907 York Road

19 (a) (Date received) (year) (b) FEB 23 1940 Hunting for Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH February 21, 1940, at 11:50AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1, 1940, to Feb. 21, 1940, and that I last saw him alive on Feb. 21, 1940.

Immediate cause of death Subarachnoid hemorrhage, spontaneous — Duration 3 weeks

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations No operation

Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. N. H. a. deane M. D.

Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 2-23-40

F 66549

Morawe

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 66549 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4910 Benton Heights Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4910 Benton Heights (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herman F. Morawe

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Married

6 (b) Name of husband or wife Antonia Morawe
6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) May 11 - 1889

8. AGE: Years	Months	Days	If less than one day
50	6	10	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Tool Maker
11. Industry or business

FATHER
12. Name Don't know
13. Birthplace Germany

MOTHER
14. Maiden Name Don't know
15. Birthplace Germany

16 (a) Informant Mrs Antonia Morawe
(b) Address 4910 Benton Heights

17 (a) burial (b) Date thereof 2/24/40 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory Parkwood
Location Taylor Ave Parkville

18 (a) Funeral director John Ulrich
(b) Address 2008 Orleans St

19 (a) (Date received by registrar) FEB 23 1940 (b) Huntingtn Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1940, at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-25 1939 to 2-21 1940 and that I last saw him alive on 2-21 1940:

Immediate cause of death Carcinoma Stomach — Duration ?
Due to
Due to
Other Conditions Secondary Anaemia — ?
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature Michael Grossfeld M.D.
Address 5407 Reisterstown Rd Date signed 2-23-40. M. D.

F 66550

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-a Registered No.

F 66550

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3207 S Lannon drive
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 72

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3207 S Lannon drive (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Margaret Johanna Jacobs

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife John F. Jacobs.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 11 1867

8. AGE: Years	Months	Days	If less than one day
72	5	10	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation
11. Industry or business At home

FATHER
12. Name Wagner
13. Birthplace Germany

MOTHER
14. Maiden Name Dont Know
15. Birthplace Germany

16 (a) Informant John F. Jacobs
(b) Address 3207 S Lannon drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 24/40 (month) (day) (year)
(c) Cemetery or crematory Frst United Cem
Location O'Donnell St Balto

18 (a) Funeral director John Uhlemeyer
(b) Address 2008 Orleans St

19 (a) (Date rec'd by registrar) (Registrar's signature) Huntington Williams M.D. Registrar

FEB 23 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 21 1940, at 2.91 a M

21. I certify that death occurred on the date above stated; that I attended deceased from June 18 1938 to Feb. 21 1940, and that I last saw h alive on Feb. 20 1940.

Immediate cause of death — Duration
Aspiration of kidney - right — 20 Months
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm J Schmeck M. D.
Address 701 N. Kenwood Ave Date signed 2/22/40

VS 3

F 66551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 66551

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway
(c) Hospital or institution:
Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 216 N Bolnord ave
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Mrs Anna Faitz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 30, 1870

8. AGE: Years	Months	Days	If less than one day
70	23	22	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Huff
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Dungs
15. Birthplace Baltimore

16 (a) Informant Mrs. Wm Faitz
(b) Address 408 Maple ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 2/26/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Taylor Ave Balto Co

18 (a) Funeral director John Uhlmeyer
(b) Address 2008 Orleans St

19 (a) Date received by registrar FEB 29 1940 (b) Registered number

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-22- 1940, at 4:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-16-40 19..., to 2-22-1940, and that I last saw her alive on 2-21-40 19....

Immediate cause of death
Bronchiolitis Sclerosa Pneumonia - type 5
Due to
Due to
Other Conditions Septicemia - due to Pneumococcus Type V
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

Duration: 7 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joshua Hanson M. D.
Address Church Home & Infirmary Date signed 2-22-40

66552

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-B Registered No. F 66552

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 wks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3727 Milford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Hilda Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Earl J. Smith
6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) Dec 28, 1886

8. AGE: Years	Months	Days	If less than one day
53	1	24	22 hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Jaeger
13. Birthplace ?

MOTHER
14. Maiden Name Liby Wiesner
15. Birthplace Md.

16 (a) Informant Earl J. Smith
(b) Address 3727 Milford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 24. 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto. Co Md

18 (a) Funeral director Mr. & Mrs. John W. Teufel & Son
(b) Address 806 W. Lafayette Ave

19 (a) Filed (Date rec'd by registrar) (b) Registrar Huntington Williams M.D.

FEB 29 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1940, at 4 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 24 1940, to Feb 21 1940, and that I last saw h[illegible] alive on Feb 21 1940.

Immediate cause of death	Duration
Carcinoma of Brain metastatic from	3 weeks
Due to Carcinoma of uterus	1 year
Due to	
Other Conditions Metastatic Carcinoma of left breast (Include pregnancy within 3 months of death)	7 mos

Major findings:
Of operations Carcinoma of Uterus (1939) (Autopsy)
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Mc Cafferty M. D.
Address Bon Secours Hosp Date signed 2-24-40

F 66553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. F 66553

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2220 Booth st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2220 Booth st (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME William J Keogh

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Bridget J Keogh
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 27 1875

8. AGE: Years	Months	Days	If less than one day
64	1	25	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name James Keogh
13. Birthplace Ireland

MOTHER
14. Maiden Name Anna Bradshaw
15. Birthplace Ireland

16 (a) Informant Mrs Bridget Keogh
(b) Address 2220 Booth St

17 (a) Interment (Burial, cremation, or removal) (b) Date thereof 2-24-40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md

18 (a) Funeral director George E Starling
(b) Address 1 Lexington Ave Baltimore, Md

19 (a) FEB 23 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/21 1940 at 2.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/18 1940 to 2/21 1940 and that I last saw him alive on 2/21 1940

Immediate cause of death	Duration
Lobar Pneumonia	2/18/40
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas R Cahn M. D.
Address 2145 N Bells Date signed 2/22/40

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66554

CERTIFICATE OF DEATH

130

F 66554

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1624 W Lexington St. 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Clara Peery

If U. S. Veteran specify WAR .....

(a) Residence: No. 1624 W Lexington St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Wid

5a. If married, widowed, or divorced, RUSBAND of (or) WIFE of widowed

6. DATE OF BIRTH (month, day, year) Jan 18 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME John Watford

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Martha Askew

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT John Peery (Address) 1624 W Lexington

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Ct. Date 2/26/40 19

19. UNDERTAKER Isaiah L. Thomerson (Address) 108 N Montgomery St

20. FILED FEB 23 1940 H. Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/20/ , 1940

22. I HEREBY CERTIFY, That I attended deceased from 1/26/ , 1940 to 2/20/ , 1940

I last saw him alive on 2/20/40 Death is said to have occurred on the date stated above, at 12:45 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	2/19/40
Other contributory causes of importance: Just acute Pyelonephritis.	Unk 19

Was an operation performed? no Date of —

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. Gundry Perry M. D.

(Address) 1624 W Lexington St

N. B.—WRITE PLAINLY, WITH LEAD PENCIL. THE INFORMATION REQUIRED IN THIS CERTIFICATE IS NECESSARY FOR LEGAL AND STATISTICAL PURPOSES. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

66555

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-7

Registered No. F 66555

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2088 N. Stricker St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2088 N Stricker St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nannie Jackson

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife James Jackson — 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 2, 1888

8. AGE: Years 51 | Months 6 | Days 17 | If less than one day: hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation House Work

11. Industry or business —

FATHER — 12. Name William Harris

13. Birthplace Va

MOTHER — 14. Maiden Name Betsy ?

15. Birthplace Va

16 (a) Informant Melvin Pennington

(b) Address 2088 N Stricker St.

17 (a) [illegible] (Burial, cremation, or removal) (b) Date thereof Feb. 23, 1940 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cem

Location

18 (a) Funeral director Mrs. Kate R. Williams

(b) Address 922 N. Patterson Park

19 FEB 23 1940 (Date rec'd by registrar) (b) Huntington for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 19 1940 at 8:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 26 1940 to Feb 19 1940 and that I last saw her alive on 2/18/1940.

Immediate cause of death

Coronary Occlusion — Duration: 2

Due to

Other Conditions Myocarditis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. F. Harrison M. D.

Address 601 N Carrollton Ave Date signed 2/23/40

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66556 F 6297

CERTIFICATE OF DEATH

1158 F 66556

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1608 E Lafayette Ave St., 8 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George F. Shipley Jr. If U. S. Veteran specify WAR

(a) Residence: No. 1608 E. Lafayette Avenue St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 31th, 1940

7. AGE Years	Months	Days	If LESS than 1 day, hours or min.
0	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George F. Shipley

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mancora Bottna

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT George F. Shipley

(Address) 1608 E. Lafayette Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb 23 19 40

19. UNDERTAKER George F. Guth Inc.

(Address) 1732 Madison Ave Baltimore

20. FILED FEB 23 1940 Wallington Williams M.D. (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1940 to Jan. 23, 1940

I last saw him alive on Jan. 20, 1940 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Jan 19 1940
Other contributory causes of importance:	
	OWN

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Maurice E. Shamm M. D.

(Address) 3300 W. Lanvale Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66557 . CERTIFICATE OF DEATH 161 F 66557

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 631 W. Saratoga Street St., [illegible] Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Vincent Liberto

If U. S. Veteran specify WAR .....

(a) Residence: No. 631 W. Saratoga Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucia Cascio

6. DATE OF BIRTH (month, day, year) Feb. 19th, 1879

7. AGE Years	Months	Days	If LESS than 1 day of ... min.
61	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Business

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Joseph Liberto

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rosa Jardina

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs. Lucia Liberto
(Address) 631 W. Saratoga Street

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Feb. 24, 1940

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1735 Harford Avenue

20. FILED FEB 23 1940 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21st, 1940

22. I HEREBY CERTIFY, That I attended deceased from January 15th, 1937, to February 20th, 1940. I last saw him alive on February 20th, 1940. Death is said to have occurred on the date stated above, at 6.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
DIABETES MELLITUS	1937
CORONARY THROMBOSIS	1939

Other contributory causes of importance:

NONE

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? C. & L. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Jerry N. Rosenthal M. D.
(Address) 7806 Fairview Ave. Balto. Md.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66558

CERTIFICATE OF DEATH

✓ 108 F 66558

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1218 Argyle Ave St. [illegible] Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles C. F. Riley

If U. S. Veteran specify WAR

(a) Residence: No. 1218 Argyle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Josephine Riley

6. DATE OF BIRTH (month, day, year) Feb 22 1870

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
69	11	19	

OCCUPATION

8. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Emanuel Riley

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Eliza Bandey

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Josephine Riley

(Address) 1218 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 2-24 19 40

19. UNDERTAKER Mrs Frances A. Hemsley

(Address) 578 N. Biddle St

20. FILED FEB 23 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-20, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1940 to Feb 20, 1940

I last saw h~~im~~ alive on Feb 20, 1940 Death is said to have occurred on the date stated above, at 10.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2-12-40
Other contributory causes of importance:	

Was an operation performed? none Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Physical Ex Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1126 Druid Hill Ave

INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S.

66559 LB 5843

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 66559

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs. 9 mth. 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 44 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 215 S. Dallas St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William T. Gibson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Annie (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/10/1871 ?

8. AGE: Years	Months	Days	If less than one day
? 68	11	11	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation janitor

11. Industry or business

FATHER
12. Name Arthur Gibson
13. Birthplace Md.

MOTHER
14. Maiden Name Lila ?
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Brooklyn, Md.

18 (a) Funeral director Mrs. Ida Bailey
(b) Address 1421 Jefferson St.

19 (a) Filed FEB 23 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 21 1940, at 6 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1936 to Feb. 21 1940, and that I last saw h[illegible] alive on Feb. 21 1940

Immediate cause of death	Duration
Cerebral arteriosclerosis	unknown
Due to	
Due to	
Other Conditions Terminal bronchopneumonia	5 days.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 2-22-40

Burek.

BALTIMORE CITY HEALTH DEPARTMENT 92-B

CERTIFICATE OF DEATH

F 66560 Registered No. F 66560

PLEASE WRITE PLAINLY, WITH INFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1417 E. Madison st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) If
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1417 E. Madison st
(If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Irma Bella Burek

3 (b) If veteran, name war —

3 (c) Social Security Account No. 214-18-6133

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Married

6 (b) Name of husband or wife James Burek
6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) Oct 31-1917

8. AGE: Years	Months	Days	If less than one day
23 22	3	19	hr. min.

9. Birthplace Richmond, Va
(Town, county, and state)

10. Usual Occupation Laundress. 6133
11. Industry or business Social Security 214-18

FATHER
12. Name Willard Price
13. Birthplace Richmond, Va

MOTHER
14. Maiden Name Maude Bright
15. Birthplace Richmond Va

16 (a) Informant Maude Price
(b) Address 308 W 147 St apt 2 New York City

17 (a) ... (Burial, cremation, or removal) (b) Date thereof 2-24-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Brooklyn, Md

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

19 FEB 23 1940 (Date received by Local Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20 1940, at 4 am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said ... (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Rheumatic Heart Disease. Mitral stenosis and aortic	
Due to Insufficiency	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. W. Pendegrast M.D.
Medical Examiner.
Date signed 2/20/40

VS 6

66561

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. 66561

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 147 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Prentiss Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Michael McNieve

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elizabath

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sep. 9, 1902

8. AGE: Years	Months	Days	If less than one day
37	5	12	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Michael McNieve
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary McKewen
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto. Md.

18 (a) Funeral director E. J. Fanning & Son
(b) Address 1938 E. Lafayette Ave.

19 (a) FEB 23 1940 (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 21, 1940, at 4:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sep. 27, 1939, to Feb. 21, 1940, and that I last saw him alive on Feb. 21, 1940.

Immediate cause of death

Tuberculosis of Lungs — Duration July 1939

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Williams M.D.
Address Balto. City Hosp. Date signed 2/21/40

F 66562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-W Registered No. F 66562

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 627 N. Caroline St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 627 N. Caroline (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Martin Lautenschlager

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 20 1856

8. AGE: Years	Months	Days	If less than one day
83	11	2	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Adam Lautenschlager
13. Birthplace Germany

MOTHER 14. Maiden Name Anna M. Kares
15. Birthplace Germany

16 (a) Informant Mrs. Manns
(b) Address 627 N. Caroline St

17 (a) (Burial, cremation, or removal) (b) Date thereof 2/24/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Balto. Md.

18 (a) Funeral director Milton Schilling
(b) Address 1122 E. Monument

19 (a) (Date received by Registrar) B-28-1940 (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 22 1940 at 9a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/1/ 1940 to 2/22/ 1940 and that I last saw him alive on 2/21/ 1940.

Immediate cause of death Cardio-renal-vascular disease — Duration 2/1/40

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify one or explain) While at work?
(e) Means of injury

23. Signature [signature] M.D.
Address 1517 E. North Ave. Date signed 2/25/40

M. D. B. Gen. No. 219-01-8896 219-01-8896

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66563

CERTIFICATE OF DEATH

83-a F 66563

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 205 S Calhoun St., 19-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Stephen Walter Fox

(a) Residence: No. 205 S Calhoun St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara E.

6. DATE OF BIRTH (month, day, year) Oct 15 1874

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	65	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) [illegible]

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT Clara Fox
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holly Grove Date [illegible] 1940

19. UNDERTAKER Brooks & Son
(Address) Calhoun & Hollins sts

20. FILED FEB 24 1940 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1940 to Feb 21 1940

I last saw h[illegible] alive on Feb 20 1940 Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Feb 19 1940

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. M. Sheets M. D.

(Address) 910 W Lombard St

If information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

F 66564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. F 66564

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Union Memorial Hosp.
(c) Hospital or institution: 33rd St.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 wks
(e) Length of stay in Baltimore (yrs., mos., or days) 3 wks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Garrison Md (If outside city or town limits, write RURAL and give town)
(d) Street No. # 1 Meteor ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Harold Edward Devers

3 (b) If veteran, name war: No.
3 (c) Social Security Account No. Yes

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 18 - 1918

8. AGE: Years 22 | Months | Days 5 | If less than one day: hr. min.

9. Birthplace Garrett Co. Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Glen Martin

FATHER
12. Name Emory Edward Devers
13. Birthplace Garrett Co. Md

MOTHER
14. Maiden Name Margaret Ferris
15. Birthplace Garrett Co. Md

16 (a) Informant Emory E. Devers
(b) Address Garrison Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/40 (month) (day) (year)
(c) Cemetery or crematory State Chapel
Location Pikesville, Md

18 (a) Funeral director Frank O. Neuzil
(b) Address Pikesville Md

19 (a) FEB 24 1940 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 23 1940 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 5 1940 to Feb. 23 1940 and that I last saw h alive on Feb 23 1940

	Duration
Immediate cause of death: Heart Block	24 hrs.
Due to: Bacterial Endocarditis	?
Due to: Rheumatic Heart Disease	3 yrs
Other Conditions: Acute Hemorrhagic nephritis	3 weeks

(Include pregnancy within 3 months of death)

Major findings:
Of operations { acute nephritis
Of autopsy { Bacterial Endocarditis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William F. Pearce M. D.
Address Union Memorial Date signed Feb. 23 1940

VS 3

F 3 66565

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B Registered No. F 66565

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 17
(e) Length of stay in Baltimore (yrs., mos., or days) 1 mo. 17

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Sparrows Point
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1001 K St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Earl Foster

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1908

8. AGE: Years	Months	Days	If less than one day
32			hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Motor, Engineer
11. Industry or business Sparrows Pt. Md

FATHER
12. Name Santon Foster
13. Birthplace Md

MOTHER
14. Maiden Name Minnie Tide
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/40 (month) (day) (year)
(c) Cemetery or crematory Crofton, Md.
Location Dorchester Co.

18 (a) Funeral director Lewis H. Bayne
(b) Address Cambridge, Md.

19 (a) FEB 24 1940 (Date rec'd by registrar) Armstrong for Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 23 1940 at 8:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1940 to Feb 23 1940 and that I last saw her alive on Feb. 23 1940.

Immediate cause of death Rheumatic Heart Disease — Duration 1939
Due to Mitral Stenosis
Due to Auricular Fibrillation
Other Conditions Myocardial Failure
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Seen

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James H. Hovland M. D.
Address Johns Hopkins Hospital Date signed Feb 23 1940

F 66566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-B

Registered No. F 66566

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive and 31st St.,

(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days

(e) Length of stay in Baltimore (yrs., mos., or days) 18 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Cecil

(c) City or town Elkton, Maryland - Route 5
(If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.) ..... years

3 (a) FULL NAME Earl Thompson MAGAW

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Catherine Emma Spratt

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb. 24, 1896

8. AGE: Years	Months	Days	If less than one day
43	11	29	..... hr. ..... min.

9. Birthplace Lumbardville, Maryland
(Town, county, and state)

10. Usual Occupation Paper Mill Worker

11. Industry or business Jessup Paper Company

FATHER

12. Name George W. Magaw,

13. Birthplace Fairhill, Maryland

MOTHER

14. Maiden Name Isadora Mars,

15. Birthplace Calvert, Maryland

16 (a) Informant Records-U. S. Marine Hospital,

(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-40 (month) (day) (year)

(c) Cemetery or crematory Elkton Md

Location .....

18 (a) Funeral director Robert Brooks Elkton

(b) Address 9 & Hollins Sts

19 (a) FEB 24 1940 (b) Huntington Williams MD

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 23, 1940, at 10:00 am

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 5, 1940, to Feb. 23, 1940, and that I last saw him alive on Feb. 23, 1940.

Immediate cause of death	Duration
Intestinal hemorrhage	2 days
Due to Peptic ulcer of duodenum	Unknown
Due to	
Other Conditions Cirrhosis of liver	Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations Cholecystotomy

Of autopsy Same as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)

(e) Means of injury .....

23. Signature T. B. H. Anderson M. D.

Address U.S. Marine Hospital, Baltimore, Maryland. Date signed 2-23-40

VS 2

F 66567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 66567

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Do Balto Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1841 So. Charles St.
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Mrs. Eva M. Burcke

3 (b) If veteran, name war: W
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband ~~or wife~~: John W. G. Burck
6 (c) If alive, give age 62 years
7. Birth date of deceased (mo., day, yr.) Jan 14 1883
8. AGE: Years 57 | Months 1 | Days 3 | If less than one day: hr. min.
9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housekeeping
11. Industry or business At Home

FATHER
12. Name John E. Eberhardt
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Bertha E. Adams
(b) Address 1841 S. Charles St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. A. Co. Md.
18 (a) Funeral director Wm Cook
(b) Address 1317 St. Paul St.
19 (a) FEB 24 1940 (Date rec'd by registrar) (b) Huntington Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 22, 1940, at 3:00 A. M.
21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 21, 1940 to Feb. 22, 1940, and that I last saw h~~er~~ alive on Feb. 22, 1940.

	Duration
Immediate cause of death: Uncontrolled Diabetes mellitus Acidosis	2-4 yrs
Due to: Dehydration Coma	
Due to: Hypertension and C.V disease	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature John E. Eberhardt, Jr. M. D.
Address Lefferts Rall Hr. Hosp Date signed 2-22-40

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66568

CERTIFICATE OF DEATH

48-B F 66568

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3424 Old York Rd) (Sec. 9-3 Ward)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah E. Sinclair

(a) Residence: No. 3424 Old York Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Oscar L. Sinclair

6. DATE OF BIRTH (month, day, year) April 4th 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ✓ | 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Harford Co (State or country) Md

FATHER

13. NAME George Dretz

14. BIRTHPLACE (city or town) Harford Co (State or country) Md

MOTHER

15. MAIDEN NAME Ann Poff

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Oscar L. Sinclair
(Address) 3424 Old York Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Govans Presbyterian Date 2/24, 1940

19. UNDERTAKER William Cook
(Address) 1307 St. Paul St.

20. FILED FEB 24 1940 19 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22, 1940.

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1939, to February 22, 1940.

I last saw her alive on February 21, 1940 Death is said to have occurred on the date stated above, at 8:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the uterus	About 2 yrs. ago.
Other contributory causes of importance:	

Was an operation performed? Yes Date of May 31, 1939

For what disease or injury?

Name of operation D. and C.

What test confirmed diagnosis? Pathological exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm B Jarrett M. D.

(Address) 1115 St. Paul St., City.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66569 .

CERTIFICATE OF DEATH

95-W F 66569

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1716 W. Baltimore St. 19-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME George Albert Brauscup

If U. S. Veteran specify WAR No

(a) Residence: No. 1716 W. Baltimore St., ... Ward. No SS KNABER

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of Anna Rosalie Brauscup

6. DATE OF BIRTH (month, day, year) Feb 10th 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Thomas Brauscup

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Sallie Mitchell

16. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

17. INFORMANT Anna R. Brauscup

(Address) 1716 W. Balto. St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 24th 1940

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED FEB 24 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22nd, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept. ..., 19... to 2-22, 1940

I last saw him alive on 2-22, 1940 Death is said to have occurred on the date stated above, at 10:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Apoplexy Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Manuel A. Abrahams M. D.

(Address) 1745 N. Calvert

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

66570

CERTIFICATE OF DEATH

97 F 66570

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3109 Windsor Ave St. 15-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Emma Bell

If U. S. Veteran specify WAR No

(a) Residence: No. 3109 Windsor Ave St., Ward. 24 55 Warren

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: George C Bell

6. DATE OF BIRTH (month, day, year): Dec 2. 1855

7. AGE: Years 84; Months 2; Days 21; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): 1940

11. Total time (years) spent in this occupation: 60

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Thomas C Wright

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Sarah A Bogert

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Chas J McGeorge

(Address) 3109 Windsor Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 2/26 1940

19. UNDERTAKER: Wilson & Son

(Address) 1219 W Baltimore St

20. FILED FEB 24 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 23, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 15th, 1940 to Feb 23rd, 1940

I last saw h alive on Feb 23rd, 1940 Death is said to have occurred on the date stated above, at 6:55 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	
Other contributory causes of importance: Senility	

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) M P Bryce M. D.

(Address) 3825 W North Ave

V8 8

INFORMATION—WRITE LEGIBLY. WITH PEN AND INK. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

66571 HEALTH DEPARTMENT—CITY OF BALTIMORE F66571

CERTIFICATE OF DEATH

83-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 819 Leadenhall St., 17 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 17 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Armistead Coleman
If U. S. Veteran specify WAR

(a) Residence: No. 819 Leadenhall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Marr.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Coleman

6. DATE OF BIRTH (month, day, year) March 21 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66 65	11	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer.
10. Date deceased last worked at this occupation (month and year) 15yr
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mamie Coleman
(Address) 819 Leadenhall

18. BURIAL, CREMATION, OR REMOVAL
Place Mastly Neck Md. Date 2/25/40 19

19. UNDERTAKER Frank L. Brown & Son
(Address) 10 E. Montgomery St

FILED 19
Huntington Williams, M.D. Registrar.

FEB 24 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/27 19 40

22. I HEREBY CERTIFY, That I attended deceased from 2/17 19 40 to 2/27 19 40
I last saw h alive on 2/27 40 Death is said to have occurred on the date stated above, at 4:30 P.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 days
	2/15/40

Other contributory causes of importance:
Arteriosclerosis

Was an operation performed? no Date of
For what disease or injury? none
Name of operation none
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, how?

(Signed) H. Bonsey M. D.
(Address) 819 N. Carrollton Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66572

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 66572

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4709 Roland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4709 Roland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henrietta L Raborg

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) ~~Single, married, widowed, or divorced~~
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
About 75			hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Christopher H Raborg
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Virginia Turner
15. Birthplace Baltimore Md

16 (a) Informant Virginia Albert
(b) Address 4709 Roland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 26/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location Baltimore Md

18 (a) Funeral director J J Jenkins & Son
(b) Address Orchard & Mc Callum Sts

19 (a) FEB 24 1940 (Date received) (b) Huntington Williams, M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 23 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 16 1940 to Feb 23 1940 and that I last saw her alive on Feb 22 1940

Immediate cause of death	Duration
Coronary embolism	
Due to Arteriosclerosis	4 yrs.
Due to Arteriosclerotic heart	1 year
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 2020 N Charles Date signed 2/23/40

F 66573 51976

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-a Registered No. F 66573

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days 1 mth.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1229 E. Lexington St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Wilmore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Minnie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 7, 1869

8. AGE: Years	Months	Days	If less than one day
70	3	14	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name Perry
13. Birthplace Md.

MOTHER
14. Maiden Name Hannah Johnson
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 26 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location B. & C. Co

18 (a) Funeral director Rayner & Sandling
(b) Address 1412 E Preston St

19 (a) FEB 24 1940 (Date received) Huntington Williams, M.D. (Registrar) (b) Address Balto City Hosp. Date signed 2-23-40

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 21 1940, at 2 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 16 1940, to Feb 21 1940, and that I last saw him alive on Feb. 21 1940.

Immediate cause of death	Duration
Alcoholic cirrhosis of the liver	unknown.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Monroe Hundley M. D.
Address Balto City Hosp. Date signed 2-23-40

66574

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No. F 66574

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: So. Balto. Genl. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County a a
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 201 3rd Ave (Brooklyn) (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marie Anna Hersh

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Henry Hersh

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9th 1867

8. AGE: Years 72 | Months 8 | Days 14 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Julius Simon
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Herman Hersh
(b) Address 201 3rd Ave Brooklyn

17 (a) (Burial, cremation, or removal) (b) Date thereof June 26th 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Mem.
Location

18 (a) Funeral director E. Schlosman & Son
(b) Address 103 Hanover St.

19 (a) (Date) FEB 24 1940 (b) Hunting Williams, M.D. Address

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/23/40 19 , at 7 25 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/17/40 19 , to 2/23/40 19 , and that I last saw her alive on 2/23/40 19 .

	Duration
Immediate cause of death: Hypostatic Pneumonia	4 days
Due to: Cerebral Hemorrhage	6 days
Due to: Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel L. Lee M. D.
Address Balto Genl Hosp Date signed 2/23/40

VS 3

E 66575 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 66575

CERTIFICATE OF DEATH

833

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 Ensor Street St. 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Margaret Rist

If U. S. Veteran specify WAR

(a) Residence: No. 1617 Ensor Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Constantine Rist

6. DATE OF BIRTH (month, day, year): Nov. 26th, 1845

7. AGE Years	Months	Days	If LESS than 1 day, hours or minutes
91	2	27 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Conrad Lambert

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Henry Rist
(Address): 1617 Ensor Street

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: Feb. 26, 1940

19. UNDERTAKER: George J. Ruth, Inc.
(Address): 1735 Harford Avenue

20. FILED: FEB 24 1940, 19 Huntington, W. Va. Dep. Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): FEB 22 1940, 19

22. I HEREBY CERTIFY, That I attended deceased from FEB 1 - 1940, 19 to FEB 20 1940, 19

I last saw h.M. alive on FEB 20 1940, 19 Death is said to have occurred on the date stated above, at 12,45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	2/20/40
Coronary Thrombosis	2/1/40

Other contributory causes of importance:

Was an operation performed? No Date of X X X

For what disease or injury? None

Name of operation X X X

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? XX Date of injury X X, 19 X

Where did injury occur? X X X X
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X X X

Manner of injury X X X

Nature of injury X X X

24. Was disease or injury in any way related to occupation of deceased? No If so, specify X X X

(Signed) Otto H. Duke

(Address) 9286 North Rd

INSTRUCTIONS: It is necessary that every supposed AGE, NATIONALITY or RACIAL, PHYSICIAN'S and state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V6 B

66576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

98 ✓ Registered No. F 66576

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 3014 Harview ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary A. Brislin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife James P. Brislin
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-22-1877

8. AGE: Years	Months	Days	If less than one day
62	4	1	hr. min.

9. Birthplace Pa
(Town, county, and state)
10. Usual Occupation Ost Home
11. Industry or business

FATHER
12. Name James P Markham
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary B. McCloskey
15. Birthplace Ireland

16 (a) Informant James P Brislin
(b) Address 3617 Wilkins Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J. Rank
(b) Address 5305 Harford

19 (a) Date rec'd by registrar FEB 24 1940 (b) Inventory for Hilligus Hyde

VS-3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 23 1940, at 7:00 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 14 1940, to Feb 23 1940, and that I last saw h[illegible] alive on Feb 23 1940.

Immediate cause of death: Gangrene of Rt Leg — Duration: 1-27-40
Due to Arteriosclerosis — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operation Gangrene of Great Toe
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John M. Scott M. D.
Address Md. General Hospital Date signed

66577

F 66577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2910 Pinewood Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 2910 Pinewood Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Patrick H. Connor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Stella L.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 13 - 1861

8. AGE: Years 79 | Months 1 | Days 119 | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden Name

15. Birthplace

16 (a) Informant Widow

(b) Address 31 So. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location

18 (a) Funeral director Leonard Luck

(b) Address 5305 Harford Rd

19 (a) FEB 24 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 1940 at 4P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/12 1940 to 2-22 1940, and that I last saw h alive on 2-22 1940.

Immediate cause of death: Arteriosclerotic cardio vascular renal disease

Duration: 1935?

Due to

Other Conditions Influenza

(Include pregnancy within 3 months of death)

Duration: 10 days

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature S. A. Alessi M. D.

Address 6217 Harford Rd Date signed 2-23-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66578

CERTIFICATE OF DEATH

131-a

F 66578

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 Mosher St. 16-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Sewell

If U. S. Veteran specify WAR .....

(a) Residence: No. 122 Mosher St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colo.	Married.

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Sewell.

6. DATE OF BIRTH (month, day, year) May 1879.

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
60	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Preaching

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

FATHER

13. NAME Edward Sewell

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md.

MOTHER

15. MAIDEN NAME Barbara (maiden name) Reader

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Elizabeth Sewell
(Address) 122 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 2-24 1940

19. UNDERTAKER Sam'l W. Gibert & Sons
(Address) 608 E. Baltimore

20. FILED FEB 24 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/21 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 18 1940 to Feb 21 1940.

I last saw him alive on Feb 21 1940. Death is said to have occurred on the date stated above, at 1130 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	2/18/40
Other contributory causes of importance: Uncontrolled Nephritis	Yrs 1932

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

22. If death was due to external causes (Violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, ...

(Signed) H. T. Sessoms M. D.

(Address) 522 N. Arlington Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 66579

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137-A Registered No. F 66579

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3429 Hickory Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3429 Hickory Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel A. Alban

3 (b) If veteran, name war T | 3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Laura F. Alban

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 10 1866

8. AGE: Years 73 | Months 4 | Days 12 | If less than one day hr. min.

9. Birthplace Baltimore Co. Md (Town, county, and state)

10. Usual Occupation Basket Business

11. Industry or business Retired 6 years

FATHER 12. Name Samuel Alban
13. Birthplace Maryland

MOTHER 14. Maiden Name Susanna Franer
15. Birthplace Maryland

16 (a) Informant Mrs. Laura F. Alban
(b) Address 3429 Hickory Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 25-1940 (month) (day) (year)
(c) Cemetery or crematory Beckleysville
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 FEB 24 1940 (Date rec'd by Registrar) Wellington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 22 1940, at 7 20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 12 1940, to Feb 22 1940, and that I last saw h[illegible] alive on Feb 21 1940.

Immediate cause of death: Arterial Hypertension — Duration: years
Cerebral Degeneration — Duration: 1 Week
Due to Arterio Sclerosis — Duration: 4 years
Urinary Retention — Duration: 3 days
Due to Prostate Fibroid — Duration: 4 years
Septicaemia — Duration: 6 days

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. R. Johnson M. D.
Address 403 Medical Arts Bldg Date signed 2/23/40

VS 8

66580

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No. 66580

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1631 Thomas Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1631 Thomas Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1523

3 (a) FULL NAME Helen Thisa Hippler (Nee Miller)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Charles O. Hippler
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) March 10, 1886

8. AGE: Years	Months	Days	If less than one day
53	11	5	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George N. Miller
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Johanna Foley
15. Birthplace Baltimore, Maryland

16 (a) Informant Charles O. Hippler
(b) Address 1631 Thomas Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 2/26/40 (month) (day) (year)
(c) Cemetery or crematory Eastern
Location Edmndsn & Lngwd.

18 (a) Funeral director Frederick A. Cole
(b) Address 1200 E. Lombard St.

19 (a) FEB 24 1940 (b) (Date rec'd by registrar) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 23 1940, at 1.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 19 1940 to Feb 23 1940. and that I last saw her alive on Feb 22 1940.

Immediate cause of death Cardiac Syncope — Duration 2 days
Due to Cardio-Vascular disease, Hypertensive. — 2 years
Due to Chronic nephritis — Three (3) years

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Kendig Wallace M. D.
Address 2839 Walbrook Ave. Date signed 2-23-40

Please write plainly, with pen and ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66581 F 6463

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-a Registered No. F 66581

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County A. A.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1132 Severna Park Md (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Hopf
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
		5	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

MOTHER / FATHER
12. Name Wilbert Hopf
13. Birthplace
14. Maiden Name Daisy Stumph
15. Birthplace Maryland

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Body cremated
Location by hospital

18 (a) Funeral director
(b) Address

19 (a) (Date rec'd by registrar) (b) Registrar

FEB 24 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-22-40 19 . at 12 N M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-17 1940, to 2-22 1940 and that I last saw him alive on 2-22 1940.

Immediate cause of death	Duration
Dehydration	2-17-40
Due to Loss of Spinal fluid	2-17-40
Due to Hydrocephalus	2-17-40.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams, M.D. M. D.
Address Md. General Hospital Date signed

VS 3

66582 7

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 66582

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 906-N. Port (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frances Stern

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband ~~of wife~~ Theodore J Stern
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 2-14-76

8. AGE: Years	Months	Days	If less than one day
64	0	9	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Stiteman
13. Birthplace MD

MOTHER
14. Maiden Name Mary Real
15. Birthplace MD.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb-27-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Wendell E Humphreys
(b) Address 1501 N. Broadway (Huntington Williams, M.D.)

FEB 24 1940 (Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 23 1940, at 3'15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 9 1940, to Feb 23 1940, and that I last saw her alive on Feb 23 1940.

Duration

Immediate cause of death Bronchial Pneumonia
Due to Arterio-sclerotic Heart Disease with Myocardial failure
Due to Diabetes Mellitus
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James D Harland M. D.
Address Johns Hopkins Hosp Date signed Feb 23 1940

F 66583 f 5340

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160 a

F 66583 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Light St
(c) Hospital or institution: So. Balto. Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 23 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1410 So Hanover St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

23

3 (a) FULL NAME Baby Charles Dove

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 31 1940

8. AGE: Years | Months | Days: 23 | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name John L. Dove
13. Birthplace Md

MOTHER 14. Maiden Name Ruth Zellers
15. Birthplace Md.

16 (a) Informant Paul Zellers
(b) Address 1404 Clarkson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 24th 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem
Location Annapolis Road

18 (a) Funeral director Leo G. Cook
(b) Address 1701 N Patt Park Ave

19 (a) FEB 25 1940 (b) Huntingtown Anne Arundel Co. MD.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 23, 1940, at 1:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 21, 1940, to Feb 23, 1940, and that I last saw h im alive on Feb 23, 1940.

Immediate cause of death: Intracranial hemorrhage — Duration: 2

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel L. Lee, M. D.
Address So Balto Gen Hosp Date signed 2/23/40

66584

Coscia

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 66584 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Caldwell Sts
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 430 Hayward Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Cascia

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Dead
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 6, 1866

8. AGE: Years 74 | Months 6 | Days 19 | If less than one day: hr. min.

9. Birthplace Montella, Italy (Town, county, and state)

10. Usual Occupation Grocer
11. Industry or business Retired

FATHER
12. Name —
13. Birthplace — Italy

MOTHER
14. Maiden Name —
15. Birthplace — Italy

16 (a) Informant Laura G. Coscia
(b) Address 430 Hayward Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 27, 1940 (month) (day) (year)
(c) Cemetery or crematory Stone Chapel Cem.
Location Reisterstown Road, Stage Road

18 (a) Funeral director Wm. Berry Mon & Sons
(b) Address Reisterstown, Md.

19 (a) FEB 27 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 24 1940, at 12 noon M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 15 1940 to Feb. 24 1940 and that I last saw h[illegible] alive on Feb. 24 1940.

Immediate cause of death: Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Wolf, M. D.
Address [illegible] Date signed 2-24-40

Physicians: please write the causes of death clearly and legibly. Information should be as complete as necessary to correct age is especially important.

F 66585

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66585

CERTIFICATE OF DEATH

131-W

15-17

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2438 Druid Park Drive St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Sarah Elizabeth Maihl

If U. S. Veteran specify WAR .....

(a) Residence: No. 2438 Druid Park Drive St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Maihl

6. DATE OF BIRTH (month, day, year) ? 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 82	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Brownville (State or country) Va.

FATHER

13. NAME Jacob Rudacille

14. BIRTHPLACE (city or town) ..... (State or country) Va.

MOTHER

15. MAIDEN NAME Malinda Shank

16. BIRTHPLACE (city or town) ..... (State or country) Va.

17. INFORMANT Mrs. Harvey Abel

(Address) 2438 Druid Park Drive

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Memorial Date 2-26-40 19.....

19. UNDERTAKER William J. Tickner & Sons

(Address) North & Pennsylvania Aves

20. FILED ..... 19..... Registrar.

FEB 25 1940 Huntington Robinson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1939 to Feb 23, 1940

I last saw her alive on Feb 23, 1940 Death is said to have occurred on the date stated above, at 2:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2-21-40
Hypertensive Cardiovascular Renal Disease.	7

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lawrence J. Shumaker M. D.

(Address) 3711 Falls Rd.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

F 66586

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66586

CERTIFICATE OF DEATH.

93-D

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1637 N. Fulton Ave (Street) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Dorsch

(a) RESIDENCE NO. 1637 N. Fulton ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Fannie Dorsch

6 DATE OF BIRTH (month, day, and year): Dec 28 1859.

7 AGE: Years 80 Months 1 Days 26 (~~24~~)

If LESS than 1 day, hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baker, treadmill

(b) General nature of industry, business, or establishment in which employed (or employer): Bakery & Candy

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Dorsch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pennsylvania ~~Germany~~

12 MAIDEN NAME OF MOTHER: Elizabeth Hollerbach

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mr Frank W. Dorsch (Address) 1627 N. Fulton Ave

15 FEB 25 1940. 19 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 24 1940

17

I HEREBY CERTIFY, That I attended deceased from Feb 16 1940 to Feb 24 1940

that I last saw h im alive on Feb 23 1940

and that death occurred, on the date stated above, at 4:00 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 8 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Chester C. Clark M. D.

(Address) 3214 Reisterstown Rd Feb 24 1940

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Feb. 26 1940

20 UNDERTAKER: Wm. J. Tickner & Sons — ADDRESS: North & Fa

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 66587

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 66587

Registered No.

1. PLACE OF DEATH Calvert + 33rd Sts.
(a) Baltimore City, Maryland
(b) Street address 303 Hall
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days 26
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1303 Walnut Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fred Allen Wilcox

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary J. Wilcox nee Nadeau | 6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 25. 1865

8. AGE: Years 74 | Months 3 | Days 28 | If less than one day hr. min.

9. Birthplace N.Y. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Freight Agent

FATHER 12. Name Chas. F. Wilcox

FATHER 13. Birthplace Vermont

MOTHER 14. Maiden Name Mary Allen

MOTHER 15. Birthplace N.Y.

16 (a) Informant Mrs. Mary J. Wilcox
(b) Address 1303 Walnut Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/40 (month) (day) (year)
(c) Cemetery or crematory Glenwood Cem
Location Long Branch N. J.

18 (a) Funeral director Harry H. Wittke
(b) Address 4101 Edmondson Ave

19 (a) FEB 25 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 23 1940, at 4P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 21 1940 to Feb 23 1940 and that I last saw h im alive on Feb. 23 1940.

Immediate cause of death: Cardiac Failure — Duration

Due to Coronary Thrombosis

Due to Arteriosclerotic Heart Disease

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William F. Pearce M. D.
Address Union Memorial Date signed Feb. 23

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66588

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 - C

Registered No. F 66588

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 dy
(e) Length of stay in Baltimore (yrs., mos., or days) 2 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Penn (b) County —
(c) City or town Jordtown (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME MRS LELA YOAKLEY

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced widowed

6 (b) Name of husband or wife Frank Yoakley

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Jan 1881

8. AGE: Years 59 | Months 1 | Days | If less than one day ... hr. ... min.

9. Birthplace ... (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business own home

FATHER
12. Name James M Slaughter
13. Birthplace Tennessee

MOTHER
14. Maiden Name Mary Louella Rutter
15. Birthplace Tennessee

16 (a) Informant Carrie Yoakley - daughter
(b) Address Jordtown, Penn.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 24 1940 (month) (day) (year)
(c) Cemetery or crematory Kingsport Tenn
Location Tenn

18 (a) Funeral director Wm. J. Richardson & Sons
(b) Address North 18 Pennsylvania Ave

19 (a) Date received by Registrar (b) ... Registrar

FEB 25 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 24 1940, at 10 50 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death: Hematoma subdural — Duration: 12 days

Due to: automobile accident

Due to:

Other Conditions: Cerebral edema — 2 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations as above
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence February 11 or 12, 1940
(c) Where did injury occur? Jordtown, Penn. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? no (Specify type of place)
(e) Means of injury head struck windshield in auto collision

23. Signature H. Feagley Jr. Medical Examiner. M.D.

Date signed Feb 24 (5?)

F 66589

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

111-a

F 66589 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3301 Springdale Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3301 Springdale Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15 8

3 (a) FULL NAME Harry Hoffberger

3 (b) If veteran, name war

3 (c) Social Security Account No. 217 _05 _5803

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mollie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24, 1883

8. AGE: Years	Months	Days	If less than one day
56	11		hr. min.

9. Birthplace Baltimore MD. (Town, county, and state)

10. Usual Occupation Merchant
11. Industry or business

FATHER
12. Name Charles Hoffberger
13. Birthplace Austria

MOTHER
14. Maiden Name Sarah Hollander
15. Birthplace Austria

16 (a) Informant Samuel Hoffberger
(b) Address 3301 Springdale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb, 25, 1940 (month) (day) (year)
(c) Cemetery or crematory Reform Friendship Cem
Location Balto Conklin st

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W. North ave

19 (a) [illegible] (b) [illegible] Registrar

FEB 25 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb, 24, 1940, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 22nd 1940, to Feb 24 1940. and that I last saw h[illegible] alive on Feb 24 1940.

Immediate cause of death Embolic Pneumonia — Duration

Due to Embolism

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Goldberg
Address 2452 Eutaw Pl Date signed 2/24/40 D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

66590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31-a

66590

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 Somerset Road St. 27-14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Eleanore Doellinger

If U. S. Veteran specify WAR no

(a) Residence: No. 602 Somerset Road St. Ward. no S S Number

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Frederick Doellinger

6. DATE OF BIRTH (month, day, year) Sept 22nd 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at (his occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Frederick

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Helena Winkler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Wm Wagner

(Address) 602 Somerset Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Feb 26th 1940

19. UNDERTAKER William Cook

(Address) 1217 St. Paul st

Huntington Williams Mortuary

FEB 25 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23rd, 1940

22. I HEREBY CERTIFY, That I attended deceased from April, 1935 to Feb. 23, 1940

I last saw her alive on February 23, 1940. Death is said to have occurred on the date stated above at 12.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	
Chr. Nephritis	
Uremia	2wks

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sheldon Leland M. D.

(Address) Med. Art Bldg. Balto. Md.

information should be carefully supplied. Age should be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 66591

CCK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49-D

38729 F 66591

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2651 Barclay St.

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas W. Harris

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife Annie (D)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-20-1862

8. AGE: Years	Months	Days	If less than one day
77	9	3	hr. min.

9. Birthplace Md.

(Town, county, and state)

10. Usual Occupation Unknown Carpenter Retired

11. Industry or business

FATHER

12. Name Caleb

13. Birthplace Unknown

MOTHER

14. Maiden Name Catherine Hare

15. Birthplace Unknown

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/40 (month) (day) (year)

(c) Cemetery Grave Run Church

Location Carroll Co. Md.

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St.

19 (a) Huntington Williams M.D. Registrar

(b) Date received FEB 25 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH February 23 1940, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 5 1939, to Feb 23 1940, and that I last saw him alive on Feb 23 1940.

Immediate cause of death Hypertensive cardiovascular disease — Duration unknown.

Due to

Due to

Other Conditions Terminal bronchopneumonia — 5 days.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Huntington Williams M. D.

Address Balt. City Hosp. Date signed 2-23-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66592

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66592

CERTIFICATE OF DEATH

131-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1425 W Lexington St. 4-2)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary C. McComas

If U. S. Veteran specify WAR No

(a) Residence: No. 1425 W Lexington St., ... Ward. 20 S Sec Number

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 24 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Robert McComas

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Smithson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Jno B Thompson

(Address) 1425 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 2/26 1940

19. UNDERTAKER Wm Cook

(Address) 1217 E Fayette St

20. FILED Huntington Williams M.D.

FEB 25 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21 1940 to Feb-23, 1940

I last saw h[illegible] alive on Feb-23, 1940 Death is said to have occurred on the date stated above, at 6:04

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia,	
Uremia	
Chronic nephritis	
Other contributory causes of importance:	
Chronic myocarditis	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Milton Sigvani M. D.

(Address) 1429 W Fayette St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 66593 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 66593

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. 2331 N Calvert St. 12-4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Charles J Myles — If U. S. Veteran specify WAR ...

(a) Residence: No. 2331 N Calvert St., ... Ward. 5 County Md 212-10-0361
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Margaret J Myles

6. DATE OF BIRTH (month, day, year) Oct 26 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C & P Telephone

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles J Myles

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Lutz

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Margaret J Myles (Address) 2331 N Calvert St

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date 2/27 1940

19. UNDERTAKER Wm Cook (Address) 1211 E Fort Ave

20. FILED FEB 25 1940 — Registrar.

FEB 25 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1940 to Feb 24, 1940

I last saw h[illegible] alive on Feb 24, 1940 Death is said to have occurred on the date stated above, at 5:00 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema of Cardiac origin	Feb 18
Other contributory causes of importance: Chr. Myocarditis	Indef
Coronary Thrombosis	June 39

Was an operation performed? no Date of ...

For what disease or injury? no

Name of operation no

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Nathaniel M Beck, M. D.

(Address) 2727 N Charles St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 66594

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

172

F 66594
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo 24 24
(e) Length of stay in Baltimore (yrs., mos., or days) 11

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town M/S Atuntasan (If outside city or town limits, write RURAL and give town)
(d) Street No. Pier 6, Locust Point (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME YOSHIOA MATSUO

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Japanese	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1919

8. AGE: Years	Months	Days	If less than one day
21			hr. min.

9. Birthplace Japan (Town, county, and state)
10. Usual Occupation cook
11. Industry or business M/S Atuntasan

FATHER
12. Name Ritsuzuma Matsuo
13. Birthplace Japan

MOTHER
14. Maiden Name Tsubaura
15. Birthplace

16 (a) Informant Ramsay-Scarlett-Agents
(b) Address Pier 6, Locust Point

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Feby. 25/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md

18 (a) Funeral director John Mitchell Sons
(b) Address 1900 Eutaw Place

19 (a) FEB 26 1940 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 24 1940, at 7 30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquest) thereon and from the evidence obtained by said inquest (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture, compression of 7th dorsal vertebra	1 mo 24 days
Due to Pyelonephritis, chronic	1 mo
Due to	
Other Conditions Anemia, secondary malnutrition (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec. 30 4, 1939
(c) Where did injury occur? M. S. Atuntasan, Pier 6 Locust Point (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial place While at work? Yes (Specify type of place)
(e) Means of injury fell 35 feet down hold of ship

23. Signature H. L. Wallenmeyer M.D. Asst. Medical Examiner.
Date signed Feb 24, 1940

VS 6

PRINCIPAL WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

66595

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66595
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1048 Brentwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1048 Brentwood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.) 50 years

3 (a) FULL NAME Ellen O'Neill

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Fem. | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Patrick O'Neill
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 10, 1875

8. AGE: Years 65 | Months | Days 12 | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Michael O'Brien
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret
15. Birthplace Ireland

16 (a) Informant James O'Neill
(b) Address 1048 Brentwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 26 1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 FEB 25 1940 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-22-1940, at 5 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-18-1940 to 2-22-1940, and that I last saw her alive on 2-21-1940

	Duration
Immediate cause of death: Cerebral hemorrhage	5 days
Due to: Arteriosclerosis	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. B. Egbert M. D.
Address 2807 Harford Ave Date signed 2-23-40

VS 3

F 66596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

Registered No. F 66596

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Homewood Ave
(b) Street address 1308 ~~Brentwood Ave~~
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1308 Homewood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

9

3 (a) FULL NAME Matthew J. White Sr

3 (b) If veteran, name war

3 (c) Social Security Account No. 242-05-5413

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Delia A. Garvey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2 1873

8. AGE: Years	Months	Days	If less than one day
67	9	21	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Retired Engineer
11. Industry or business East Electric Co.

FATHER
12. Name Martin White
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Boyle
15. Birthplace Ireland

16 (a) Informant Mrs White
(b) Address 1308 Homewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 26 1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Weidefeld
(b) Address 914 Greenmount Ave

19 (a) Huntington Williams (Date rec'd by registrar) Registrar

FEB 25 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 23 1940 at 1.15 P M

21. I certify that death occurred on the date above stated, that I attended deceased from June 1 1939 to Feb 23 1940 and that I last saw h[illegible] alive on Feb 22 1940.

Immediate cause of death
Ch. Myocarditis with decompensation
Due to Chr. Arteriosclerosis nephritis
Due to
Other Conditions Ch. Senile Conditions of Liver
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
5 yrs
?
11 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William P. Grady M.D.
Address 10 E Read Date signed 2/24/40

66597

F 66597

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 228 W Lafayette
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 228 W Lafayette
(If rural give location)
14
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Frances Ford Richardson

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Jas. A. Richardson
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 25 1859
8. AGE: Years 80 Months 4 Days 29 If less than one day hr. min.
9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name John T. Ford
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Edith M Andrews
15. Birthplace Virginia

16 (a) Informant Mr. Jackson Richardson, son
(b) Address 2202 Lyndhurst St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md.

18 (a) Funeral director Leonard Morris Co.
(b) Address 1088 W Mont St.

19 (a) FEB 25 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION 40

20. DATE OF DEATH Feb. 24 1940 at 5 15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/26 1938 to 2/24 1940 and that I last saw h-r alive on 2/23 1940.

Immediate cause of death: Carcinoma of rectum — Duration 1 1/2 yrs

Due to: Metastasis from above to liver, etc. — 1 mo.?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert A. Reese M. D.
Address 3408 Windsor Ave. Date signed 3/5/40

VS 3

F 66598

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F

F 66598

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Raynor Ave
(c) Hospital or institution
N. B. Fem. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits write RURAL and give town)
(d) Street No. 2420 Wilkens Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Clifford Belt.

715-03-7079

3 (b) If veteran, name war

3 (c) Social Security Account No. 715-03-7079

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Mary Belt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31-1910

8. AGE: Years	Months	Days	If less than one day
29 Yrs.	6	22	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Chauffeur
11. Industry or business Motor Lines Inc.

FATHER
12. Name Albert Belt
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Mary Belt
(b) Address 2420 Wilkens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 26/40 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Balto. Co. Md.

18 (a) Funeral director George L. Lehnert
(b) Address 2101 Frederick Ave

19 (a) (By direction of) (Local registrar) Registrar

FEB 25 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-22-1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-2-1940, to 2-22-1940, and that I last saw h alive on 2-22-1940.

Immediate cause of death	Duration
Peritonitis	months
Due to Ruptured Carcinoma of Sigmoid colon	
Due to	
Other Conditions Lt sided Pneumonia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Sigmoid colon
Of autopsy Ruptured Carcinoma

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G H Lower

Address 1A Eastern Date signed 2-22-40

66599

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

176

52826 F 66599

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 211 N. Chapel St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Kohleder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-20-1870

8. AGE: Years 69 | Months 8 | Days 4 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Old Age Pension

11. Industry or business

FATHER | 12. Name Joseph

13. Birthplace Md.

MOTHER | 14. Maiden Name Maggie Wehage

15. Birthplace Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26/4 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Baltimore

18 (a) Funeral director John Feeney

(b) Address 2040 Orleans St

19 (a) (Deputy Registrar) (b) for Registrar

FEB 25 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-24 1940 at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-13 1940 to 2-24 1940 and that I last saw him alive on 2-24 1940

Duration
Immediate cause of death: Cardiac failure — day
Due to: Arteriosclerotic heart disease — ?
Due to: — ?
Other Conditions: Chronic cholecystitis and cholelithiasis — ?

(Include pregnancy within 3 months of death)

Major findings:

Of operations: Cholecystitis and Cholelithiasis

Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L. K. Woodward, M. D.

Address Balto City Hosp. Date signed 2-24-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66600

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B Registered No.

F 66600

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 517 N Kenwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 58

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 517 N Kenwood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anton John Schubert

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Lenda Schubert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6 1867

8. AGE: Years 72 | Months 8 | Days 17 | If less than one day hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation
11. Industry or business Grocer

FATHER 12. Name Dont Know
13. Birthplace Germany

MOTHER 14. Maiden Name Dont Know
15. Birthplace Germany

16 (a) Informant Mrs Lula Braun
(b) Address 517 N Kenwood Ave

17 (a) Burial (b) Date thereof Feby 26/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location Baltimore

18 (a) Funeral director John Ward
(b) Address 20 d St Paul St

19 (a) (Date acid by Registrar) (b) Registrar

FEB 25 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 23 1940, at 1:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 21 1940 to Feb 23 1940 and that I last saw him alive on Feb 23 1940

Immediate cause of death
Edema Lungs
Chr. Myocarditis
Due to
Due to Arteriosclerosis
Other Conditions Chr. Brights
(Include pregnancy within 3 months of death)

Duration
4 days
acute

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 2020 K. Clarks Hill Date signed 2/24/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C Registered No.

F 66601

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 26 Y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4233 Shamrock ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Baird

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22 - 1933

8. AGE: Years	Months	Days	If less than one day
6	8		hr. min.

9. Birthplace Balto. Md. (Town, county, and State)
10. Usual Occupation School Boy
11. Industry or business

FATHER
12. Name Carlton Baird
13. Birthplace Washington D. C.

MOTHER
14. Maiden Name Bertha Hacker
15. Birthplace Balto. Md.

16 (a) Informant Carlton Baird
(b) Address 4233 Shamrock Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 26 (month) (day) (year)
(c) Cemetery or crematory Balto Lawn
Location Gay St, North Ave.

18 (a) Funeral director John A. Miller
(b) Address 233 N. Jefferson St.

FEB 25 1940 (Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-22- 1940, at 12 35 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence obtained by said Autopsy & Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fractured Skull	
" 6 Hr. Convulsions Hebra	
Due to " Mandible.	
Burns burns.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-22-40 Balto. Md
(c) Where did injury occur? 4300 block - Shamrock Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Struck by Auto. truck, while on Street, crossing St.

23. Signature Howard J. Weedon M.D.
Medical Examiner.
Date signed 2-22- 40

F 66602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 66602

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3609 Mt. Pleasant Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3609 Mt. Pleasant Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME George Lewis Reichart

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-05-2594

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10 1855

8. AGE: Years	Months	Days	If less than one day
5	7	12	hr. min.

9. Birthplace Balto. Co. Md
(Town, county, and state)

10. Usual Occupation Foreman

11. Industry or business Meat packing

FATHER
12. Name J. W. Reichart
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Mary Walters
15. Birthplace Balto. Co. Md.

16 (a) Informant Mrs B. Marshall
(b) Address 407 S. Conkling St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 26 40 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn
Location Balto. Co. Md.

18 (a) Funeral director J. Lassahn & Son
(b) Address 7401 Belair Rd.

19 (a) Huntington Williams M.D. Registrar
(Date received by Registrar)

FEB 25 1940

VS 7

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 1940, at 8:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1939 to Feb 22 1940 and that I last saw h alive on Feb 22 1940.

Immediate cause of death	Duration
Hypertensive heart disease	
Due to Hypertension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John J Gould M. D.
Address 14 N. East Ave Date signed 2-24-40

F 66603

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

22948 F 66603

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1633 Division St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Ryan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Widowed

6 (b) Name of husband or wife Annie (Dead)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-1868

8. AGE: Years	Months	Days	If less than one day
71 69	? 4	?	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Charles
13. Birthplace Unknown

MOTHER
14. Maiden Name Elizabeth
15. Birthplace Unknown

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 2/26/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western Star
Location

18 (a) Funeral director Thos E. Kelson
(b) Address 1303 Presstman

19 (a) FEB 25 1940 (b)
(Entered by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 22 1940, at 7:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 22 1937, to Feb. 22 1940, and that I last saw him alive on Feb. 22 1940.

Immediate cause of death Hypertensive cardiovascular disease — Duration unknown.

Due to

Due to

Other Conditions Terminal bronchopneumonia — 4 weeks.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
M. D.
Address Balto City Hosp. Date signed 2-22-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Spec.—8-39—A. & Co.—250 Blks.

66604 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66604

CERTIFICATE OF DEATH.

131-B

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1333 N. Mount St 15-1 WARD)

2-FULL NAME Joseph A. Hicks

(a) RESIDENCE NO. 1333 N. Mount St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. — mos. — ds. — How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rosa Hicks

6 DATE OF BIRTH (month, day, and year): Nov 7 1878

7 AGE: Years 61 62. | Months 3 | Days 5 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): St Marys Co Md.

PARENTS

10 NAME OF FATHER: William Hicks

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Rosa Hicks

(Address): 1333 N. Mount St.

15 Filed FEB 25 1940 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-22-'40

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1940, to Feb. 21, 1940, that I last saw him alive on Feb. 21, 1940, and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows: Acute Diffuse Nephritis

(duration) — yrs. — mos. 21 ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Urinalysis

(Signed) C. Mansell Lawrence M. D.

19 (Address) 1033 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Cem — DATE OF BURIAL: 2/26 1940

20 UNDERTAKER: Thos. E. Kelson — ADDRESS: 1303 Eastern Av

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 66605 373 89 6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97 ✓ F 66605 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 ?
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1688 Eddox St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clara A. Brauckhoff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Gustav Brauckhoff
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-18-63

8. AGE: Years	Months	Days	If less than one day
76	9	5	hr. min.

9. Birthplace Germany (town, county, and state)
10. Usual Occupation Nurse
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 26 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn, Md.

18 (a) Funeral director E. Howard Strong
(b) Address 715 Light St.

19 FEB 25 1940 (Date filed by Registrar) (b) [illegible] (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 23 1940 at 3:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 21 1940 to Feb 23 1940. and that I last saw her alive on Feb 23 1940.

Immediate cause of death — Duration

Due to generalized arterio-sclerosis — 1 week

Due to

Other Conditions Staphylococcus septicemia

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James A. Cleveland M. D.
Address Johns Hopkins Hosp. Date signed Feb 24-40

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66606

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-9

F 66606 Registered No.

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1427 Covington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1427 Covington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Edward Gatten

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Mary J. Gatten

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 21 1864

8. AGE: Years	Months	Days	If less than one day
75	3	1	hr. min.

9. Birthplace Calvert Co Md (Town, county, and state)

10. Usual Occupation Labor

11. Industry or business

FATHER
12. Name John Gatten
13. Birthplace Calvert Co Md

MOTHER
14. Maiden Name Frances Allen
15. Birthplace Calvert Co Md

16 (a) Informant Mr Henry Bryson
(b) Address 415 E Hamburg St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 26 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 (a) (Date received by Registrar) (b) Registrar

FEB 25 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 1940, at 7:10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 14 1940 to Feb 22 1940 and that I last saw h[illegible]ive on Feb 22 1940.

Immediate cause of death Cerebral Paralysis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 1216 Hanover Date signed Feb 24 40

F 66607

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No. ✓ F 66607

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3812 Hickory Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3812 Hickory Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Samuel Bingham

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife Sarah (Quigley)
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 13, 1854

8. AGE: Years	Months	Days	If less than one day
85	8	11	hr. ..... min.

9. Birthplace Carroll Co, Md (Town, county, and state)
10. Usual Occupation Retired Dyer
11. Industry or business —

FATHER 12. Name Noah Bingham
13. Birthplace Md

MOTHER 14. Maiden Name Lydia Haines
15. Birthplace Md

16 (a) Informant Elsie Harrison (Daughter)
(b) Address 3812 Hickory Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 27, 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location .....

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615 17 Pinkney Ave

19 FEB 25 1940 (Date received by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24 1940, at 12:39 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cardiovascular renal disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature H. W. Vandegrift M.D. (Medical Examiner)
Date signed 2/24/40

VS 6

Please print in ink, write plainly. Entry must be complete and correct. Physicians: please write the causes of death clearly and legibly. Any erasure or alteration should be explained by signature. This certificate is especially important.

66608

HEALTH DEPARTMENT—CITY OF BALTIMORE

66608

CERTIFICATE OF DEATH

83-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1308 W 40th St. St. 13-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mary A. Carey.

(a) Residence: No. 1308 W 40th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

5a. If married, widowed, or divorced (or) WIFE of Thomas Carey.

6. DATE OF BIRTH (month, day, year) Aug 14, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Lenhard Mathis

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Mrs Vernon Hatfield.
(Address) 1308 W 40th St

18. BURIAL, CREMATION, OR REMOVAL Mount Cathedral Date Feb 26, 1940

19. UNDERTAKER Edward F. Donovan
(Address) 3615-17 Eastern Ave

20. FILED Huntington Holliday Registrar

FEB 25 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 23-, 1940

22. I HEREBY CERTIFY, That I attended deceased from August 1- 1939 to February 23- 1940

I last saw her alive on February 20 1940 Death is said to have occurred on the date stated above, at 11:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage	1-22-40
Other contributory causes of importance: Hypertension	unknown

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? P.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Chester Ruland, M. D.

(Address) 2532 Edmondson Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 66609

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 66609

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1520 Druid Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Isabelle Hawkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Daniel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14, 1898

8. AGE: Years	Months	Days	If less than one day
41	8	10	hr. min.

9. Birthplace Wilmington, N. C. (town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Henry Whitted
13. Birthplace Wilmington, N. C.

MOTHER
14. Maiden Name Anna? ? ?
15. Birthplace Wilmington, N. C.

16 (a) Informant Richard Hawkins
(b) Address 1713 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 27 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore, Md.

18 (a) Funeral director Thos. E. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) Filed FEB 25 1940 (b) Registrar's signature [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-24 1940 at 6.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-12-1940 to 2-24-1940 and that I last saw h[illegible] alive on 2-24-1940.

Immediate cause of death	Duration
Broncho-pneumonia (Primary)	12 days
Due to	
Due to	
Other Conditions Diabetes Mellitus	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. F. Maloney M. D.
Address Provident Hosp Date signed 2/24/40

VS 3

F 66610
375803

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

121 ✓ F 66610 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 934 Druid Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Campbell Jr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-4-27

8. AGE: Years	Months	Days	If less than one day
12	6	20	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation School
11. Industry or business

FATHER
12. Name Thomas Campbell
13. Birthplace VA

MOTHER
14. Maiden Name Anna Brown
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 26, 1940 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Baltimore, Md.
18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave.

FEB 25 1940 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24 1940, at 4:52 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 19 1940 to Feb 24 1940, and that I last saw him alive on Feb 24 1940

Immediate cause of death Peritonitis — Duration 8 days

Due to acute appendicitis perforated

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operation Perforated appendix & peritonitis
Of autopsy generalized peritonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Marcus B. Gwitchett M. D.
Address Johns Hopkins Hospital
Feb 24

FILLED WITH TYPEWRITER, WITH CARBON UNDER THE ENTIRE LINE OF INFORMATION. Entries must be typewritten. Please write plainly, with pen and ink. Any form of information cannot be correctly supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

37#74 66611

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

48-a Registered No. F 66611

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1127 Druid Hill Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arthalia Merritt

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-11-07

8. AGE: Years	Months	Days	If less than one day
32	6	13	hr. min.

9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Samuel Jacobs
13. Birthplace N.C.

MOTHER 14. Maiden Name Mary Clayton
15. Birthplace N.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 26, 1940 (month) (day) (year)
(c) Cemetery or crematory Edgemont, N.C.
Location Edgecombe, N. C.

18 (a) Funeral director Jno. Geo. H. Hylland
(b) Address 1631 Druid Hill Ave

19 (a) (Date rec'd by registrar) (b) Registrar
FEB 25 1940 Thurlington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24 1940 at 11 20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 5 1939 to Feb 24 1940 and that I last saw her alive on Feb 24 1940.

Immediate cause of death: PYELONEPHRITIS, ACUTE, RT — Duration: Aug 1939
AZOTEMIA
Due to CARCINOMA CERVIX UTERI
& URETERAL OBSTRUCTION, RT.
Due to URETEROSTOMY, LT. DEC 1939
NEPHRECTOMY, LT Feb 1940
Other Conditions SEVERE ANEMIA
(Include pregnancy within 3 months of death)

Major findings:
Of operations PYONEPHROSIS, LT
Of autopsy CA CERVIX - PYELONEPHRITIS, RT

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Sturgis Jr.
Address Johns Hopkins Hosp Date signed 2/25/40

F 66612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 66612

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 5111 Maple Lawn Drive

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 5111 Maple Lawn Drive
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Mary Frances Migan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife James F Migan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 14 1870

8. AGE: Years 70 | Months 1 | Days 9 | If less than one day: hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Richard Woodward

13. Birthplace Md

MOTHER 14. Maiden Name Mary F Butler

15. Birthplace Md

16 (a) Informant George M. Coffey

(b) Address 208 W Saratoga St

17 (a) Burial (b) Date thereof 2-26-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Catholic

Location Baltimore Md

18 (a) Funeral director George A Fahey

(b) Address Fulton Ave & Fayette

19 (a) Registrar (b) Registrar

FEB 26 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 23 1940, at 7 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1940, to Feb 23 1940, and that I last saw h[illegible] alive on Feb 23 1940.

Immediate cause of death: Lobar Pneumonia — Duration: 4 Days

Due to: Pleurisy — 3 Days

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Geo F Everhart, M. D.

Address 1100 Windsor Mill Rd. Date signed 2/24/40

F 66613 Colyer P. Owens F 66613

F66613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 N. Carey St. 16-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Colyer P. Owens

If U. S. Veteran specify WAR .....

(a) Residence: No. 617 N. Carey St., Ward SS-221-01-1975

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Owens

6. DATE OF BIRTH (month, day, year) 1/11/91

7. AGE Years	Months	Days	If LESS than 1 day, hours or minutes
49	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drugstore

10. Date deceased last worked at this occupation (month and year) Feb 29

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Louisville Ky.

FATHER

13. NAME Phillip Owens

14. BIRTHPLACE (city or town) (State or country) S. Carolina

MOTHER

15. MAIDEN NAME Louise Rogers

16. BIRTHPLACE (city or town) (State or country) S. Carolina

17. INFORMANT Margaret Ellis

(Address) 617 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 2/28, 1940

19. UNDERTAKER Joseph A. Lively

(Address) 409 W. Mount St

20. FILED FEB 26 1940, 19 .....

Registrar.

Hamilton Hillcrest, M.D.

C/C

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/23/40

22. I HEREBY CERTIFY, That I attended deceased from 2/3/40 19.. to 2/23/40 19..

I last saw him alive on 2/22/40 19.. Death is said to have occurred on the date stated above at .....m.

The principal cause of death and related causes of importance were as follows: Pulmonary Tb. 2/23/40

Other contributory causes of importance: over

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Biopsy Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) Hamilton Ellis M. D.

(Address) 1st Mass

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

66614 F 66614

BALTIMORE CITY HEALTH DEPARTMENT

LB 51801 CERTIFICATE OF DEATH 13-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mth. 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 11 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 514 Brune St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Benjamin Dennison

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 12, 1900

8. AGE: Years	Months	Days	If less than one day
40	1	12	hr. min.

9. Birthplace S. C. (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business unemployed

FATHER
12. Name King Dennison
13. Birthplace S. C.

MOTHER
14. Maiden Name Dolly Cohens
15. Birthplace S. C.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-40 (month) (day) (year)
(c) Cemetery or crematory Wesley John's A. M. E.
Location Waverly Mills, S. C.

18 (a) Funeral director Chas. H. Cooper
(b) Address 514 N. Calhoun St.

FEB 26 1940 (Date rec'd by registrar) (b) Penitentiary Hill Surgeon, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-24 1940, at 5:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-11 1940 to 2-24 1940 and that I last saw him alive on 2-23 1940.

Immediate cause of death	Duration
Post operative shock	sudden
Due to Pulmonary tuberculosis	2 months
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Pulmonary tuberculosis
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. K. Woodward Jr. M. D.
Address Balto City Hosp. Date signed 2-27-40

Physicians: Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66615
51810-MD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

931 Registered No. F 66615

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo. 11da.
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 404 N. Mount St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Harriet Mitchell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 3-6-1874

8. AGE: Years	Months	Days	If less than one day
65	10 11	16	hr. ..... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER
12. Name Richard Mitchell
13. Birthplace Md.

MOTHER
14. Maiden Name Matilda Jackson
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Winans - Md

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) Wellington Williams, M.D. Registrar
(Date received by Registrar) FEB 29 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-22 1940, at 12:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-11 1940, to 2-22 1940, and that I last saw her alive on 2-22 1940.

Immediate cause of death: Arterio Sclerotic Heart disease - with failure — Duration: ?

Due to: — Duration: ?

Due to: — Duration:

Other Conditions: Cellulitis & ulcers of legs due to arteriosclerosis — Duration: ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. K. Woodward Jr. M. D.
Address Balto City Hosp. Date signed 2-22-40

Please write plainly, with ordinary pen and ink. Every question must be answered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

66616 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 66616

CERTIFICATE OF DEATH

74w

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 16-W Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Beverly Banks

If U. S. Veteran specify WAR _____

(a) Residence: No. 1133 Woodyear St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) June 7/1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Willie Ross

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Thelma Johnson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Thelma Banks
(Address) 1133 Woodyear St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 2/27, 1940

19. UNDERTAKER Rayney Sanders
(Address) 1412 E. Preston St

20. FILED FEB 26 1940, 19__ [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 19 41, to Feb 23, 19 41

I last saw h[illegible] alive on Feb 23, 19 41 Death is said to have occurred on the date stated above, at 7:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute bronchitis	Sept. 1939
Leukemia	
Other contributory causes of importance:	

Was an operation performed? one Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis blood Was there an autopsy? one

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify _____

(Signed) Leo I. Haven, M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 5

F 66617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43-D

F 66617 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2939 N. Charles St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 72 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 2939 N. Charles St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jennie M. Graham

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife William Graham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1865

8. AGE: Years	Months	Days	If less than one day hr.	min.
74	1	29		

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name James Mairs
13. Birthplace Ireland

MOTHER
14. Maiden Name ----- -----
15. Birthplace Ireland

16 (a) Informant William Graham
(b) Address 2939 N. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/40 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Greenmount Ave & Oliver St

18 (a) Funeral director H. U. Mears and Son
(b) Address 805 N. Calvert St.

19 (a) (Date rec'd by registrar) (b) Registrar

FEB 26 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-27 1940, at 4:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1938, to 2-27 1940, and that I last saw h[illegible] alive on 2-23 1940.

Immediate cause of death: Arterio-sclerotic Heart Disease — Duration: 5 yrs?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jos. L. Straus M. D.
Address 1129 St. Paul St. Date signed 2-27-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

66618

HEALTH DEPARTMENT—CITY OF BALTIMORE

66618

CERTIFICATE OF DEATH

131-2

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3713 Rogers Avenue St. 27-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Augustus S. Brooks

If U. S. Veteran specify WAR

(a) Residence: No. 3713 Rogers Avenue St., Ward.
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, year) Oct 18th 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bricklayer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Matthews County, Va.

FATHER

13. NAME James Brooks

14. BIRTHPLACE (city or town) (State or country) Matthews County, Va.

MOTHER

15. MAIDEN NAME Elizabeth Johnson

16. BIRTHPLACE (city or town) (State or country) Matthews County, Va.

17. INFORMANT Mr. T. M. Hubin
(Address) 3713 Rogers Avenue.

18. BURIAL, CREMATION, OR REMOVAL
Place Friendship Cem Matthews County, Va. Date Feb 26th. 1940

19. UNDERTAKER Wm. J. Tickner & Sons.,
(Address) North & Penna Aves.,

20. FILED FEB 26 1940 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26, 1940

22. I HEREBY CERTIFY, That I attended deceased from 2/12/40 19 to Feb. 26th 1940

I last saw him alive on Feb. 25 1940. Death is said to have occurred on the date stated above, at 12:05 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Coma	
Uremic retention	

Other contributory causes of importance:

Hypertrophied prostate.	
Arteriosclerosis.	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Nathan E. Mook M. D.

(Address) 2314 - Mad Maple Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8.8

F 66619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164a

Registered No. F 66619

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4232 Frederick Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) no
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4232 Frederick Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME EDMOND BAFFORD

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 216-03-5101

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Josephine McVay
6 (c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): Mar. 28, 1874

8. AGE: Years: 65 | Months: 10 | Days: 26 | If less than one day: hr. min.

9. Birthplace: Calvert County, Maryland (Town, county and state)

10. Usual Occupation: Furniture finisher
11. Industry or business: Hutchinson Bros.

FATHER
12. Name: Alexander Bafford
13. Birthplace: Calvert County Maryland

MOTHER
14. Maiden Name: Elizabeth Hall
15. Birthplace: Calvert County Maryland

16 (a) Informant: Daughter Eva Bafford
(b) Address: 4232 Frederick Ave.

17 (a) Burial (Burial, cremation or removal) (b) Date thereof: 2/26/40 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: Balto. Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul st

19 (a) FEB 26 1940 (b) [illegible] Registrar
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 24 1940, at 7a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

Immediate cause of death: 164a Hanging — Duration: —
Due to: suicide
Due to: mental depression
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: suicide
(b) Date of occurrence: February 24, 1940
(c) Where did injury occur? 4232 Frederick Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury: Hanging by rope suspended from [illegible]

23. Signature: [illegible] M.D. Medical Examiner.
Date signed: Feb 25 1940

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No.

F 66620

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mount & Saratoga
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos.,~~ or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1134 Barclay St.
(If rural give location)
(e) If foreign born, how long in U. S. A.) 66 years

3 (a) FULL NAME Mrs. Elizabeth Codd

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28, 1872

8. AGE: Years	Months	Days	If less than one day
67	7	26	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Michael Deany
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret O'Connor
15. Birthplace Ireland

16 (a) Informant Mrs. Gilbert Cook
(b) Address 611 York Road
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore and 43rd
18 (a) Funeral director Wilhelm Cook
(b) Address 1219 E. Fort Ave
19 (a) FEB 26 1940 (b) Registrar's signature Wm. H. Helwig M.D. Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 24 1940 at 9:15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 23 1940 to Feb 24 1940 and that I last saw h CK alive on Feb. 23 1940

Immediate cause of death	Duration
Bronchopneumonia	2 days.
Cardiac decompensation	2 wks.
Due to Arteriosclerotic	
Due to Cardiovascular disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald D. Cooper M. D.
Address Mercy Hospital Date signed Feb 24, 1940

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 66621

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Register No. F 66621

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 864 Park Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 864 Park Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME PHYLLIS WEST

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Thomas

6 (c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 70 | Months | Days | If less than one day hr. min

9. Birthplace Cumberland, Maryland (Town, county, and state)

10. Usual Occupation domestic (old age)

11. Industry or business housework (none)

FATHER 12. Name Charles Williams

13. Birthplace Md.

MOTHER 14. Maiden Name Ellen Jane

15. Birthplace Md.

16 (a) Informant Sylvia Clayton

(b) Address 864 Park Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-26-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Brooklyn

18 (a) Funeral director A. Hallstead

(b) Address 918 Druid Hill Ave.

19 (a) (Signature of registrar) (b) Huntingtown Hillsboro Md.

FEB 26 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 23 1940 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death Hypertensive heart disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Hollenweber M.D.
Attending or Medical Examiner.
Date signed 2-26-40 per. E. L. Brantigan

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

66622 LB 52147

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-B

F 66622 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days 1 mth.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 734 Hempel Court (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Burnett NEE GASKINS.

3 (b) If veteran, name war

3 (c) Social Security Account No. 186-09-0018

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 9, 1909

8. AGE: Years	Months	Days	If less than one day
30	3	14	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name ? Burnett
13. Birthplace ?

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 26 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemet
Location Brooklyn

18 (a) Funeral director E O Wilson
(b) Address 1000 Brantley Ave

19 (a) FEB 26 1940 (Date received by Registrar) (b) Signature of Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 23 1940, at 6.35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 21 1940, to Feb. 23 1940, and that I last saw h alive on Feb. 23 1940.

Immediate cause of death: Cerebral thrombosis — Duration: 5 weeks
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Cerebral Thrombosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Emmagene Green M. D.
Address Balto City Hosp. Date signed 2-25-40

F 66623

F 66623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 96

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 112 N. Bond St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Virgie Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-2-06

8. AGE: Years	Months	Days	If less than one day
33	3	20	hr. min.

9. Birthplace NC
(Town, county, and state)

10. Usual Occupation Oyster Shucker

11. Industry or business

FATHER 12. Name Ambrose Lee

13. Birthplace Norfolk Va.

MOTHER 14. Maiden Name Florence Miller

15. Birthplace Norfolk Va

16 (a) Informant Relative.

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 2-26-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Albion Cemetery
Location Mt. - Wilmington

18 (a) Funeral director Elroy A Wilson

(b) Address 1009 Broadway ave. Huntington Williamsport, Md.

19 (a) Filed by registrar (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 1940 at 6 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 22 1940 to Feb 22 1940, and that I last saw h er alive on Feb 22 1940.

Immediate cause of death Subarachnoid Hemorrhage — Duration 1 week

Due to Rupture of Aneurysm of Circle of Willis

Due to over.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Aneurysm of Circle of Willis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. M. Welty M. D.

Address John Hopkins Hosp Date signed 2-27-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Louis Taylor

F 66624

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No.

F 66624

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1015 Edmondson Ave

(c) Hospital or institution: -

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1015 Edmondson Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Married

6 (b) Name of husband or wife Blanche Jones Taylor

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
48			hr. min.

9. Birthplace Wicomico Northumberland Co Va (Town, County, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Louis Taylor

13. Birthplace Va

MOTHER 14. Maiden Name Hannah

15. Birthplace Va

16 (a) Informant Blanche Taylor

(b) Address 1015 Edmondson Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb 26, 1940 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Mausoleum

Location

18 (a) Funeral director Mrs Katie R Williams

(b) Address 322 N. Schroeder St

19 (a) Filed FEB 26 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 23 1940 at 1105 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Feb 21 1940 to Feb 23 1940.

and that I last saw h alive on 19

Immediate cause of death Cardiac Thrombosis

Duration 2 Days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D.

Address [illegible] Date signed Feb 26 1940

F 66625

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a

F 66625 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 754 Mulberry st

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 754 W Mulberry St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1723

3 (a) FULL NAME Lillian Jackson Hawkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Widow

6 (b) Name of husband or wife James Hawkins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2, 1891.

8. AGE: Years	Months	Days	If less than one day
48	9	22	hr min

9. Birthplace Balto Md. (Town, county, and state) None

10. Usual Occupation

11. Industry or business

FATHER 12. Name Elijah Jackson

13. Birthplace Balto Md

MOTHER 14. Maiden Name ?

15. Birthplace Balto, Md

16 (a) Informant Cora Hawkins.

(b) Address 754 W. Mulberry St.

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb 25, 1940 (month) (day) (year)

(c) Cemetery or crematory Mt - Auburn

Location

18 (a) Funeral director Mrs Kate R. Williams

(b) Address 322 N Schroeder St

(a) (Signature of registrar) (b) Mrs Kate R. Williams, M.D.

FEB 26 1940

VS 6

MEDICAL CERTIFICATION 1 asp

20. DATE OF DEATH Feb 24 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)

obtained by said find that said deceased came (Autopsy or Inquiry)

to her death on the day stated above.

Immediate cause of death Carcinoma Cervix with extension in pelvic

Due to organs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide No

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. H. Mansell Gift M.D. Medical Examiner

Date signed 2/25/40

F 66626

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

Registered No. F 66626

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1124 Woodyear St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2294 Fremont (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Clifford R. Walker

3 (b) If veteran, name war — | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	—

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 18, 1939

8. AGE: Years	Months	Days	If less than one day
	9 11	6	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name Rufus Walker
13. Birthplace Virginia

MOTHER 14. Maiden Name Rosa Mae Brown
15. Birthplace Virginia

16 (a) Informant Father
(b) Address 2294 Fremont St

17 (a) (Burial, cremation, or removal) (b) Date thereof 2/26/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto. Md

18 (a) Funeral director Sarah E Brownston
(b) Address 1080 W Monroe Embalmer Stanley Williams, M.D.

19 (a) FEB 26 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24 1940, at — M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Confluent lobular pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W M Vandegrift M.D.
Medical Examiner
Date signed 2/27/40

VS 6

66627

HEALTH DEPARTMENT—CITY OF BALTIMORE

66627

F 6117

CERTIFICATE OF DEATH

✓ 157-E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1518 Aisquith St St. 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Infant child of Bernard & Mary Weiss (Corrected R Maps)

If U. S. Veteran specify WAR .....

(a) Residence: No. 1518 Aisquith St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 22-1940

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto Md.
(State or country)

FATHER

13. NAME Bernard Weiss

14. BIRTHPLACE (city or town) Balto Md.
(State or country)

MOTHER

15. MAIDEN NAME Mary Finkow

16. BIRTHPLACE (city or town) Balto Md.
(State or country)

17. INFORMANT Father of Child
(Address) 1518 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL
Place Sonarino Cem. Date Feb. 26-1940

19. UNDERTAKER Henry Utrecht & Sons Inc
(Address) 1301 E. Eager St

20. Filed FEB 26 1940 19.. Huntington Hill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25-1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 21 19.40 to Feb 25 19.40

I last saw him alive on Feb 25 19.40 Death is said to have occurred on the date stated above, at 1.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Cardiac Disease	2-21-40
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Samuel Rosoff M. D.

(Address) 1331 E North Ave

Information should be carefully supplied, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, and OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 66628

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 600 S Wolfe St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 600 S Wolfe St (If rural, give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME DR AUGUST WILLIAM SCHULTE

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: —
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Feb 13, 1867

8. AGE: Years 73 | Months | Days 10 | If less than one day: hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Druggist + Physician
11. Industry or business Retired

FATHER
12. Name Christine W Schulte
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Howe
15. Birthplace Germany

16 (a) Informant Mrs Minnie E Schulte
(b) Address 600 S Wolfe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 23. 1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Balto. Co. Md. Leg J. Sander
18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address Baltimore & Broadway.
19 FEB 26 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 23 1940, at 11 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Arteriosclerotic heart disease — Duration: Dec 1939
Due to
Due to
Other Conditions Senility
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Waddington M.D.
Medical Examiner
Date signed Feb 23 1940

VS 6

F 66629

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

F 66629 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Use no abbreviations. Give full name of institution, street address, and number. Give correct age in years, months, days, or hours. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 929 Hallins St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 929 Hallins St (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Lilian Miller

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Isadore

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 24 | Months | Days | If less than one day: hr | min

9. Birthplace New York City (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business None

FATHER 12. Name Morris Fearn

FATHER 13. Birthplace Russia

MOTHER 14. Maiden Name Bertha

MOTHER 15. Birthplace Russia

16 (a) Informant Father

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel

Location C'Donnell-Ft.

18 (a) Funeral director Sol Levin Inc.

(b) Address 1439 E. Baltimore St.

19 FEB 26 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 25 1940, at 3:20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Burns — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 2/25/40
(c) Where did injury occur? 929 Hallins St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Explosion of oil stove burn after

23. Signature [illegible] M.D.
Medical Examiner
Date signed 2/25/40

F 66630

1207 Eutaw Pl

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 Registered No. F 66630

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3309 Springdale Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3309 Springdale Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.) 50 years

3 (a) FULL NAME Bessie L. Genitz

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female 5. Color or race W 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Moses N. Genitz

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day hr.	min.
62				

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business —

FATHER 12. Name Getzel Sorenson

13. Birthplace Russia

MOTHER 14. Maiden Name Bessie Dinsta Adler

15. Birthplace Russia

16 (a) Informant Husband

(b) Address —

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-40 (month) (day) (year)

(c) Cemetery or crematory Balto Hebrew

Location Belair Rd

18 (a) Funeral director Jos. Lewis Inc

(b) Address 1439 E. Baltimore St

19 (a) FEB 26 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/25/40 19 . at 12 N P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feby 23 1940 to Feby 25 1940 and that I last saw h alive on Feby 24 1940.

Immediate cause of death Coronary Thrombosis — Duration Two (2) days

Due to Arteriosclerosis - Symptoms Angina pectoris — Duration Six (6) years

Due to Hypertension — Duration Six (6) years

Other Conditions Diabetes Mellitus Sixteen (16) yrs — Duration Two (2) years

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Louis P. Hamburger M. D.

Address 1207 Eutaw Pl Date signed Feby 26/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 66631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-a

Registered No. 66631

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Use "None" or "Unknown" where necessary, but make as few such returns as possible. Be sure that the information given is full and correct. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 min.
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 Pennsylvania Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME JOE MARKS

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Lizzie George
6 (c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
About 65			hr min

9. Birthplace Detroit Michigan (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business own business

FATHER
12. Name Stephen Stavans Marks
13. Birthplace Serbia

MOTHER
14. Maiden Name Persa Johns
15. Birthplace Serbia

16 (a) Informant Son, Thomas Marks
(b) Address 1414 Pennsylvania Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 27, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Thos A. Gabbiancheck Jr
(b) Address 423 S. Paca Street

19 (a) FEB 26 1940 (Date rec'd by registrar) Huntington Williams Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 24 1940, at 3:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Cardiovascular renal disease — Duration 1 yr.
Due to
Due to
Other Conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Williamson M.D.
Medical Examiner.
Date signed Feb 24 1940

F 66632

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

Registered No. F 66632

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1310 Ashland Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs 10

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1310 Ashland Ave
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dena Jones.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Charles Jones

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 3 1903

8. AGE: Years 37 | Months | Days 19 | If less than one day: hr. min.

9. Birthplace Va.
(Town, county, state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name John Lewis

13. Birthplace Va.

MOTHER 14. Maiden Name Jessie Parsons

15. Birthplace Va.

16 (a) Informant Jessie Lewis

(b) Address 1310 Ashland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/40 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location

18 (a) Funeral director Robert H. Young

(b) Address 804 N. Carrollton Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

FEB 26 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH February 22 1940 at 11:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939 to Feb 22 1940.
and that I last saw h alive on Feb 21 1940

Immediate cause of death Mitral Insufficiency — Duration 10 Years

Due to

Due to

Other Conditions Chr. Rheumatism and Nephritis & generalized dropsy — 6 Years
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Ralph J. Young M.D.

Address 1429 E. Monument St. Date signed 2/25/40

F 66633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

175-B

Registered No. F 66633

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Write correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Westminster
(If outside city or town limits, write RURAL and give town)
(d) Street No. R. F. D #5
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herbert Owings

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife: Mary
6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.): Nov. 21, 1898

8. AGE: Years	Months	Days	If less than one day
41	3	5	hr. min.

9. Birthplace: Carroll Co, Md (Town, county, and state)
10. Usual Occupation: Farmer
11. Industry or business:

FATHER
12. Name: Richard B Owings
13. Birthplace: Md

MOTHER
14. Maiden Name: Annie Wolf
15. Birthplace: Md

16 (a) Informant: Monroe Owings (Bro)
(b) Address: R.D.F. 5 - Westminster Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 28, 1940 (month) (day) (year)
(c) Cemetery or crematory: Winters
Location: New Windsor, Md

18 (a) Funeral director: C. M. Walter
(b) Address: Westminster Md

19 (a) FEB 26 1940 (Date rec'd by Registrar) (b) Huntington Williams, Mtt Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1940, at 2.40a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquery (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Traumatic perforation of intestine	
Due to Gas gangrene infection	
Due to 1 operation wound	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 2/23/40
(c) Where did injury occur? R.F.D. 5, Westminster Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Farm (Specify type of place) While at work? Yes
(e) Means of injury: Kicked by Mule - unbonnasing

23. Signature: W. M. Underkoffler M.D. Medical Examiner
Date signed 2/26/40

F 66634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-F

Registered No. F 66634

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Use "None" or "Unknown" where applicable. Do not leave any blanks. Please give information requested as to residence even if deceased was in a hospital or institution at time of death. Please see that the personal particulars and statements as to the cause of death are correct and complete. Physicians: please write the causes of death clearly and legibly. Underlining is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2223 Maryland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2223 Maryland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Lorinne D Sterling Behn

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W. | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of husband or wife Edward L Behn
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Sept. 10 - 1877

8. AGE: Years 62 | Months 5 | Days 14 | If less than one day ..... hr. ..... min.

9. Birthplace Louisiana (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business None

FATHER
12. Name — Sterling
13. Birthplace Arkansas

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Edward L Behn
(b) Address 2223 Maryland ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 27 1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md

18 (a) Funeral director Bertram & Son
(b) Address 2224 Eutaw St

19 (a) [illegible] (b) [illegible]

FEB 26 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH February 24 1940 at 11:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1 1940 to February 24 1940 and that I last saw her alive on February 24 1940.

Immediate cause of death Carcinoma gall bladder with multiple metastasis liver omentum and
Due to large in trature
Due to
Other Conditions None
(Include pregnancy within 3 months of death)

Duration about 6 months

Major findings:
Of operations cholecystectomy 12/27/39 cholelithiasis and findings above
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frankl R. Smith, Jr. M. D.
Address 1014 St Paul Street Date signed 1/24/40

F 66635

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 66635 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Leave no items unanswered, or explain why they cannot be answered. Underline the correct answer. Physicians: please write the causes of death clearly and legibly. Answer all questions as fully as possible. Underline the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1955 W. Lexington St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1955 W. Lexington St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

20-1

3 (a) FULL NAME Sadie E. Wright

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Clayton M. Wright
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11, 1849

8. AGE: Years	Months	Days	If less than one day
90	8	14	hr. min.

9. Birthplace Vienna, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Samuel Brohawn
13. Birthplace Vienna, Md.

MOTHER
14. Maiden Name Mary Elizabeth Wright
15. Birthplace Seaford, Del.

16 (a) Informant Mrs. S. Howard Fleming
(b) Address 3418 - 24th St., N.E. Washington, D. C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 27, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director J. J. Lamoreaux
(b) Address 1005 W. Baltimore St.

FEB 26 1940 (b) [illegible] for Williams, M.D.
Date received by Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 25 1940, at 6:30A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/15 1940 to 2/25 1940, and that I last saw her alive on 2/24 1940.

Immediate cause of death Arteriosclerotic Cardio-Vascular Disease.

Due to

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about: home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wilmer Laughlin M. D.
Address 400 N. Payson St. Date signed 2/26/40

F 66636

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 66636 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made in this space only. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2115 Linden Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 2115 Linden Ave.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hannah Isabella Schmid

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John Schmid

6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) July 4, 1873

8. AGE: Years	Months	Days	If less than one day
66	7	19	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name William Brooks

13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Josephine Coones

15. Birthplace Baltimore, Md.

16 (a) Informant Mr. John Schmid

(b) Address 2115 Linden Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 26, 1940 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cemetery

Location Baltimore, Md.

18 (a) Funeral director

(b) Address 1605 W. Baltimore St.

19 (a) Huntington Williams, M.D. Registrar

(b) Date received FEB 26 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH February 23 1940, at 10.10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/17 1940 to 2/23 1940, and that I last saw her alive on 2/23 1940.

Immediate cause of death

Cerebral apoplexy, Arterio Sclerosis

Due to Broncho Pneumonia

Due to

Other Conditions Arterio Sclerosis.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration 21 months. 1 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. H. Gordon M.D.

Address 3400 E. Balto St. Date signed 2/24/40

F 66637

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

27-a

Registered No. F 66637

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6 N. Chester St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Paul Fleckenstein

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	—

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/15/[illegible]

8. AGE: Years	Months	Days	If less than one day
	3	7	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Paul Edw Fleckenstein
13. Birthplace Md.

MOTHER 14. Maiden Name Virginia Magalski
15. Birthplace Balto.

16 (a) Informant Records -
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 27 40 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Baltimore

18 (a) Funeral director Philip Herring Lone
(b) Address 1716 Orleans St.

19 (a) FEB 26 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 1940, at 2:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 24 1940 to Feb 25 1940 and that I last saw him alive on Feb. 25 1940

Immediate cause of death — Duration

Dysentery, acute — 1 day
Due to bacillary
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 2/26/40

PLEASE WRITE PLAINLY. Physicians: please write the cause of death correct age is especially important.

VS 3

F 66638

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-E

Registered No. F 66638

PLEASE WRITE PLAINLY, WITH UNFADING INK. Employ undertaker to complete items. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens + Caton Ave
(c) Hospital or institution: St Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 801 Scott St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Edward Roberts

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of ~~husband~~ or wife Florence Roberts

6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) 6/3/1900

8. AGE: Years 39 | Months 8 | Days 23 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Edward Roberts
13. Birthplace Unknown

MOTHER
14. Maiden Name Catherine
15. Birthplace 2228 Riggs Avenue

16 (a) Informant Catherine Matthews
(b) Address 2228 Riggs Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/29/40 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location

18 (a) Funeral director Combine, Inc.
(b) Address 10 E. W. Chase St.

19 (a) FEB 26 1940 (b) Date received by Registrar Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-26 1940, at 2:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-21 1940 to 2-26 1940. and that I last saw him alive on 2-26 1940.

Immediate cause of death: Cardiac failure

Due to: Rheumatic (?) endocarditis

Due to:

Other Conditions: Hypostatic congestion of lungs (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration
overw

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles V. Servis M. D.
Address Chas. Hosp. Date signed 2-26-40

F 66639

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F

F 66639 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Give full name of street and number, or other exact location, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1027 E. Madison Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

10-2

3 (a) FULL NAME Hugh Williams, Jr.

3 (b) If veteran, name war: WW
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Edith Baker
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 16, 1892

8. AGE: Years 47 | Months 10 | Days 8 | If less than one day: hr. ..... min.

9. Birthplace Littleton, North Carolina (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Hugh Williams
13. Birthplace Littleton, North Carolina

MOTHER
14. Maiden Name Mary E. Alston,
15. Birthplace Littleton, North Carolina

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-26-40 (month) (day) (year)
(c) Cemetery or crematory Littleton N C
Location .....

18 (a) Funeral director Robert Brooks & Son
(b) Address Calhoun & Hollins

19 (a) FEB 26 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 24, 1940, at 2:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 5, 1940, to Feb. 24, 1940, and that I last saw him alive on Feb. 24, 1940.

Immediate cause of death Carcinoma of liver with extensive metastases into the mesenteric lymphnodes and lungs. — Duration: Unknown
Due to .....
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature T. M. H. Anderson. M. D.
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 2-26-40

F 66640

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C Registered F 66640

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1327 N Mount St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marcellus Sydnor

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	widower

6 (b) Name of husband or wife Bessie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1894

8. AGE: Years	Months	Days	If less than one day
46			hr min

9. Birthplace Halifax Co, Va (town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name James C. Sydnor
13. Birthplace Va.

MOTHER 14. Maiden Name Harriett Jackson
15. Birthplace Va

16 (a) Informant James C. Sydnor
(b) Address 1327 Mount St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/40 (month) (day) (year)
(c) Cemetery or crematory Halifax Co. Va
Location

18 (a) Funeral director Thos. E. Kilson
(b) Address 303 Presstman St

(a) Filed by registrar (b) Date filed FEB 26 1940

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-24- 1940, at 10:30 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said autopsy find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage automobile	
Due to Shock	
Due to Comp. Fracture of Skull & fibula	
Other Conditions Multiple bruises and fractured ribs (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 2-24-40
(c) Where did injury occur? Balto (City or town) and (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No Mount St.
(e) Means of injury Struck by auto. coming at 1336 N.

23. Signature Howard J. Malone M.D. Medical Examiner
Date signed 2-25-40

66641

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-C

Registered No. F 66641

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2717 Clarendon Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2717 Clarendon Av (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles R. Zentz

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-1456

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Lillie May Zentz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 9/29/1884

8. AGE: Years	Months	Days	If less than one day: hr	min
55	4	26		

9. Birthplace Thurmont Fredk Co Md (Town, county, and state)

10. Usual Occupation Milk Salesman

11. Industry or business

FATHER
12. Name Robert Zentz
13. Birthplace Thurmont Md.

MOTHER
14. Maiden Name Ellen Butler
15. Birthplace Thurmont Md.

16 (a) Informant Lillie May Zentz
(b) Address 2717 Clarendon Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 28 40 (month) (day) (year)
(c) Cemetery or crematory United Brethren
Location Thurmont Md

18 (a) Funeral director Francis Cook Syfer
(b) Address (Give street and number) W. North St

19 FEB 26 1940 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-25- 1940, at 2 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above; held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death

Coronary Thrombosis

Due to

Due to Generalized Arteriosclerosis

Other Conditions Rheumatic chronic Endocarditis (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Andrews M.D.
Medical Examiner.
Date signed 2-25-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

M. D. B. 1208-a

HEALTH DEPARTMENT—CITY OF BALTIMORE

66642

CERTIFICATE OF DEATH

Ht. a F 66642

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2325 Sidney Ave St. 25-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha Ellen Holman

(a) Residence: No. 2325 Sidney Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed or divorced
HUSBAND (or) WIFE of George Holman

6. DATE OF BIRTH (month, day, year) July 5, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Sykesville Md.

FATHER

13. NAME Austin Arrington

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Carolin Hearst

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT George Holman
(Address) 2326 Sidney ave

18. BURIAL, CREMATION, OR REMOVAL
Place Springfield Cem. Date Feb. 29 1940

19. UNDERTAKER Harry Weis
(Address) Sykesville Md.

FILED FEB 26 1940 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26. 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 25 1940 to Feb. 26 1940

I last saw h-er alive on Feb 26 1940 Death is said to have occurred on the date stated above, at 11.55 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2-25-40
Other **contributory causes** of importance: Hypertension Arteriosclerosis	3 yrs 3 Months

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Harry Weis M. D.

(Address) 523 Scott St.

V. S. 3

information should be carefully supplied. Avoid ... state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

66643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64 ✓ F 66643 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1704 Eutaw Place
(c) Hospital or institution: D.O.A. Md. Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1704 Eutaw Pl. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nelson Casey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased mo., day, yr. Oct 7, 1937

8. AGE: Years	Months	Days	If less than one day hr	min
	5+	16		

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Philip A. Casey
13. Birthplace Baltimore

MOTHER
14. Maiden Name Madelin Atkins
15. Birthplace Baltimore

16 (a) Informant Mr. Philip A. Casey
(b) Address 1704 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Location Old Frederick Rd

18 (a) Funeral director Harry H. White
(b) Address 1101 Edmondson Ave

19 (a) FEB 26 1940 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 1940 at 12:35 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Status thymico-lymphaticus — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. M. Grundelfinger Medical Examiner M.D.
Date signed 2/26/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

30198--FD

66644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B ✓ Registered No. 66644

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2yr. 1mo. 1da.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 710 N. Fayette St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME William Ridgley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower Married

6 (b) Name of husband or wife Rose Ridgely
6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) ?Jan 19—187?

8. AGE: Years	Months	Days	If less than one day
? 69	1	34	... hr. ... min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name ?Charles G. Ridgely
13. Birthplace ?Howard Co. Md

MOTHER
14. Maiden Name ?Ellen Stull
15. Birthplace ? Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 27/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Frederick Md.

18 (a) Funeral director John L. Miller
(b) Address 2634 Jefferson St.

19 (a) FEB 26 1940 (Registrar's signature) Registrar
(b) Date received ... 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH February 23 1940, at 2 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 22 1938, to Feb 23 1940, and that I last saw h[illegible] alive on Feb. 23 1940.

Immediate cause of death Cerebral Hemorrhage — Duration 2 years
Due to Cerebral Arteriosclerosis — Duration unknown
Due to ... — Duration ...
Other Conditions Terminal bronchopneumonia — Duration 3 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No autopsy.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Norway Gebbeu M. D.
Address Balto City Hosp. Date signed 2-23-40

PLEASE WRITE PLAINLY. Be sure to correct age is especially important. Physicians: please write the causes of death clearly

VS 1

F 66645

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 66645

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 418 W. Lexington St.
(c) Hospital or institution: Volunteers of America Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 315 Wymans Park Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? yrs.

3 (a) FULL NAME William Martin Welsh

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-03-3976

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary C. Starr

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) April 29, 1886

8. AGE: Years	Months	Days	If less than one day
53	9	25	hr. min.

9. Birthplace Baltimore Co. Md. (Town, county, and state)

10. Usual Occupation Steam Fitter

11. Industry or business American Can Co.

FATHER
12. Name Michael J. Welsh
13. Birthplace Md.

MOTHER
14. Maiden Name Bridget McDonough
15. Birthplace Ireland

16 (a) Informant Mrs. Mary C. Welsh
(b) Address 315 Wyman Park Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 27, 1940 (month) (day) (year)
(c) Cemetery or crematory St. Marys Govans
Location Baltimore, Md.

18 (a) Funeral director Martin Fahey & Sons
(b) Address 1827 W. North Ave.

19 (a) FEB 26 1940 (b) Huntington Williams M.D. Registrar
(Date received by registrar) (Signature of registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 23, 1940, at 11:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20, 1940, to Feb 23, 1940, and that I last saw him alive on Feb 23, 1940.

	Duration
Immediate cause of death: Bronchopneumonia	2 days
Due to Delirium Tremens	3 wks
Due to Chronic Alcoholism	10 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leonard M. Kleemeier M.D.
Address 418 W. Lexington St. Date signed 2/25/40
Vol. Hosp.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and accurately. Information as to correct age is especially important.

F 66646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55097 F 66646

93-D Registered No.

PLEASE WRITE PLAINLY, with UNFADING INK. Physicians: please write the causes of death clearly and legibly; correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 325 S. Lehigh Street (If rural give location)
(e) If foreign born, how long in U. S. A.? SS # 717-07-6126 years

3 (a) FULL NAME Noah Woolery

3 (b) If veteran, name war: Ad
3 (c) Social Security Account No. 717-07-6126

4. Sex: M
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Marion
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 15, 1878

8. AGE: Years 62 ? | Months — | Days 10 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Pennsylvania Railroad
11. Industry or business Carpenter

FATHER: 12. Name George Woolery; 13. Birthplace Maryland

MOTHER: 14. Maiden Name Savilla Brown; 15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/28/40 (month) (day) (year)
(c) Cemetery Oak Lawn
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1207 St. Paul St

19 (a) FEB 27 1940 (Date rec'd by Registrar) Huntington Williams M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 25 1940, at 6 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 21 1940, to Feb. 25 1940, and that I last saw h[illegible] alive on Feb. 25 1940.

	Duration
Immediate cause of death: Congestive heart failure	2 hours.
Due to Arteriosclerotic Heart Disease	unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Muraglia Klein M. D.
Address Balto City Hosp. Date signed 2-26-40

66647 HEALTH DEPARTMENT—CITY OF BALTIMORE 66647

CERTIFICATE OF DEATH

1. PLACE OF DEATH — The Retired Aged Home / 131-A

CITY OF BALTIMORE: (No.) 2211 Rogers Ave (St.) 27-5 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city (or town) where death occurred 83 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Laura Armacost

If U. S. Veteran specify WAR No

(a) Residence: No. 2211 Rogers Ave St., ... Ward. No St. Number

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR or RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles M

6. DATE OF BIRTH (month, day, year): Oct 30-1856

7. AGE — Years: 83 | Months: 3 | Days: 26 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Baxton Spranklin

14. BIRTHPLACE (city or town) (State or country): Caroline Co Md

MOTHER

15. MAIDEN NAME: Ruth Mott

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Etta Cuddy

(Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: London PK Date: Feb 28 1940

19. UNDERTAKER: William Cook

(Address) 1217 St Paul Street

19a. FILED: FEB 27 1940 By Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 26 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 24 1940 to Feb 26 1940

I last saw h[illegible] alive on Feb 26 1940 Death is said to have occurred on the date stated above, at 7:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Left Cerebral Hemorrhage	
Hypertension	

Other contributory causes of importance: Chr. Nephritis

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Autopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) George E. Shannon M. D.

(Address) 700 N. Fulton Ave

information should be carefully supplied. ... state CAUSE OF DEATH in plain terms, so that it may be properly classified. ... OCCUPATION is very important. See instructions on back of certificate.

66648

52801 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No. F 66648

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 226 S. Duncan Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dora Lee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	Married

6 (b) Name of husband or wife Arthur
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 17, 1884

8. AGE: Years	Months	Days	If less than one day
55	2	9	hr. min.

9. Birthplace Delaware (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Frank Macey (d)
13. Birthplace Delaware

MOTHER
14. Maiden Name Mary
15. Birthplace Delaware

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County Md.

18 (a) Funeral director Joseph B. Locke Jr.
(b) Address 1364 N. Central Ave

19 (a) [illegible] (b) [illegible] Williams M.D.
(Date received by registrar)

FEB 27 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 26 1940, at 9:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 12 1940, to Feb. 26 1940, and that I last saw h[illegible] alive on Feb. 26 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration 2 months

Due to:

Due to:

Other Conditions: Hypertension — Duration unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 2-26-40

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and correct age is especially important.

F 66649

66649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

102 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Use only standard abbreviations. Do not use ditto marks. Be sure that your answer to each question is complete and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Fairmount & A
(c) Hospital or institution: Sinai Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3908 Cottage ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MR. SIMON BERFELD

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 212-05-9530

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Married

6 (b) Name of husband or wife Fannie
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
40			hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Foreman - Hat Factory
11. Industry or business

FATHER
12. Name Herman Berfeld
13. Birthplace Russia

MOTHER
14. Maiden Name Annie Haltzman
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 Burial (Burial, cremation, or removal) (b) Date thereof 2-27-40 (month) (day) (year)
(c) Cemetery or crematory Shel gator
Location Shild Rd

18 (a) Funeral director Jos Lewis Inc
(b) Address 1439 E. Balto st

19 (a) FEB 27 1940 (Date filed by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/26 1940, at 10:35 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/12 1940 to 2/26 1940, and that I last saw h[illegible] alive on 2/26 1940.

Immediate cause of death: Malignant hypertension — Duration about 1 yr.
Due to:
Due to:
Other Conditions: Uremia — over
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arnold H. Freed
Address Sinai Hospital Date signed 2/26/40

F 66650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66650
Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the cause of death clearly and give age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 8 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County BALTIMORE
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 200 N. Wolfe St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carmine Trotta

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28, 1939

8. AGE: Years	Months	Days	If less than one day
	7	27 2/3	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Michael Trotta
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Ruth Humes
15. Birthplace Baltimore, Md

16 (a) Informant Mother
(b) Address 200 N. Wolfe

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 26, 1940 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD.

18 (a) Funeral director Lilly & Zeiler inc.
(b) Address 403 S. WOLFE ST.

FEB 27 1940 Harrington Williams, M.D.
(Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 26 1940, at 11.40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/25 1940, to 2/26 1940, and that I last saw her alive on 2/26 1940.

Immediate cause of death	Duration
Pneumonia	4 days
Due to Pertussis	4 wks
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Max Baum M. D.
Address Sydenham Hosp. Date signed 2/26/40

F 367651 F 66651

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

136-a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 435 S. ELLWOOD AVE
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County BALTIMORE
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 435 S. Elwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) **FULL NAME** Joseph Stabele

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NO

4. Sex: Male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: MARRIED
6 (b) Name of husband or wife: MARY
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-16-81

8. AGE: Years 58 | Months 10 11 | Days 21 10 | If less than one day: hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Saloon Keeper
11. Industry or business

FATHER
12. Name Lewis Stabele
13. Birthplace Italy

MOTHER
14. Maiden Name Marie Dimarco
15. Birthplace Italy

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 29/40 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN
Location EASTERN AVE ROAD

18 (a) Funeral director LILLY, ZEILER INC
(b) Address 403 S. WOLFE ST.

FEB 27 1940 Huntington Williams M.D.
(Date received by registrar) Registrar

VS 3

PLEASE WRITE PLAINLY. Cause of death must be stated so that it can be understood by a person not a physician. Physicians: please write the cause of death in such a manner that exact age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1940, at 5:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4 1940, to Feb 26 1940 and that I last saw him alive on Feb 26 1940.

Immediate cause of death: Septicemia — Duration: over

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James R. Gay M. D.
Address Johns Hopkins Hosp Date signed 2-26-40

F 66652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 66652 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 DAS
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County BALTIMORE
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 206 S Wolfe (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Benjamin Gebhardt

3 (b) If veteran, name war NONE

3 (c) Social Security Account No. NONE

4. Sex MALE

5. Color or race WHITE

6 (a) Single, married, widowed, or divorced. SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV. 29 1903

8. AGE: Years 36 | Months 2 3 | Days 28 2 7 | If less than one day hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation STOCK CLERK

11. Industry or business None noted

FATHER 12. Name George Gebhardt

FATHER 13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Sadie Lowman

MOTHER 15. Birthplace Baltimore Md.

16 (a) Informant

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-29-40 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Eastern Ave Road

18 (a) Funeral director Lilly & Feiler INC.

(b) Address 403 S. Wolfe St.

19 (a) (Date received by registrar) (b) Walter J. Williams Registrar

FEB 5 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1940, at 4:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 25 1940, to Feb 26 1940, and that I last saw HIM alive on Feb 26 1940.

Immediate cause of death LOBAR PNEUMONIA — Duration 2 WEEKS

Due to FRIEDLANDER'S BACILLUS

Due to

Other Conditions NONE

(Include pregnancy within 3 months of death)

Major findings:
Of operations NONE
Of autopsy NONE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature I. M. Brown M. D.

Address Johns Hopkins Hosp. Date signed

If correct age is especially important, Physician's

F 66653

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D

F 66653 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1147 W. Cross St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1147 W. Cross St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Mary Kendall.

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	single

6 (b) Name of husband or wife ✓
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Dec 19, 1866

8. AGE: Years	Months	Days	If less than one day
73	2	7	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation house work
11. Industry or business ✓

FATHER
12. Name Lee Kendall
13. Birthplace Md.

MOTHER
14. Maiden Name Alice McGart
15. Birthplace Baltimore

16 (a) Informant Mr Joseph McGart
(b) Address 1147 W. Cross St
17 (a) burial (Burial, cremation, or removal) (b) Date thereof 2/28/1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Road
18 (a) Funeral director John J Conway & Son
(b) Address 901 Hollins Street
19 (a) (Date rec'd by registrar) (b) Registrar's No.

FEB 27 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 26th 1940, at 6:15 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-20-1939, to 2-25-1940, and that I last saw h alive on 2-25-1940 9 PM

Immediate cause of death Myocardial Failure
Due to Myocardial Insufficiency
Due to arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis E Hoss M. D.
Address 826 Wolfe A Blk Date signed 2/26/40

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 66654

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 66654 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the cause of death clearly. Be sure to correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1129 Argyle Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4m
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1129 Argyle Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME JAMES JACKSON

3 (b) If veteran, name war: no

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Widowed

6 (b) Name of husband or wife Mary Calvary
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 18 1883

8. AGE: Years	Months	Days	If less than one day
56	11	12	hr. ..... min.

9. Birthplace Vienna Maryland (Town, county, and state)
10. Usual Occupation Stanley & Morris
11. Industry or business Packing houses

FATHER
12. Name unknown
13. Birthplace Vienna Maryland

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Daughter, Lillian Jackson
(b) Address 1146 N. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Balto. County Md

18 (a) Funeral director William G. Jackson
(b) Address 916 Penna ave

19 (a) FEB 27 1940 (Signature of local registrar) Hunting for Williams MR

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 22 1940, at 11½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquest) thereon and from the evidence obtained by said inquest (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death Tuberculosis pulmonary — Duration Aug 1939

Due to .....

Due to .....

Other Conditions no history

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature T. F. L. Wallenmeyer M.D. (Medical Examiner)
Date signed Feb 27 1940

66655

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B Registered 66655

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1011 Watson st.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME WILLIE BROOKS

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 40 | Months | Days | If less than one day: hr. min.

9. Birthplace: Md (Town, county, and state)

10. Usual Occupation: labor

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Sarah williams
(b) Address 1011 watson st

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof Feb 27 1940 (month) (day) (year)
(c) Cemetery or crematory Mt calvery
Location a a co

18 (a) Funeral director Edward Bryan
(b) Address 1941 orleans st

FEB 27 1940 (Date received by Registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27, 1940 at 2:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Tuberculosis pulmonary
Due to Acute Hemorrhage pulmonary
Due to .....
Other Conditions no history

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy .....

Duration: unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature H. L. Wollenweber M.D.
Asst Medical Examiner.
Date signed Feb 27 1940

PLEASE WRITE PLAINLY. correct age is especially important. Physicians: please write the causes of death exactly, and

VS 6

6656

F 66656

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

Registered No. .....

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1413 Forge Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 Y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1413 Forge Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Virginia Gaines

3 (b) If veteran, name war —
3 (c) Social Security Account No. None —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	widow

6 (b) Name of husband or wife Charles D. Gaines
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 10, 1868

8. AGE: Years	Months	Days	If less than one day
72	21	15	hr. min.

9. Birthplace West Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Lemormile Gaines
13. Birthplace West Virginia

MOTHER
14. Maiden Name Elizabeth Tilsmore
15. Birthplace West Virginia

16 (a) Informant Mrs. Olive Kottal
(b) Address 1413 Forge Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 27, 1940 (month) (day) (year)
(c) Cemetery or crematory Moreland
Location Taylor Avenue

18 (a) Funeral director Howard N. Blight, Jr.
(b) Address 1914 Belair Road

19 FEB 27 1940 Huntington Williams, M.D.
(Date received by registrar) Registrar

FEB 27 1940

VS 6

MEDICAL CERTIFICATION

P. M.

20. DATE OF DEATH Feb 25 1940, at .... M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said I (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Carcinoma of rectum — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Wandelgreft M.D.
Medical Examiner.
Date signed 2/26/40

66657

HEALTH DEPARTMENT—CITY OF BALTIMORE

66657

CERTIFICATE OF DEATH

94-2

17-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1329 Myrtle St. 17-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Eugene W. Owens

If U. S. Veteran specify WAR _____

(a) Residence: No. 1329 Myrtle St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie Owens

6. DATE OF BIRTH (month, day, year) June 6 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
50 51		8-8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Messenger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Govt Dept

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Geo. W. Owens

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Clara Pasteley

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Ruth Daniels

(Address) 1329 Myrtle St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 2-24-40 19

19. UNDERTAKER Isaac L. Grower

(Address) 1 W. Monument St

20. FILED _____ 19 _____ Registrar.

FEB 27 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1940 to Feb 23 1940

I last saw h alive on Feb 23 1940 Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Heart Disease	Feb 20

Other contributory causes of importance:

Was an operation performed? None Date of _____

For what disease or injury? _____

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19___

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Charles J. Wortham M. D.

(Address) 861 Hanover St

State CAUSE OF DEATH in plain terms, so that the meaning may be clear to a layman. See instructions on back of certificate. OCCUPATION is very important.

F 66658

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66658

CERTIFICATE OF DEATH

83-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1913 E. Biddle St. 8-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leroy Hicks

If U. S. Veteran specify WAR

(a) Residence: No. 1913 E. Biddle St., Ward. S S 213-07-1777

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Hicks

6. DATE OF BIRTH (month, day, year) May 3, 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Company

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Drummond Ct Va

FATHER

13. NAME William Hicks

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Queen Fannie Dipersons

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Fannie Hicks (wife)

(Address) 1739 E Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loraine Va, Date 2-28-, 1940

19. UNDERTAKER Mrs R. A. Elliott-H. Slater

(Address) 1129 N. Caroline St

FEB 27 1940

Huntington Williams, Registrar.

state CAUSE OF DEATH in plain terms, do not use abbreviations or symbols. OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26, 1940.

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1940, to Feb 26, 1940

I last saw him alive on Feb 21, 1940 Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/26/40
Other contributory causes of importance: Hypertension	?

Was an operation performed? Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Allen C. Lefferdink M. D.

(Address) 822 N. Bond St

F 66659

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 20

52563 5D
Registered No. F 66659

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 111 N. Castle Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Baird

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife Clara
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 19, 1870

8. AGE: Years	Months	Days	If less than one day
69	4	5	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation O.A.P.
11. Industry or business

FATHER
12. Name James K. Baird (d)
13. Birthplace New York

MOTHER
14. Maiden Name Annie M. Woodenbaker
15. Birthplace Maryland

16 (a) Informant records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave. Rd.

18 (a) Funeral director John. J. Morgan
(b) Address 3000 E. Balto. St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

FEB 6 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-24 1940, at 2.35 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-5 1940 to 2-24 1940, and that I last saw h/m alive on 2-24 1940.

Immediate cause of death: Tumor of right Kidney of undetermined type — Duration: ?
Due to —
Due to —
Other Conditions Tuberculosis of right Kidney (Include pregnancy within 3 months of death) — Duration: ?

Major findings:
Of operations Same
Of autopsy Autopsy not completed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Huntington Williams Jr. M. D.
Address Balto City Hosp. Date signed 2-24-40

PLEASE WRITE PLAINLY. Physicians: please write the cause of death so that correct age is especially important.

66660

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 66660 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street
(c) Hospital or institution:
Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

10

3 (a) FULL NAME Michael James McDonald

3 (b) If veteran, name war | (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Elizabeth Dagwood
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
79 yrs.			hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name Michael J McDonald
13. Birthplace Ireland

MOTHER 14. Maiden Name Anna McCall
15. Birthplace Ireland

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley Stret

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 28, 1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

FEB 27 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26, 1940 19 , at 5:30 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1- 1940, to Feb 26 1940, and that I last saw ~~him~~ alive on Feb 24- 1940

Immediate cause of death	Duration
Edema of Lungs	1 day
Due to Chronic Myocarditis	1 yr
Due to Arterio Sclerosis	3 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E Gill Hall M. D.
Address 1631 E. North Av Date signed Feb 26-40

Physician: Please write the correct age is especially important.

F 66661

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 66661 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7/.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4904 Jos R Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

27

3 (a) FULL NAME Helen V. Poole (Helen V. Poole)

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed~~, or divorced.
F	W	

6 (b) Name of husband ~~or wife~~ Ralph A. Poole

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/10/84

8. AGE: Years	Months	Days	If less than one day: hr.	min.
56	1	16		

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business ✓

FATHER 12. Name Harry D. Richardson

13. Birthplace Md

MOTHER 14. Maiden Name Victorine Jenkins

15. Birthplace Md

16 (a) Informant Robert R. Poole

(b) Address 21 Cedar ave, Towson

17 (a) Burial (Burial, cremation or removal) (b) Date thereof Feby. 28/40 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville, Md

18 (a) Funeral director John Mitchell & Son

(b) Address 1900 Eutaw Place

19 (a) FEB 27 1940 (b) Huntingtons Wills

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28 1940, at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 12 1940 to Feb 28 1940 and that I last saw h[illegible] alive on Feb 26 1940.

Immediate cause of death Carcinoma of uterus with generalized metastasis — Duration: 3 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H. Mason Hundley M. D.

Address Church Home Date signed 2/28/40

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly, and be careful to correct age is especially important.

662

F 66662

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1407 Mund St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1407 Mund St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Williams

3 (b) If veteran, name war	3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Mary Williams
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years	Months	Days	If less than one day
67	—	—	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Mary Williams
(b) Address 1407 Mund St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Mt Carmel Cemetery
Location Balto. Md.

18 (a) Funeral director Walter E. Spring
(b) Address 1892 W. Pratt St.

19 (Date received by registrar) Huntington Williams, M.D. Registrar

FEB 27 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 23 1940 at 5 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Feb 18 1940 to Feb 23 1940, and that I last saw h[illegible] alive on Feb 23 1940.

Immediate cause of death	Duration
(a) Lobar Pneumonia	5 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 150 Read Date signed 2/23 1940

PLEASE WRITE PLAINLY. Physicians: please write the cause of death in such a way that it may be correctly coded. Accurate statement of age is especially important.

66663

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 66663

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3728 Fait Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3728 Fait Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.) 30 years

2619

3 (a) FULL NAME Louis F. Schafer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Widowed

6 (b) Name of husband or wife Mary A. (Schuler)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5-1851

8. AGE: Years	Months	Days	If less than one day
88	8	19	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business Retired.

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mr. Michael Schafer
(b) Address 3728 Fait Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave & Rd.

18 (a) Funeral director John B. Connelly
(b) Address Essex Md.

19 (a) FEB 29 1940 (Date rec'd by Registrar) (b) Huntington Hillcrest, Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 24th 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 24-40 to Feb 24-40, and that I last saw alive on Feb. 24-40

Immediate cause of death Myocardial degeneration — Duration 6 mos

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. M. Heermans M. D.
Address 2913 E. Baltimore Date signed 2/29/40

Please write the cause of death correctly. Age is especially important. Physicians please write plainly.

F 66664 - 52877-FD

F 66664

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-31-13 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 712 Druid Hill Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Brown

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than 1 day hr.	min.
26 28 ?				

9. Birthplace (Town, county and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant B.V.H. records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL FEB 27 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 FEB 27 1940 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 18 1940, at 11 55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 14 1940, to Feb. 18 1940, and that I last saw h[illegible] alive on Feb 18 1940

Immediate cause of death: Uremia — Duration: 1 week

Due to: Chronic Glomerulo nephritis — Duration: unknown

Due to:

Other Conditions: Syphilis and Vitamin deficiency — Duration: unknown
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Irving Gerstein M. D.
Address Balto City Hosp Date signed 2-26-40

I hereby certify that I have investigated the facts concerning the death of the person named above, and that to the best of my knowledge and belief the information given is correct and complete. Physicians: please write the cause of death clearly and correct age is especially important.

VS 3

66665 F 66665

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 837 W CROSS ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 52 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 837 W Cross St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LOUIS KROGMAN

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03-4486

4. Sex M | 5. Color or race W | 6 (a) ~~Single~~, married, ~~widowed or divorced~~. Married

6 (b) Name of ~~husband or~~ wife ALBERTA.

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 9-27-1887

8. AGE: Years 52 | Months 4 | Days 30 | If less than one day hr. min.

9. Birthplace BALTO (Town, county and state)

10. Usual Occupation GALVANIZER

11. Industry or business NAT. ENAMEL & STAMPING CO

FATHER 12. Name LOUIS KROGMAN
13. Birthplace BALTO

MOTHER 14. Maiden Name NOT KNOWN
15. Birthplace BALTO

16 (a) Informant ALBERTA KROGMAN
(b) Address 837 W CROSS ST

17 (a) (Burial, cremation, or removal) (b) Date thereof 9-28-40 (month) (day) (year)
(c) Cemetery or crematory BALTO
Location E. NORTH AVE

18 (a) Funeral director GEO LEIMBACH
(b) Address 525 N LYNDHURST ST.

19 (a) FEB 27 1940 (Date filed by registrar) (b) Livingston Williams M.R. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/26 1940, at 1:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/22 1940 to 2/26 1940 and that I last saw h[illegible] alive on 2/26 1940.

Immediate cause of death Coronary Thrombosis — Duration 1 dy
Due to La Grippe — 3 yrs
Due to Chronic Myocarditis
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph B Lankala M. D.
Address 147 G Washington Blvd Date signed 2/26/40

PLEASE WRITE PLAINLY. Physicians: please write the cause of death in such terms as will convey a clear idea of the pathological condition. Be sure that your answers to questions are correct and complete, as this certificate cannot be changed after it is filed. Every question must be answered or the certificate will be returned for completion, which is especially important.

666 Mary F. Yent

BALTIMORE CITY HEALTH DEPARTMENT 94-a Registered No. F 66666

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5306 North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 814 N. Washington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Hester May J. Yent
3 (b) If veteran, name war
3 (c) Social Security Account No.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 1940, at 7:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	widow

6 (b) Name of husband or wife George Yent
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1873

8. AGE: Years	Months	Days	If less than one day: hr.	min.
66	8	15		

9. Birthplace Chambersburg, Pennsylvania (Town, county, and state)
10. Usual Occupation retired housewife
11. Industry or business

FATHER	12. Name	William Pennington
	13. Birthplace	Baltimore, Maryland
MOTHER	14. Maiden Name	Julia White
	15. Birthplace	Germany

16 (a) Informant Gertrude Parr
(b) Address 1710 North Bethel St.

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb. 29, 1940 (month) (day) (year)
(c) Cemetery or crematory Chambersburg, Penna.
Location

18 (a) Funeral director Geo. M. Frick & Son
(b) Address 811 N. Howard St

19 (a) FEB 27 1940 (Date received by registrar) (b) Huntington Williams, M.D.

Immediate cause of death Coronary occlusion — **Duration**
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. H. Sudbrink M.D. Medical Examiner
Date signed 2/26/40

PLEASE write plainly. Physicians: please write the causes of death so correct age is especially important.

VS 6

66667 BELLE

4100 Edmondson Ave
Gilmor 2412

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 66667

131-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2514 Annah Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2514 Annah Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Elizabeth H. Bender

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEM	White	Widow

6 (b) Name of husband or wife George Bender
6 (c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.) Dec 17 1855

8. AGE: Years	Months	Days	If less than one day
84	2	8	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Andrew Hassmann.
13. Birthplace Germany.

MOTHER
14. Maiden Name Gertrude Kraft.
15. Birthplace Germany.

16 (a) Informant Harry A. Bender
(b) Address 2514 Annah Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-40 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn Md.

18 (a) Funeral director Mrs Chas A. J. Rohde
(b) Address 2327 Edmondson Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williamson, M.D.

FEB 27 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH February 25 1940, at 12-25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1940, to Feb. 25 1940, and that I last saw him alive on Feb. 25, 1940:

	Duration
Immediate cause of death Uremic Poisoning	1 mo.
Due to Chronic Nephritis	5 yrs
Due to	
Other Conditions Chronic valvular heart disease	10 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jno. E. Wells M. D.
Address 4100 Edmondson Ave Date signed 2/26/40

PLEASE WRITE correct age is especially important. Physicians: please write the cause of death clearly.

6668

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66668
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address City College - Boclerown
(c) Hospital or institution
U. S. A. St. Joseph's Hospital
(d) Length of stay in Hospital or inst. (yrs., mos., or days) 9d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Rockaway Beach
(If outside city or town limits, write RURAL and give town)
(d) Street No. (Glenmar's Rum P.O.)
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME William Montgomery

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	widower

6 (b) Name of husband or wife Blanche Montgomery
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb 4, 1875

8. AGE: Years	Months	Days	If less than one day
65		7 2	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Fireman
11. Industry or business Baltimore City College

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Daisy Smith
(b) Address Rockaway Beach

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 2/28/40 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Roland Avenue

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615 Chestnut Avenue

19 (a) ..... (Acting registrar) (b) Huntington Williams, M.D. Registrar

FEB 27 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1940, at 8:30a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said ..... (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration .....
Due to .....
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature W. B. Vandegrift M.D.
Medical Examiner
Date signed 2/26/40

Physicians: please write the cause of death in such terms as will correct age is especially important.

66669

CK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

Registered No. 66669

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimorem Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2927 Huntington Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nelson Paul

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Mae
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 24, 1882

8. AGE: Years	Months	Days	If less than one day
57	4	0	hr. min.

9. Birthplace Maine (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Nelson
13. Birthplace Maine

MOTHER
14. Maiden Name Nottie ?
15. Birthplace Maine

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 28 1940 (month) (day) (year)
(c) Cemetery or crematory St. Marys
Location Hampden
18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615-17 Chestnut Ave.
19 (a) (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

FEB 27 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 1940, at 3:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 30 1940 to Feby 25 1940, and that I last saw h alive on Feb 24 1940

Immediate cause of death. Tuberculosis of the lungs — During 5 yrs.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address 4940 Eastern Ave Date signed 2/25/40 M. D.

correct age is especially important. Physicians please

6670

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 66670

94-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1712 William St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) No. 1712 William St (If rural give location)
24 H
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Dora Miller - Müller

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Martin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1859

8. AGE: Years	Months	Days	If less than one day
81			hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name Dont Know
13. Birthplace Germany

MOTHER
14. Maiden Name Dont Know
15. Birthplace Germany

16 (a) Informant Mr Martin Miller-Müller
(b) Address 1931 Covington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 27 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Beverly Md

18 (a) Funeral director William McMarcek
(b) Address 715 Light St

FEB 27 1940 (Date of this registration) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24 1940, at 5:10 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 21 1940 to Feb 24 1940.
and that I last saw h[illegible] alive on Feb 24 1940.

Immediate cause of death	Duration
Coronary occlusion	2 hours
Due to Arteriosclerosis	
Due to Senility	
Other Conditions Bronchitis	2 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isaac Muller M.D.
Address 1211 Cathedral St Date signed

COPIES ARE NOT ACCEPTABLE

F 66671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D Registered F 66671

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 125 E Churchill St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 125 E Churchill St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert McKnight

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Lillian
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 4 1874

8. AGE: Years	Months	Days	If less than one day
65	3	21	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Plumber
11. Industry or business

FATHER
12. Name Robert Mc Knight
13. Birthplace Md

MOTHER
14. Maiden Name Dorcas Scales
15. Birthplace Md

16 (a) Informant Mrs Lilliana McKnight
(b) Address 125 E Churchill St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 25 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 (a) Huntington Wallace, M.D. Registrar
(Date rec'd by registrar)

FEB 27 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 1940, at 10 6 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940, to Feb 25 1940, and that I last saw h alive on 19.

Immediate cause of death Carcinoma of Rectum — Duration 7 mos.
Due to
Due to
Other Conditions Hypertension Prostate: Hypertrophy — 2 mos
(Include pregnancy within 3 months of death)
Major findings:
Of operations Biopsy / Rectal tissue
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isaac Miller M. D.
Address 124 S Clarke St Date signed

Correct age is especially important. Physicians, please

F 66672

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66672

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH 6000 Bellona Ave

CITY OF BALTIMORE: (No. Edgewood Nursing Home Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Consolata Sama Sama

If U. S. Veteran specify WAR

(a) Residence: No. 2907 E. Baltimore St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vincent Rosario Sama

6. DATE OF BIRTH (month, day, year) Feb 9 - 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Nicolas Sama

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Vittoria Coccari

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Joseph L. Sama
(Address) 2907 E Balto St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Feb 28 1940

19. UNDERTAKER Frank V. Pipitone
(Address) 2918 E. Baltimore

20. FILED 1940 Huntington Williams, Registrar.

FEB 27 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 5/40, 19, to Feb 25, 1940

that saw h alive on, 19. Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal	
Vascular disease	2 yrs

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H W Thiatos M. D.

(Address) 4309 York Rd

State CAUSE OF DEATH in plain terms. Do not use abbreviations or terms of doubtful meaning. See instructions on back of certificate. OCCUPATION is very important.

F 66673

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

55152 SF 66673

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days): 1 day
(e) Length of stay in Baltimore (yrs., mos., or days): 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 208 Colvin Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME: William Jones

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex: M

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 27, 1883

8. AGE: Years: 56 | Months: 6 | Days: 27 | If less than one day: hr. min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business:

FATHER
12. Name: Danial Jones
13. Birthplace: Va.

MOTHER
14. Maiden Name: Annie Campbell
15. Birthplace: Va.

16 (a) Informant: Records
(b) Address: Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof:** 2-27-40 (month) (day) (year)
(c) Cemetery or Crematory Location: Petersburg, Virginia

18 (a) Funeral director: Mrs. Frances E. Edwards
(b) Address: 578 W. Tabb St.

19 (a) Date received by Registrar: FEB 27 1940 **(b)** Registrar: Washington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 24 1940, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 23 1940, to Feb 24 1940, and that I last saw h[illegible] alive on Feb 24 1940.

Immediate cause of death: Arteriosclerotic Heart Disease — Duration: unknown

Due to:

Due to:

Other Conditions: Chronic nephritis — Duration: unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: J. M. Waghelstein M. D.

Address: Balt City Hosp's Date signed: 2-24-40

I certify that the above is a true and correct report of the death of the person named, to the best of my knowledge and belief. Physicians, please answer correct age is especially important.

66674 HEALTH DEPARTMENT—CITY OF BALTIMORE F 66674

CERTIFICATE OF DEATH

30-E

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Redwood + Greene St.) 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cora Chambers

If U. S. Veteran specify WAR

(a) Residence: No. 124 N. Fremont Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bryant Chambers

6. DATE OF BIRTH (month, day, year) Aug 8, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Westley Hawkins

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Jane ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mr Royal Hawkins
(Address) 124 N Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 2-29 1940

19. UNDERTAKER Mrs Frances A Hemsley
(Address) 578 N. Bradford St.

20. FILED ... 19... Huntington Williams, Registrar

FEB 27 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from February 21, 1940, to February 25, 1940

I last saw her alive on February 25, 1940. Death is said to have occurred on the date stated above, at 11 45 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive Failure	2-25-40
Luetic Cardiovascular Disease	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. P. Bradley M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

F 66675

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B Registered No. F 66675

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: W. Baltimore Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2955 Mosher St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Cathy Chew Gallon (Esther Chew Gallon)

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-05-1354

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22 '82

8. AGE: Years 57 | Months 9 | Days 4 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (town, county, and state)

10. Usual Occupation Secretary Bookkeeper

11. Industry or business Clothing

FATHER 12. Name John Gallon
13. Birthplace England

MOTHER 14. Maiden Name Edith Chew
15. Birthplace Maryland

16 (a) Informant Mrs. R. W. Gallon
(b) Address 3541 Newland Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 28-1940 (month) (day) (year)
(c) Cemetery or crematory All Saints
Location Sunderland - Calvert Co. Md.

18 (a) Funeral director Wm J. Tschan & Sons
(b) Address Ft. Lauderdale

FEB 27 1940 (b) Huntington Williams M.D.
(Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-26 1940, at 12.05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-31 1939, to 2-26 1940, and that I last saw h[illegible] alive on 2-26 1940.

	Duration
Immediate cause of death: Uremia	10 days
Due to: Chronic glomerulo-tubular Nephritis	2 10 yrs.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Chronic glomerulo tubular Nephritis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. B. Peal M. D.
Address Date signed

correct age is especially important. Physicians: please write the

F 66676

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66676
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1010 N. Bond St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Barbara Mae Jennings

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F.

5. Color or race: Blk.

6 (a) Single, married, widowed, or divorced: S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16, 1939

8. AGE: Years | Months: 9 | Days: 8 9 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name: William Thompson
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Denoy Jennings
15. Birthplace: ?

16 (a) Informant: Aunt - Audrey Knight
(b) Address: 1010 N. Bond St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 27, 1940 (month) (day) (year)
(c) Cemetery or crematory: Mt Calvary
Location: Brooklyn A. A. Co. Md.

18 (a) Funeral director: Byron Wright
(b) Address: 1218 McElderry St.

19 (a) FEB 27 1940 (Date rec'd by registrar) Lington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 25, 1940, at 4:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/22 1940 to 2/25 1940, and that I last saw her alive on 2/25 1940.

Immediate cause of death	Duration
Pneumonia - Type ?	?
Due to: Pertussis	3 wks
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Mat Baum, M. D.
Address: Sydenham Date signed 2/25/40

Please write plainly. Physicians: please write the correct age is especially important.

VS 8

66677

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 58-D

F 66677 Registered No.

1. PLACE OF DEATH

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: West Balto Gen'l Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days

(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs. 4 mo. 23 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Balto (If not outside city or town limits, write RURAL and give town)

(d) Street No. 1719 Byrd St (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Betty J Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 3, 1930

8. AGE: Years 9 | Months 9 | Days 23 | If less than one day hr. ..... min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER 12. Name Hubert L. Lewis

FATHER 13. Birthplace Maryland

MOTHER 14. Maiden Name Ethel E. Magers.

MOTHER 15. Birthplace Maryland

16 (a) Informant Mother

(b) Address 1719 Byrd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 29, 1940 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto Md

18 (a) Funeral director A. Bernard Ervins

(b) Address 1402 or 1406 Pennsylvania Ave

19 FEB 27 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 26 1940 at 1:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 16 1940 to Feb 26 1940 and that I last saw h alive on Feb 26 1940.

Immediate cause of death: Acute Left Heart failure — Duration 36 hrs.

Due to: Acute Rheumatic Heart Disease 8 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. H. Stear, M.D.

Address 1 E Eager St Date signed 2/28/40

correct age is especially important. Physicians, please write plainly.

VS 3

F 66678

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1 70

F 66678 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Jessups (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Reginald Moore

3 (b) If veteran, name war —

3 (c) Social Security Account No. not known

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-7-1919

8. AGE: Years	Months	Days	If less than one day: hr.	min.
20	10	?		

9. Birthplace Guilford Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Albert Moore
13. Birthplace Guilford, Md.

MOTHER
14. Maiden Name Willa Hebron
15. Birthplace Jessups Md.

16 (a) Informant Dorothy Conway
(b) Address Maurkirk Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-1940 (month) (day) (year)
(c) Cemetery or crematory Asbury Ch. Cem.
Location Jessups Md

18 (a) Funeral director J. B. Mason
(b) Address Hanover Pa

FEB 27 1940 (Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1940, at 2 30 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hemorrhage in brain — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2/20/40
(c) Where did injury occur? Savage Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work?
(e) Means of injury Struck by auto on crossing street

23. Signature W. W. Sandkuhl M.D. Medical Examiner.
Date signed 2/26/40

Correct age is especially important. Physicians, please

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66679

CERTIFICATE OF DEATH

131-a F 66679

1. PLACE OF DEATH -

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St. ✓ ✗ Ward)

Length of residence in city or town where death occurred yrs. mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Davis

If U. S. Veteran specify WAR

(a) Residence: No. Chester Md. St., Ward. Queen Annes Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1883?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME ? Davis

14. BIRTHPLACE (city or town) (State or country) Kent Island Queen Annes Co.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Thomas W. Caulder

(Address) Chester Md Box 54

18. BURIAL, CREMATION, OR REMOVAL: JOHNS HOPKINS MEDICAL SCHOOL FEB 27 1940

Place Date, 19

Commissioner of Health

19. UNDERTAKER Per H. A. Moore Williams

(Address) Huntington Hollins M.D.

20. FILED FEB 27 1940 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1940 to Feb 24, 1940

I last saw him alive on Feb 24, 1940. Death is said to have occurred on the date stated above, at 8 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular	?
Renal Disease & Hypertensional	?
Congestive Heart Failure	1937

Other contributory causes of importance

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. A. Callahan M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

VS 8

5418

F 66680

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-6 Registered No. F 66680

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1024 Edmondson Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1024 Edmondson Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 80 years

1521

3 (a) FULL NAME Catharine Grape

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Adrian Grape
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
About 84			hr. min.

9. Birthplace ----- Ireland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Thomas Griffin
13. Birthplace ----- Ireland

MOTHER
14. Maiden Name Johanna Ryan
15. Birthplace ----- Ireland

16 (a) Informant Miss Elizabeth M. Grape
(b) Address 1024 Edmondson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/28/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Frederick Road

18 (a) Funeral director H. C. Mears & Son
(b) Address 805 N. Calvert St.

19 (a) [illegible] (b) [illegible] Registrar

FEB 27 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 1940, at 3. A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 22 1940, to Feb 26 1940, and that I last saw h[illegible] alive on Feb. 24 1940.

Immediate cause of death Apoplexy — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank Ettaour M.D.
Address 627 Edmondson Ave. Date signed 2/26/40

correct age is especially important. Physicians, please

F 66681

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1840 F 66681 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5241 Frederick Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5241 Frederick Ave. (If rural give location)
2541
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George L. Horn

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Rose K. Aver
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 11, 1865

8. AGE: Years	Months	Days	If less than one day hr.	min.
74	6	15		

9. Birthplace Philadelphia, Pa. (Town, county, and state)
10. Usual Occupation President, Horn & Horn
11. Industry or business Resturant

FATHER
12. Name William Horn
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Catherine K. Hubley
15. Birthplace Pennsylvania

16 (a) Informant Carl A. Horn
(b) Address 304 E. Baltimore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/29/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Road

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert St.

19 (a) [illegible] (Registrar) (b) [illegible] (Registrar)

FEB 27 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/26 1940, at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-23 1939 to 2-26 1940 and that I last saw h[illegible] alive on 2-25 1940.

Immediate cause of death
Myocardial Insufficiency following fracture of
Due to Left femur
Slipped and fell on floor
Due to Fractured femur
2-18-40
Other Conditions
(Include pregnancy within 3 months of death)

Duration 4 days

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 2-18-40
(c) Where did injury occur? Baltimore (City or town) MD (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Slipped on floor, walking

23. Signature Harry Fred Horn M. D.
Address 104 W. Madison Date signed 2-27-40

Howard J. Madden, M.D. Chief Medical Examiner per B. Kitzen

correct age is especially important. Physicians, p[illegible]

66682

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 66682

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 115 W. Franklin St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 115 W. Franklin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alexius McGlannan

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sally Porter Law
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24, 1872

8. AGE: Years	Months	Days	If less than one day
67	7	1	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Physician
11. Industry or business

FATHER
12. Name Alexius K. McGlannan
13. Birthplace ----- Maryland

MOTHER
14. Maiden Name Agnes Veronica Gallagher
15. Birthplace ----- Maryland

16 (a) Informant Mrs. Sally P. McGlannan
(b) Address 115 W. Franklin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/28/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Frederick Road

18 (a) Funeral director H W Mears and Son
(b) Address 805 N. Calvert St.

19 (a) ..... (b) .....
(Signature of Registrar)

FEB 27 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH February 25 1940, at 9a M

21. I certify that death occurred on the date above stated; that I attended deceased from 1938 to Feb. 25 1940 and that I last saw him alive on Feb. 25 1940.

Immediate cause of death: Cerebral Hemorrhage
Arterio-sclerosis
Due to Hypertension
Auricular fibrillation
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)

Duration 5 days

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town.) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Eastland M. D.
Address 1 W. Mt. Vernon Bldg. Balto. Date signed 2/26/40

correct age is especially important — registrar

F 66683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 66683

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 512 S Collington Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 512 S Collington Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Georg W. Davis

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mary Davis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 23 1872

8. AGE: Years	Months	Days	If less than one day
68	1	3	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Edward Davis

13. Birthplace Maryland

MOTHER 14. Maiden Name Louise Evans

15. Birthplace Maryland

16 (a) Informant Mary Davis

(b) Address 512 S. Collington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 28, 1940 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Baltimore Md

18 (a) Funeral director Frank Lerch & Son

(b) Address 1906 Ashland Ave.

19 (a) FEB 27 1940 (Date rec'd by registrar) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1940, at 11 am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. H. Candler M.D. Medical Examiner.

Date signed 2/26/40

correct age is especially important. Physicians, please write plainly.

F 66684

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

Registered No. F 66684

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 367 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1210 N. Patterson Park Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Troch (42330)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Cecelia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 27, 1898

8. AGE: Years	Months	Days	If less than one day
41	1	30 29	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Barber

11. Industry or business

FATHER
12. Name Joseph Troch
13. Birthplace Europe ?

MOTHER
14. Maiden Name Mary
15. Birthplace Europe ?

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 29 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director Frank Lynch & Son
(b) Address 1906 Ashland Ave.

19 Filed Feb 27 1940 by [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 26, 1940, at 8:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 24, 1939, to Feb. 26, 1940, and that I last saw h im alive on Feb. 26, 1940.

Immediate cause of death: Tuberculosis of the lungs — Duration: Jan 1939

Due to

Due to

Other Conditions: Section of right left empyema long-standing

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.

Address Balto. City Hospital Date signed 2/27/40

Please answer all questions. Physicians, please remember correct age is especially important. Punctuation unnecessary.

66685

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

195 E

Registered No. E 66685

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mo.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 718 Bruce St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph M. Comegys

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife Minnie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1899

8. AGE: Years	Months	Days	If less than one day
40 41	4		hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Junker

11. Industry or business

FATHER
12. Name George Comegyes
13. Birthplace Maryland.

MOTHER
14. Maiden Name Mary
15. Birthplace Maryland.

16 (a) Informant Minnie Comegyes
(b) Address 720 Bradley Street

17 (a) Burial (b) Date thereof 2/29/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Avenue

19 (a) Huntington Williams, M.D.
(Signature of local registrar) Registrar

FEB 27 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-24- 1940, at 11:00 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Spontaneous?	
Due to Fracture Skull	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident?
(b) Date of occurrence 2-21-40
(c) Where did injury occur? Balto Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public? While at work? No
(Specify type of place)
(e) Means of injury Fell from streetcar

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 2-25-40

correct age is especially important. Physicians, please

66686

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-a

F 66686 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ind. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1204 Park Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wade Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 2120-7874

4 Sex Male | 5 Color or race Negro | 6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife MARIAN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-22-95

8. AGE: Years 44 45 | Months 2 | Days 3 | If less than one day hr. min.

9. Birthplace S.C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name William
13. Birthplace

MOTHER 14. Maiden Name Mary Davis
15. Birthplace

16 (a) Informant Records -
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-28-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Westport

18 (a) Funeral director A. Halstead
(b) Address 918 Dulaney Place

19 (a) (Date received by registrar) (b) Registrar
FEB 27 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 25, 1940, at 6 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 24 1940, to Feb. 25 1940, and that I last saw him alive on Feb. 25 1940

Immediate cause of death Peritonitis due to perforated peptic ulcer - duodenal

Duration 24 hrs

Due to

Due to Received Sodium pentothal Anesthesia

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Perforated peptic ulcer.
Of autopsy peritonitis, aspiration pneumonia

PHYSICIAN
Underline the cause to which death should be charged statis-

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J H H. M M Rawtel 2-26-40
Address Date signed

66687

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

/31-B Registered No. 66687

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 15 E. Franklin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert F. Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-01-6186

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5, 1877

8. AGE: Years	Months	Days	If less than one day: hr.	min.
62	7	22		

9. Birthplace Lynchburg, Virginia (Town, county, and state)

10. Usual Occupation Door to door salesman

11. Industry or business Cosmetics

FATHER
12. Name John F. Wilson
13. Birthplace U.S.A.

MOTHER
14. Maiden Name Anna C.
15. Birthplace U.S.A.

16 (a) Informant W. D. Duguid, Jno
(b) Address Lynchburg, Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/40 (month) (day) (year)

(c) Cemetery or crematory
Location LYNCHBURG Va.

18 (a) Funeral director Jno. Cook
(b) Address 1003 W. Baltimore St.

19 (a) FEB 27 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-27-1940, at 12:13 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Myocardial Degeneration

Due to Myocardial Degeneration

Due to

Other Conditions Chronic Nephritis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Clemens M.D.
Medical Examiner.

Date signed 2-27-40

correct age is especially important. Physicians, please write

66688 26

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No. F 66688

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Wicomico
(c) City or town Salisbury
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lena Parker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Frederick

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-12-76

8. AGE: Years 63 | Months 7 | Days 14 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name William Cordrey
13. Birthplace Md

MOTHER
14. Maiden Name Delia Ellingsworth
15. Birthplace Bradley

16 (a) Informant Dela
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-29-40 (month) (day) (year)
(c) Cemetery or crematory Parker
Location Salisbury Md.

18 (a) Funeral director George T. Lohrwat
(b) Address 710 Fredrick ave

19 (a) FEB 27 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb - 26 19 . at 10.22 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 30 1939 to Feb 26 1940 and that I last saw h. C. R alive on Feb 26 1940.

Immediate cause of death Uremia — **Duration** 5 mos.

Due to chronic nephritis. — ? 10 years.

Due to ? chronic glomerulo-nephritis
? arteriolos clerotic nephritis

Other Conditions Hypertensive c-v Renal
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy chronic nephritis. Pericarditis Fibrinous pleurisy.

PHYSICIAN
Underline the cause to which death should be assigned statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John S Hunt
Address Johns Hopkins Hosp. Date signed 2-27-40 M. D.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

66689

CERTIFICATE OF DEATH

131-a F 66689

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 Wellington St. 13-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Hoper

If U. S. Veteran specify WAR

(a) Residence: No. 813 Wellington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Samuel Hoper

6. DATE OF BIRTH (month, day, year) Mar 3 - 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
87	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George Brown

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Eliza Gunnel

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. John Gunnell 813 Wellington St. Balto Md

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Md Date 3 - 1 1940

19. UNDERTAKER Jacob Wimpo Sons (Address) Manchester, Md.

20. FILED FEB 27 1940 Harrington Williams M.D. Registrar.

STATE CAUSE OF DEATH IN OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1940 to Feb 27 1940

I last saw h[illegible] alive on Feb 26 1940 Death is said to have occurred on the date stated above, at 12 25 A.m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Arterio-sclerosis, chronic nephritis & chronic Myo-Cardiotis	10 yrs. 1 mo.
Other contributory causes of importance: Acute Cardiac dilatation	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Howard Rusk M. D.

(Address) 814 W Hoff

F 66690 Pluemacher F 66690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens + Caton Aves,
(c) Hospital or institution: St. Agnes' Hospital,
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. Helen V. Pluemacher
206 E. Preston St.
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Mrs. Helen Pluemacher

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 26th 1863

8. AGE: Years	Months	Days	If less than one day
76	4	1	hr. min.

9. Birthplace Richmond Va.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Burghardt Hassel
13. Birthplace Germany

MOTHER
14. Maiden Name Maria Gerhardt
15. Birthplace Germany

16 (a) Informant Fredk W. Wraack Sr.
(b) Address 4707 Stuart Ave. Richmond Va
17 (a) Removal (b) Date thereof 2/28/40
(month) (day) (year)
(c) Cemetery or crematory Hollywood
Location Richmond, Va.
18 (a) Funeral director Williams Cook
(b) Address 1217 St. Paul St

(a) FEB 28 1940 (b)
(Date received by Registrar) (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-27-1940, at 5.50 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 2-25 1940, to 2-27 1940, and that I last saw h[illegible] alive on 2-27 1940.

Immediate cause of death	Duration
Diabetic Coma (a) acidosis	
Due to	
Due to	
Other Conditions Cerebral apoplexy Arteriosclerosis.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Charles V. Sewell M. D.
Address St Agnes Hospital Date signed 2-27-40

66691 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 66691

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 1536 John St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary C. Nicholson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1536 John St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of .....
(or) WIFE of .....

6. DATE OF BIRTH (month, day, year) June 2 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
86	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1936 1940

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Alexander Nicholson

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Sophia Rowe

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Rosalie Nicholson

(Address) 1255 E. Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 2/29 1940

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St

FEB 28 1940 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27th, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1939 to Feb 27, 1940

I last saw her alive on Feb 9, 1940. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	4 years
Other contributory causes of importance: Arteriosclerosis, generalized Hypertrophy.	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) Michael J. Dorsch M. D.

(Address) 2530 Baltimore St

State CAUSE OF DEATH in plain English. See instructions on back of certificate. OCCUPATION is very important.

VS 2

F 66692

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 66692 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 777 George St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 777 George St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Mc. Connell.

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1-23-1917

8. AGE: Years 23 | Months 1 | Days 2 | If less than one day hr. min.

9. Birthplace Winston Salem N. C. (Town, county, and state)

10. Usual Occupation unemployed

11. Industry or business —

FATHER 12. Name Harry Mc Connell
13. Birthplace S. C.

MOTHER 14. Maiden Name Mattie Weatherly
15. Birthplace N. C.

16 (a) Informant Eleanor Christian
(b) Address 777 George st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 29 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore County Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania ave

19 (a) Filed FEB 28 1940 (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 1940, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 22 1940 to Feb 25 1940 and that I last saw h[illegible] alive on Feb 25 1940.

Immediate cause of death Lobar Pneumonia — Duration 4 days

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 1514 Eager Date signed 2-28-40

correct age is especially important. Physicians, please

F 66693

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. F 66693

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert and 33rd Street

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Somerset

(c) City or town Crisfield (If outside city or town limits, write RURAL, and give town)

(d) Street No. R-F-D (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Vernon Webb

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 11, 1931

8. AGE: Years 8 | Months 4 | Days 16 | If less than one day: hr. min.

9. Birthplace Crisfield Maryland (Town, county, and state)

10. Usual Occupation School boy

11. Industry or business

FATHER 12. Name Mr John V Webb

13. Birthplace

MOTHER 14. Maiden Name Alice Wilson

15. Birthplace

16 (a) Informant Hospital Records

(b) Address 33rd & Calvert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 1-40 (month) (day) (year)

(c) Cemetery or crematory Crisfield

Location Crisfield Md

18 (a) Funeral director S. Gordon Lawson

(b) Address Crisfield Md.

FEB 28 1940 (Date rec'd by registrar)

(b) Hunter H. Wilkinson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 27 1940, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-7-39 19 , to 2-27 1940. and that I last saw him alive on Feb 27 1940.

Immediate cause of death: Rheumatic Heart Disease — Duration

Due to Heart failure

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature William F. Peace M. D.

Address Union Memorial Date signed 2/27

CORRECT AGE is especially important

VS 8

66694 Gantert

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66694

CERTIFICATE OF DEATH

94a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 Goodale Rd Homeland St. 27 12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank. A. Gantert

If U. S. Veteran specify WAR

(a) Residence: No. 212 Goodale Road Homeland St., Ward SS 216-05-6764

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Charlett P. Gantert

6. DATE OF BIRTH (month, day, year): Nov 24 1883

7. AGE: Years 56 57; Months 3; Days 2; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Pressman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Fire Insurance

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): New York City

FATHER

13. NAME: Paul Gantert

14. BIRTHPLACE (city or town) (State or country): New York

MOTHER

15. MAIDEN NAME: R. Rache

16. BIRTHPLACE (city or town) (State or country): New York City

17. INFORMANT: Charlett P. Gantert

(Address) 212 Goodale Road

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Date: Feb 28 1940

19. UNDERTAKER: Henry W. Jenkins & Son Co

(Address) Oakland Ave. & Eden St

20. FILED: Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 26th, 1940

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw him alive on Feb 24, 1940. Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

Hypertension — Date of onset 1938

Arteriosclerosis

Cerebral hemorrhage

Pneumonia (Virus Doloris)

Other contributory causes of importance:

Deceased had been in poor health for several years

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. B. Gamble Jr, M. D.

(Address) 3 Gus McCauley

OCCUPATION is very important. See instructions on back of certificate

V8 2

FEB 28 1940

Dr. W. S. Wallace, Chief Medical Examiner per B. Kitzes

F 66695

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66695 Registered No. 122-2

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) -

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 314 W. Parrish St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Moses Holmes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1, 1881

8. AGE: Years 58 | Months 5 | Days 25 | If less than one day hr. min.

9. Birthplace Carolina Co. S.C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Not known
13. Birthplace " "

MOTHER
14. Maiden Name " "
15. Birthplace " "

16 (a) Informant Bonnie Ford
(b) Address 1620 Division St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-29-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md

18 (a) Funeral director Mrs Francis A. Hemsley
(b) Address 575 N. Bidadi St.

19 (a) [illegible] Registrar

FEB 28 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-26-1940 at 4.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-22-1940 to 2-26-1940 and that I last saw [illegible] alive on 2-26-1940

Immediate cause of death: Rt Hemiplegia — Duration: 5 days

Due to: Hypertensive Cardio vascular Disease — Duration: ?

Due to: — Duration:

Other Conditions: Rt. Indirect Inguinal Hernia (Include pregnancy within 3 months of death) — Duration:

Major findings:
Of operations:
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C.T. Maloney M. D.
Address Provident Hospital Date signed 2/27/40

correct age is especially important

M. D. R. 1938-9

66696

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66696

CERTIFICATE OF DEATH

107

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1222 Hollins St 18-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William Carroll

(a) Residence: No. 1222 Hollins St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna Carroll

6. DATE OF BIRTH (month, day, year) Dec 12-1879

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
60 61	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William Carroll

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Anna Rauser

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Carroll Son

(Address) 1222 Hollins st

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 2/28 19 40

19. UNDERTAKER Robert Brooks & Son

(Address) Carlton & Hollins

20. FILED FEB 28 1940 19...

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1939 to Feb 26 1940

I last saw him alive on Feb 25, 1940 Death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	2-21-40
Other contributory causes of importance: Chr. Hypertrophied Prostate	?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) N. J. Dantor M. D.

(Address) 3228 Eastern ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

U. S. 2

66697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

89-a F 66697 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo-18days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2919 N. Stricker St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Theresa E. Nutt.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race cd | 6 (a) Single, married, widowed, or divorced Infant

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 25 1938

8. AGE: Years 1 | Months 5 | Days 7 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation

11. Industry or business Infant

FATHER 12. Name Clayton Nutt
13. Birthplace Va

MOTHER 14. Maiden Name Nellie Young
15. Birthplace Md.

16 (a) Informant Mrs Nellie Nutt
(b) Address 919 Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/29/40 (month) (day) (year)
(c) Cemetery or crematory St Peters
Location

18 (a) Funeral director Thos E. Kelson
(b) Address 1303 Presstman

19 (a) Date received FEB 28 1940 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-27-1940, at 6.35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-12-1939, to 2-27-1940 and that I last saw h alive on 2-27-1940.

Immediate cause of death: Lobar Upper Respiratory Infection — Duration: 2mo-18days
Due to Otitis Media (bilateral)
Due to Chr Rhinitis
Chr Bronchitis
Other Conditions Hypertrophied Tonsils
Hypochromic Anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. F. Maloney M. D.
Address Provident Hospital Date signed 2/29/40

VS 2

66698

HEALTH DEPARTMENT—CITY OF BALTIMORE

66698

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4508 Roland Ave St. 27-14 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 11 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carroll R. Black

If U. S. Veteran specify WAR No

(a) Residence: No. 4508 Roland Ave St., ... Ward. 27 Seventy Sp.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lorna V. Black

6. DATE OF BIRTH (month, day, year) April 10, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gen Estate Broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Black

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Dale

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Lorna V. Black

(Address) 4508 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 2/24 1940

19. UNDERTAKER The Cook

(Address) 1517 Druid Park

20. FILED ..., 19... Registrar.

FEB 28 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 1- 1937 to Dec 1- 1939

That saw [illegible] alive on Dec 1- 1939 Death is said to have occurred on the date stated above, at 8 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis -	2-27-40
Duration Attack 15 Minutes.	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Howard K. Warren M. D.

(Address) 2064 Garrison Blvd

Howard J. Malden, M.D.
Chief Medical Examiner
pro. tem. B.C.H. Baltimore

state CAUSE OF DEATH in this space. See instructions on back of certificate.
OCCUPATION is very important.

F 66699

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 66699 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1809 S Hanover St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 73 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1809 S Hanover St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Florence L Martin

3 (b) If veteran, name war: WC
3 (c) Social Security Account No. None

4. Sex: F
5. Color or race: W.
6 (a) ~~Single~~, ~~married~~, widowed, or ~~divorced~~: Widowed
6 (b) Name of husband or wife: August
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Apr 24 1868
8. AGE: Years 71 | Months 72 | Days 10 | If less than one day hr. 3 min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at Home

FATHER
12. Name Charles Bosley
13. Birthplace Md

MOTHER
14. Maiden Name Mary Ann Rogers
15. Birthplace Maryland

16 (a) Informant Edith Schultz
(b) Address 809 S Hanover St

17 (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof Mar. 1 40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ London Park
Location Frederick Rd.

18 (a) Funeral director William Cook
(b) Address 247 St Paul St

19 (a) Filed FEB 28 1940 (Date rec'd by Registrar) (b) Registrar's No. 83

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27 1940, at 2 45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 25 1939 to Feb 27 1940 and that I last saw her alive on Feb 27 1940.

Immediate cause of death Cerebral Hemorrhage — Duration 2 dys
Due to
Due to
Other Conditions Exhaustion — 2 dys.
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature H. J. Campbell M. D.
Address 1644 Hanover St Date signed 2/27/40

correct age is especially important. Physicians, please...

HEALTH DEPARTMENT—CITY OF BALTIMORE

66700 F 66700

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3302 Clifton Ave St. 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leroy W Elmer

If U. S. Veteran Specify WAR No

(a) Residence: No. 3302 Clifton Ave St., Ward 215-00-1733

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle E Elmer

6. DATE OF BIRTH (month, day, year) March 17 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jos R Morris

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME George A Elmer

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Clementine Longwell

16. BIRTHPLACE (city or town) Dorchester Co (State or country) Md

17. INFORMANT Estelle E Elmer (Address) 3302 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 2-29 40

19. UNDERTAKER Wilmore & Sons (Address) 1211 E Baltimore St

20. FILED 1940 Registrar.

FEB 28 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1940 to Feb 27, 1940

I last saw him alive on Feb 26, 1940. Death is said to have occurred on the date stated above, at 3:40 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) Samuel Evans, M. D.

(Address) 612 N 40 St

GIVE CAUSE OF DEATH in every case. OCCUPATION is very important. See instructions on back of certificate.

6701 Elnora Bowman F 66701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 S. Caroline St., 3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elnora Bowman

If U. S. Veteran specify WAR

(a) Residence: No. 401 S. Caroline St., Ward.
(Usual place of abode)
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July - 1915

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24 ~~25~~	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME William Bowman

14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER

15. MAIDEN NAME Mary Henry

16. BIRTHPLACE (city or town) Balto
(State or country) Md

17. INFORMANT Mary Hump Bowman
(Address) 1620 E. Pratt

18. BURIAL, CREMATION, OR REMOVAL
Place M.T. Calvary Cemetery Date 2-29 19

19. UNDERTAKER Elroy F. Wilson
(Address) 1000 E. Brantley Ave.

20. FILED FEB 28 1940 Huntington Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 '40, 1940 to Feb 25, 1940

I last saw her alive on Feb 25, 1940 Death is said to have occurred on the date stated above, at 2A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Miliary Tuberculosis	?
Other contributory causes of importance: Pneumonia - Asthma	Feb 21 '40

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. L. Berry M. D.

(Address) 1420 E. Chase

66702

F 66702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-P

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wilkens & Catonsville

(c) Hospital or institution St. Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days

(e) Length of stay in Baltimore (yrs., mos., or days) 69-10-27

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4310 Maine Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? ---- years

3 (a) FULL NAME Sarah Mary Agnes Hauf

3 (b) If veteran, name war ---

3 (c) Social Security Account No. ---

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name ~~of husband or wife~~: Joseph Charles Hauf

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29th 1870

8. AGE: Years 69 | Months 10 | Days 27 | If less than one day: hr. min.

9. Birthplace Md. Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER

12. Name Patrick Kelly

13. Birthplace Ireland

MOTHER

14. Maiden Name Catharine Barrett

15. Birthplace Ireland

16 (a) Informant Mr. Joseph C. Hauf, Jr.

(b) Address 3602 Belle Avenue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 29th 1940 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.

(b) Address North & Penna Aves.

19 FEB 28 1940 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/26 1940, at 6:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/24 19--, to 2/26 1940, and that I last saw h[illegible] alive on 2/26 1940.

Immediate cause of death	Duration
Chole lithiasis & cholecystitis chronic	
Cardiorrascular Renal	
Due to Disease & Uremia.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Robert Shepard M.D.

Address St. Agnes Hospital Date signed 2/26/40

VS 5

6703

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 66703

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1518 Lakeside Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Reisinger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Matilda D. Reisinger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 8, 1871

8. AGE: Years	Months	Days	If less than one day
68	6	19	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name ? Reisinger
13. Birthplace Unknown

MOTHER
14. Maiden Name ? Treide
15. Birthplace York, Penna.

16 (a) Informant Mrs. Matilda Reisinger
(b) Address 1518 Lakeside Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/29/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Penna. Avenues

19 (a) (b) Huntington Williams, M.D.

FEB 28 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-27-40 19 12:30 at A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-24-40 19 to 2-27-40
and that I last saw h alive on 2-27-40

Immediate cause of death Asteriosclerotic Cardiovascular disease - accrue.
Due to disease - accrue.
Due to Benign Prostatic hypertrophy
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. R. Turnbull, M.D.
Address St. Joseph's Hosp. Date signed 2/28/40

correct age if especially important

5704 ,

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 83-W

F 66704 ,

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland 33rd & Calvert

(b) Street address ~~Union Memorial~~

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 17

(e) Length of stay in Baltimore (yrs., mos., or days) 11

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County

(c) City or town Beaumont (If outside city or town limits, write RURAL and give town)

(d) Street No. 50 - 7th St (If rural give location)

(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME Sol Engel Gordon

3 (b) If veteran, name war ✓

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife ~~Married~~ Gordon

Pauline Mayer ~~6~~ (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) 1-28-84

8. AGE: Years 56 | Months 10 | Days 3029 | If less than one day hr. min.

9. Birthplace ~~Texas~~ Lithuania (Town, county, and state)

10. Usual Occupation Business Executive

11. Industry or business Motion Pictures

FATHER

12. Name Isaac Gordon

13. Birthplace Lithuania

MOTHER

14. Maiden Name Deborah Malach

15. Birthplace Lithuania

16 (a) Informant Mrs. Pauline Gordon

(b) Address Golden Plaza. Beaumont, Texas

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 27 1940 (month) (day) (year)

(c) Cemetery or crematory Location Beaumont Texas.

18 (a) Funeral director Mr. Fleckner

(b) Address North Pierce Ave Huntington Indiana, Ind.

FEB 28 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-27 1940, at 10 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-16 1940 to 2-27 1940; and that I last saw him alive on 2-27 1940.

Immediate cause of death Cerebral hem accident — Duration ?

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature P. L. Smock M. D.

Address Union Memorial Hospital Date signed 2-27-40

VS 3

F 66705

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66705 Registered No. 131-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~1023 Poplar Grove St~~
(c) Hospital or ~~Institution~~ General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1023 Poplar Grove St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Schmidt

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Fe | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Single
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 26 - 1869

8. AGE: Years 70 | Months 2 | Days | If less than one day: hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Dress maker

11. Industry or business Dressmaking

FATHER 12. Name Bernhart Schmidt

13. Birthplace Germany

MOTHER 14. Maiden Name Julia Schmidt

15. Birthplace Baltimore Md.

16 (a) Informant Louisa M Weaver

(b) Address 1023 Poplar Grove St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-29-40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location

18 (a) Funeral director Charles P Powell

(b) Address 2427 Edmondson Ave.

FEB 28 1940 (Date received by registrar) Huntington Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-26-40 at 3 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-26 1940 to 2-26 1940 and that I last saw her alive on 2-26 1940

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 day

Due to: Hypertension C-V-R Disease (?)

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. T. Mansfield M. D.
Address Md. General Hospital Date signed

correct age if apparently impossible

VS 3

F 66706

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

F 66706 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: So. Balto. Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 14 E. Hamburg St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

23

3 (a) FULL NAME Ella Hales Fangman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	White	Married

6 (b) Name of husband or wife Theodore L Fangman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 20, 1890

8. AGE: Years	Months	Days	If less than one day: hr.	min.
49.	6	7		

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Nelson Hales
13. Birthplace Maryland

MOTHER
14. Maiden Name Catherine E. Byrnes
15. Birthplace Maryland.

16 (a) Informant Frank Fangman (Son)
(b) Address 14 E. Hamburg.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 / 2 / 40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Frederick Rd.

18 (a) Funeral director Margaret G. Flynn
(b) Address 1422 Light St.
(c) Date received FEB 28 1940 Harrington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 21, 1940 to Feb. 27, 1940 and that I last saw h[illegible] alive on Feb. 27, 1940.

Immediate cause of death	Duration
Uraemia	?
Hypertensive C-V disease	
Fibrinous Pericarditis	
Due to Chronic nephritis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel L. Sup M. D.
Address So Balto Genl Hosp Date signed 2/27/40

F 66707

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 181

F 66707 Registered No. 4

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Ns

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1032 Hanover St (If rural give location)
If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary Elizabeth Thomas

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
F	W	single

6 (b) Name of husband or wife ✓
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29 1933

8. AGE: Years	Months	Days	If less than one day: hr.	min.
6	7	26		

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation ✓
11. Industry or business ✓

FATHER
12. Name William Thomas
13. Birthplace Md

MOTHER
14. Maiden Name Viola Stanley
15. Birthplace New York

16 (a) Informant Mrs Thomas
(b) Address 1033 S. Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 29 40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Brooklyn Md

18 (a) Funeral director Wm. O. Mitchell Sons
(b) Address 900 Eutaw Place

19 (a) Huntington Williams, M.D. (Date received by registrar) Registrar

FEB 28 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 1940, at 3:35 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Burns — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2/3/40
(c) Where did injury occur? 1032 Hanover St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Dress caught fire from stove

23. Signature H. H. Wantz Wright M.D. Medical Examiner
Date signed 2/25/40

F 66708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-B Registered No. F 66708

1. PLACE OF DEATH:
(a) Baltimore City, Maryland M. G. H.
(b) Street address 240 Eastern Ave
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2403 Fairmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Viola C. Cole (Viola C. Cole)

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	M.

6 (b) Name of husband or wife Chas. W. Cole 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 15, 1880

8. AGE: Years	Months	Days	If less than one day
59	11	14	hr. min.

9. Birthplace Newburn, N. C. (Town, county, and state)
10. Usual Occupation Home duties
11. Industry or business ✓

FATHER	12. Name	V.
	13. Birthplace	"
MOTHER	14. Maiden Name	"
	15. Birthplace	"

16 (a) Informant Charles W. Cole
(b) Address 2403 Fairmount Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 29/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.
18 (a) Funeral director John Mitchell Sons
(b) Address 900 Eutaw Place
19 (a) Date received by Registrar FEB 28 1940 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-27 1940. at 1.25 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 2/25 1940. to 2/27 1940 and that I last saw h[illegible] alive on 2/27 1940

Immediate cause of death. Intestinal obstruction — Duration
Due to Postoperative adhesion
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Edward L. Glassman M. D.
Address Md. General Hospital Date signed

correct age is especially important. If uncertain, please state

VS 8

F 66709 HEALTH DEPARTMENT—CITY OF BALTIMORE F 66709

CERTIFICATE OF DEATH

131-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1822 Druid Hill St. 14-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Martha K. Watson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1822 Druid Hill Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6a. If married, widowed, or divorced? HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept. 17, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Oxford, Ga.

FATHER

13. NAME David Bacon

14. BIRTHPLACE (city or town) (State or country) Oxford, Ga.

MOTHER

15. MAIDEN NAME Martha Bontons

16. BIRTHPLACE (city or town) (State or country) Oxford, Ga.

17. INFORMANT Linda Berry Pullman

(Address) 182 a Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb. 28, 1940

19. UNDERTAKER Mrs. Guy A. Holland

(Address) 1631 Druid Hill Ave

20. FILED FEB 28 1940 Henrietta for William Bullock

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/26, 1940

22. I HEREBY CERTIFY, That I attended deceased from 2/, 1940 to 2/26, 1940

I last saw her alive on 2/26, 1940 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency	
Chr. Nephritis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Clutter M. D.

(Address) 2 W. 84 St

VS 2

F 66710

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 66710

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 35 E Cross St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 35 E. Cross St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME OTTO SHERRY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Lena

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day hr.	min.
70				

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation Shoe store - Left

11. Industry or business

FATHER
12. Name Bernard Sherry
13. Birthplace Russia

MOTHER
14. Maiden Name Naomi
15. Birthplace Russia

16 (a) Informant Lena Sherry
(b) Address 35 E. Cross St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-40 (month) (day) (year)
(c) Cemetery or crematory Wash. Blvd.
Location Wash. Blvd.

18 (a) Funeral director Fort Funeral Inc.
(b) Address 1439 E. Balto St.

19 FEB 28 1940 Huntington Williams, M.D. Registrar
(Date received by Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 27 1940, at 8:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions -

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallammeier M.D.
Medical Examiner.

Date signed Feb 28, 1940

6711 FD 51983 F 66711

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-G Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 41 days
(e) Length of stay in Baltimore (yrs., mos., or days) 59 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 31 S. Curley st. (If rural give location)
(e) If foreign born, how long in U. S. A.? 59 years

3 (a) FULL NAME (Jadwiga) Ida Przybylski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband or wife Michael
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-21-1876

8. AGE: Years	Months	Days	If less than one day
63	6	5	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Stanley Dius
13. Birthplace Germany

MOTHER
14. Maiden Name Michaelina Brocki
15. Birthplace Germany

16 (a) Informant B.C.H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/29/40 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location O'Donnell Street

18 (a) Funeral director M. F. Radomski & Sons
(b) Address 1508 Eastern Ave

FEB 29 1940 (Date received by local registrar) (b) Clinton Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-26 1940, at 3:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-16 1940, to 2-26 1940, and that I last saw h[illegible] alive on 2-26 1940.

Immediate cause of death: Carcinoma of pancreas — Duration: ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations same
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Kleebadwerk.
Address Balto City Hosp. Date signed 2-26-40 M.D.

66712 12828-FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 66712 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7yr. 10mo. 5das.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1000 E. Preston St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arthur F. Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sarah Brown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-14-1859 1860

8. AGE: Years	Months	Days	If less than one day
80 ~~81~~	0	12	hr. min.

9. Birthplace Frederick Co., Md. (Town, county, and state)
10. Usual Occupation Insurance
11. Industry or business

FATHER
12. Name Jefferson Brown
13. Birthplace Carroll County Md.

MOTHER
14. Maiden Name Helen Hood
15. Birthplace Frederick Co. Md.

16 (a) Informant B.O.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 29, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director
(b) Address 1003 W. Baltimore St.

19 (a) FEB 28 1940 (Date received by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 26 1940, at 3 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 21 1932, to Feb. 26 1940, and that I last saw him alive on Feb 26 1940

Immediate cause of death	Duration
Arteriosclerotic Heart disease	unknown
Due to	
Due to	
Other Conditions Terminal bronchopneumonia	3 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. McVaughn Lafferman M. D.
Address Balto City Hosp. Date signed 2-27-40

M. D. B 1268-9

5713 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 66713

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2604 Reisterstown Rd. 13-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Eleanor Noll

(a) Residence: No. 2604 Reisterstown Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cletis L. Noll

6. DATE OF BIRTH (month, day, year) Dec 28, 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. tailoring establishment

10. Date deceased last worked at this occupation (month and year) Oct, 1939

11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) (State or country) Cranberry, Md.

FATHER

13. NAME Charles F. Sloss

14. BIRTHPLACE (city or town) (State or country) Emmitsburg Md

MOTHER

15. MAIDEN NAME Blanche Wachter

16. BIRTHPLACE (city or town) (State or country) Utica Mills Md

17. INFORMANT Maude Seisholz

(Address) Waynesboro, Pa

18. BURIAL, CREMATION, OR REMOVAL Place Waynesboro Pa Date 3/3 1940

UNDERTAKER Walter J Grove

(Address) Waynesboro Pa

20. Filed FEB 28 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939 to Feb 28, 1940

I last saw h alive on Feb 27, 1940. Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast with Metastasis	2/1/40 ?

Other contributory causes of importance:

Name of operation Radical Mastectomy Date of 2/11/40

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Howard M Osborn M. D.

(Address) 2464 N. Milton Ave

V. S. 3 OCCUPATION is very important. See instructions on back of certificate.

39395 - 38

F 66714

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 66714

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr., 2 mo., 29 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 636 Carey St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rosa Edmonds (Edwards)

3 (b) If veteran, name war

3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	widowed (John Carey)

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
65 ?	?	?	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb 29, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Kate R Williams
(b) Address 322 N Schroeder St

19 (a) Date rec'd by registrar FEB 29 1940 (b) Name of town Williamsport Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 25 1940, at 9:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 26 1939 to Feb. 25 1940, and that I last saw h[illegible] alive on Feb. 25 1940.

Immediate cause of death: Hypertensive cardiovascular disease — Duration unknown

Due to:

Due to:

Other Conditions: Terminal bronchopneumonia — 3 days.

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: enlarged heart, pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murray Luberstein M. D.
Address Balto City Hosp. Date signed 2-25-40

correct age is especially important. If unknown, [illegible]

F 66715

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

5324 F 66715 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 938 Bennett Place
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucy Brawner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	Widowed

6 (b) Name of husband or wife William (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/15/1887

8. AGE: Years	Months	Days	If less than one day
52	6	12	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation housework
11. Industry or business

FATHER
12. Name Charles Holly (d)
13. Birthplace Maryland

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof Mar 4 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katey R Williams
(b) Address 322 N Schroeder St

19 (a) (Date rec'd by Registrar) (b) Huntington Md Registrar

FEB 29 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 27 1940 at 8:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 26 1940 to Feb 27 1940, and that I last saw her alive on Feb. 27 1940.

Immediate cause of death Cerebral Hemorrhage — Duration 20 hours.

Due to

Due to

Other Conditions Hypertension — unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosp. M. D. Date signed 2-27-40

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 66716

F 66716

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: W. Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 83 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3014 O'Donnell St. (If rural, give location) O'Donnell St.
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Michael P. Cawley

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Ellen McCabe

6 (c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) Nov 28 '56

8. AGE: Years: 83 | Months: 2 | Days: 3 | If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Grocer (Retired)

11. Industry or business

FATHER 12. Name: Rodrick Cawley
13. Birthplace: Ireland

MOTHER 14. Maiden Name: Katherine Higgins
15. Birthplace: Ireland

16 (a) Informant: Mrs. James P. Holcroft
(b) Address: 320 N. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/29/40 (month) (day) (year)
(c) Cemetery or crematory: Catholic Cemetery
Location: Old Frederick Rd.

18 (a) Funeral director: John J. Fahey Sons
(b) Address: 113 E. Lafayette St.

19 (a) Filed (Date): FEB 28 1940 (b) Registrar: Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-27 1940, at 7:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-21 1940, to 2-27 1940, and that I last saw h~~im~~ alive on 2-27 1940.

Immediate cause of death Bronchopneumonia — Duration: 7 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. B. Leal M. D.
Address Date signed

F 66717

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 181

Registered No. F 66717

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Cockeysville - Rural (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bunny Lindemon

3 (b) If veteran, name war

3 (c) Social Security Account No. ~~218-09-5042~~

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
About 38			hr. min.

9. Birthplace Cockeysville (Town, county, and state)
10. Usual Occupation Bartender
11. Industry or business

FATHER
12. Name Jefferson Lindemon
13. Birthplace Cockeysville

MOTHER
14. Maiden Name Mary C Finnerty
15. Birthplace Cockeysville

16 (a) Informant Mrs Edith Hocker
(b) Address 3314 Fawnview Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 29-40 (month) (day) (year)
(c) Cemetery or crematory St Joseph Cemetery
Location Texas Md

18 (a) Funeral director Jos J Stevenson
(b) Address 300 N Catherine Ave

19 (Date rec'd by registrar) FEB 28 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-27- 1940, at 12:57 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest I find that said deceased came to his death on the day stated above.

Immediate cause of death Shock

Due to 2nd & 3rd degree Burns

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 2-26-40
(c) Where did injury occur? Cockeysville Balto. Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Private Garage While at work? No (Specify type of place)
(e) Means of injury Burning Gasoline, set himself on fire

23. Signature Howard J Emerson M.D. Medical Examiner.
Date signed 2-27-40

VS 6

F 66718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No. F 66718

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 641 Gutman Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 641 Gutman Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas McDonnell, Jr

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 20, 1851

8. AGE: Years	Months	Days	If less than one day
89 88	5 4	7	hr. min.

9. Birthplace Balto., Co.
(Town, county, and state)

10. Usual Occupation Retired Quarry worker
11. Industry or business

FATHER
12. Name Thomas McDonnell
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Ellwood
15. Birthplace Unknown

16 (a) Informant Mrs. Rose McDonnell
(b) Address 641 Gutman Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/29/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Josephs, Texas
Location York Rd.

18 (a) Funeral director Mary M. Friedfeld
(b) Address 507 E. Lexington St.

19 (a) (b) Huntington Williams, M.D. Registrar

FEB 28 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27, 1940, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 25 1940 to Feb 27 1940 and that I last saw him alive on Feb 25 1940.

Immediate cause of death Cardiac dilatation, Myocarditis

Duration

Due to

Due to

Other Conditions Cardio Renal disease.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank L. Friedfeld M. D.
Address 443 E. 25th St. Date signed Feb 28/40.

correct age is especially important

HEALTH DEPARTMENT—CITY OF BALTIMORE

66719

CERTIFICATE OF DEATH

30-B F 66719

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Mount Hope Retreat St. 8 or 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Earle Mitchell — If U. S. Veteran specify WAR

(a) Residence: No. 2125 E. Preston St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 22-1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broom Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William M. Mitchell

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Dora De Groff

14. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Dorothy A. Johnson
(Address) 2125 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL
Place London Parks Date Feb. 1940

19. UNDERTAKER Albert W. Gregory
(Address) 440 E. North Ave

20. FILED FEB 28 1940 H. Livingston Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27, 1940

22. I HEREBY CERTIFY, That I attended deceased from March, 1937 to Feb. 27, 1940

I last saw him alive on Feb. 27, 1940 Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. General Paresis	a.
b. Arteriosclerosis	b.
Other contributory causes of (importance): c. General Cutting infection with convulsions	c.

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Samuel P. Magee M. D.

(Address) 336 Fairfield Ave

OCCUPATION is very important. See instructions on back.

720

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91-A

F 66720
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
Street No. 338 S. Stricker
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EDNA MAY BRUCE

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7, 1923

8. AGE: Years	Months	Days	If less than one day: hr.	min.
16	7	20		

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation School girl
11. Industry or business —

FATHER
12. Name EDWARD BRUCE
13. Birthplace Baltimd

MOTHER
14. Maiden Name Nellie L. Heller
15. Birthplace Baltimd.

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/29/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3800 Old Frederick Road

18 (a) Funeral director John J. Cowan & Son
(b) Address 901 W. Fayette Street

19 (a) FEB 28 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27 1940, at 2:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 26 1940, to Feb. 27 1940, and that I last saw her alive on Feb. 27 1940.

	Duration
Immediate cause of death: Septicaemia due to staph. albus	? 3 days
Due to: Acute bacterial endocarditis due to staph. albus	? 3 days
Due to	
Other Conditions: Tetralogy of Fallot	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Confirms

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas Nelson (Contract) M. D.
Address Johns Hopkins Hosp. Date signed 2-27-40

721

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 66721
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 805 Hollins St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) -
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 805 Hollins St
(If rural give location)
(e) If foreign born, how long in U. S. A? 50 years

3 (a) FULL NAME Eva Kliszes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Widow

6 (b) Name of husband or wife Mathew Kliszes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 24-1866

8. AGE: Years	Months	Days	If less than one day
73	2	3	hr. min.

9. Birthplace Lithuania
(Town, county, and state)
10. Usual Occupation House Work
11. Industry or business

FATHER
12. Name Mathew Judiskus
13. Birthplace Lith.

MOTHER
14. Maiden Name Rose Jenkus
15. Birthplace Lith.

16 (a) Informant Mrs A. Sevonovich
(b) Address 805 Hollins St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/1/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md.

18 (a) Funeral director John Cowan & Son
(b) Address 901 Hollins St

19 (a) FEB 28 1940 (Date received by registrar) (b) Registrar Hunter Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/27/40 19 at 4:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1940 to Feb 27 1940, and that I last saw h alive on Feb 26 1940.

Immediate cause of death

Due to Chronic Myocarditis

Due to arteriosclerosis

Other Conditions age
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
several years
several years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hulet C Blake M. D.
Address Med Arts Bldg Date signed

6722

HEALTH DEPARTMENT—CITY OF BALTIMORE

66722

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 W. Franklin St. 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie V. Hooper

If U. S. Veteran specify WAR .....

(a) Residence: No. 804 W. Franklin St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Hooper

6. DATE OF BIRTH (month, day, year) Aug. 19, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51 52	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Daniel Moore

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Martha /

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT George Hooper (Address) 804 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Mar 6 1940

19. UNDERTAKER Mrs Kate R. Williams (Address) 322 N. Schroeder St.

FILED FEB 28 1940 19... Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1940 to Feb. 27, 1940

I last saw h alive on Feb 27, 1940 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ac. Bronch. Pneumonia	Feb. 1940
Other conditions contributory causes of importance: Myocarditis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Charles W. Wallace M. D.

(Address) 804 W. Franklin St

OCCUPATION is very important. See instructions on back.

Vs 5

F 6723 16

F 6723

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

Registered No. F 66723

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3321 Mueller Ln
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Downey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-15-24

8. AGE: Years	Months	Days	If less than one day hr.	min.
15	7	12		

9. Birthplace Md. (Town, county and state)

10. Usual Occupation School

11. Industry or business

FATHER
12. Name Earl Downey
13. Birthplace Md.

MOTHER
14. Maiden Name Downey Hague
15. Birthplace Md

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) X (Burial, cremation, or removal) (b) Date thereof 3/1/1940 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location adamsville Rd

18 (a) Funeral director John Finuda
(b) Address 2829 Hudson St

19 (Signature of local registrar) Huntington Williams, M.D. Registrar
FEB 28 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27 1940 at 12 15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 26 1940 to Feb 27 1940 and that I last saw him alive on Feb 27 1940.

Immediate cause of death. Progressive Cardiac failure for 10 yrs. Duration Last failure 1 month

Due to Mitral Stenosis & Insufficiency

Due to Rheumatic Fever

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. M. Welty M. D.
Address Johns Hopkins Hosp Date signed 2-27-40

VS 3

66724

✓ F 66724

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-W Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calhoun Fayette

(c) Hospital or institution: Franklin Square Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) one

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4300 Roland Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? life years

3 (a) FULL NAME John Q. A. Sand (JOHN QUINCY ADAMS SAND)

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Married

6 (b) Name of husband or wife Ethel K. Sand

6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) Aug-6-1881

8. AGE: Years	Months	Days	If less than one day: hr.	min.
58	6	22		

9. Birthplace Balto Md (Town, county and state)

10. Usual Occupation Wood Broker

11. Industry or business Self employed

FATHER

12. Name John Q. A. Sand.

13. Birthplace Balto Md or Cal

MOTHER

14. Maiden Name Anna Rice

15. Birthplace Maryland

16 (a) Informant Mrs E. K. Sand - (wife)

(b) Address 4300 Rolandave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar-2-40 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville

18 (a) Funeral director Seward Moore Co.

(b) Address 108 W Mt Ave.

19 (a) 240 (Date received by registrar) (b) Transfer for Hollins ave Mt

FEB

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 28 1940, at 3:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 27 1940 to Feb 28 1940, and that I last saw him alive on 2-28 1940

Immediate cause of death	Duration
(a) Uremia	
Due to (b) Hypertensive Cardio-Vascular Renal Disease	
Due to (c)	
Due to (d)	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature A B Dougherty M. D.

Address Franklin Square Hospital Date signed 2-28-40

VS 3

66725 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 66725

CERTIFICATE OF DEATH

93-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St. 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. 0 mos. 5 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Catherine Ryan

If U. S. Veteran specify WAR None

(a) Residence: No. Mount Hope Retreat St., 1123 Encumbrance Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: ? ? ?

6. DATE OF BIRTH (month, day, year): Feb 22 - 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): None

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: James McGarerty

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Jane Connelly

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Mt Hope Records

(Address): Mt Hope Md

18. BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Date: Mar 2 40

19. UNDERTAKER: Stewart Mortuary Co.

(Address): Edmonton

20. Filed ... 19... Huntington Williams Registrar

FEB 28 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 27, 1940

22. I HEREBY CERTIFY, That I attended deceased from March, 1934 to Feb 27, 1940

I last saw h[illegible] alive on Feb 27, 1940 Death is said to have occurred on the date stated above, at 8:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Psychosis with arteriosclerosis	52 yrs
Acute myocardial Decompensation	2 wks

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation: Findings What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Damian P. Hagan M. D.

(Address) 332 N Broadway

OCCUPATION is very important. See instructions on back of this sheet.

VS 9

66726

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-3

F 66726 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4007 Belvieu Ave
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4007 Belvieu Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME David Wilkard Wheatley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Katie Lee Wheatley

6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Jan. 4-1857

8. AGE: Years 83 | Months 1 | Days 23 | If less than one day hr. min.

9. Birthplace Crapo - Dorchester Co. - Md.
(Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Nursery Stock

FATHER
12. Name John L. Wheatley
13. Birthplace Crapo - Dorchester Co. Md.

MOTHER
14. Maiden Name Jachsah Abbott
15. Birthplace Crapo - Dorchester Co. - Md.

16 (a) Informant Mrs. Paul R. Hassencamp (Daughter)
(b) Address 4100 Turnhill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-29-40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location STEWART & MOWEN COMPANY

18 (a) Funeral director (W. F. WOODEN SUC.) 100 W. NORTH AVENUE
(b) Address Huntington Williams, M.D.

19 (a) FEB 29 1940 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/27/1940 at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/5/1938 to 2/27/1940, and that I last saw h alive on 2/27/1940

Immediate cause of death Cerebral hemorrhage — Duration 7 days

Due to Arteriosclerosis, Hypertension, — Duration 2 months 7 years

Due to Myocarditis & Mitral Insuff. — Duration

Other Conditions Cirrhosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Theodore K. Monroson M. D.

Address 1013 N. Charles Date signed 2/28/40

correct age if especially important

VS 8

ST

F 66727

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87-C Registered No. F 66727

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2102 Cambridge Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2102 Cambridge Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME Vincent Augustynowicz

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Helen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years 71 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Curtis Bay Car Shop

FATHER 12. Name Unknown
13. Birthplace Poland

MOTHER 14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Ben Augustynowicz
(b) Address 2102 Cambridge Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/29/40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Balto County

18 (a) Funeral director John M. Weber
(b) Address 421 S. Chester St

19 FEB 29 1940 (b) Attended by (M.D. or C.M.E.) Hunting & Kitzmiller, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 23 1940 to Feb. 27 1940, and that I last saw h[illegible] alive on Feb. 26 1940.

Immediate cause of death Paralysis Agitans
Due to Myocardial Insufficiency
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Andrew Hunting M.D.
Address 2529 Eastern Ave Date signed 2/28/40

F 66728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

111-a

Registered No. F 66728

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1510 Ramsay St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1510 Ramsay St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Booker

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Fem
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Late Adolph Booker
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 4 1877
8. AGE: Years 62 | Months 6 | Days 22 | If less than one day: hr. min.
9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

MOTHER / FATHER
12. Name George Engle
13. Birthplace Germany
14. Maiden Name Elizabeth Dennish
15. Birthplace Germany

16 (a) Informant Marie A. Mitzke
(b) Address 4101 Edmondson Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/29/40. (month) (day) (year)
(c) Cemetery or crematory London Pk.
Location 3801 Frederick Rd.
18 (a) Funeral director Harry H. Mitzke
(b) Address 4101 Edmondson Ave.
19 (a) (b)
(Signature of local registrar)

FEB 29 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 26, 1940; at M
21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20 1940 to Feb 26 1940, and that I last saw h alive on Feb 26 1940.

Immediate cause of death	Duration
Massive Pulmonary Embolism	15 Minutes
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan Rosen M. D.
Address 206 S. Gilmor St. Date signed 2-28-40

66729

HEALTH DEPARTMENT—CITY OF BALTIMORE

66729

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2701 Woodedale Ave St. 27-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Ernest R Gaithridge

If U. S. Veteran specify WAR No

(a) Residence: No. 2701 Woodedale Ave St., ... Ward. S S/N 205-09-2863

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mary A Gaithridge

6. DATE OF BIRTH (month, day, year): July 26 1880

7. AGE: Years 59 | Months 7 | Days 1 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Conductor Car Yard

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B & O R R

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Topeka Kansas

FATHER

13. NAME: William L Gaithridge

14. BIRTHPLACE (city or town) (State or country): Richmond Va

MOTHER

15. MAIDEN NAME: Sarah J Cheney

16. BIRTHPLACE (city or town) (State or country): Cattonsville Md

17. INFORMANT: Anthony E Gaithridge

(Address) 2701 Woodedale Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Cedar Hill Date: 2/29 1940

19. UNDERTAKER: Wilhorn Bros

(Address) 1217 E Baltimore

20. FILED FEB 29 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 27, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1940 to Feb 27, 1940

I last saw him alive on Feb 26, 1940. Death is said to have occurred on the date stated above, at 5A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 year
Contributory Asthma	
Other contributory causes of importance: Arteriosclerosis	1 year

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) W A Long M. D.

(Address) 2202 W. North Ave

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE 66730

66730

CERTIFICATE OF DEATH

1-131-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 227 E. Lafayette Ave 12th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Richard C. Kilham

If U. S. Veteran specify WAR ... Civil

(a) Residence: No. 227 E. Lafayette Ave. Ward. No. & St. Number

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Edna Irene Kilham

6. DATE OF BIRTH (month, day, year) Feb 3rd 1888

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
52	0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (city or town) (State or country) Harpers Ferry W. Va.

FATHER

13. NAME John S. Kilham

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Laura V. Dixon

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Virginia K. Burrent

(Address) Dundalk Md

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Knoxville Md Date Mar 1st 1940

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St

20. FILED FEB 29 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27th, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1939 to Feb 27, 1940

I last saw ~~deceased~~ alive on Feb 24 1940 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Acute	Sept 20 1939
Dilatation of Heart	
Other contributory causes of importance: Cerebral Intracranial Hemorrhage	✓

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Autopsy

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) John L. Kaufman M. D.

(Address) 1219 Eastern Ave

SEE CAUSE OF DEATH ... OCCUPATION is very important. See instructions on back of certificate.

F 66731

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

F 66731 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1337 N Gilmore
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1337 N Gilmore St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME James McCready

3 (b) If veteran, name war —

3 (c) Social Security Account No. None (?)

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	Married

6 (b) Name of husband or wife Irene McCready

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day hr.	min.
63	—	—		

9. Birthplace Chester Co - S. C (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business —

FATHER
12. Name Austin McCready
13. Birthplace S C

MOTHER
14. Maiden Name unk
15. Birthplace —

16 (a) Informant Irene McCready
(b) Address 1337 Gilmore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-40 (month) (day) (year)
(c) Cemetery or crematory St Calvary
Location A. A. Co. Md

18 (a) Funeral director Jas. M. Skinner
(b) Address 927 E. Mount St

19 (a) (Date rec'd by Registrar) (b) Registrar

FEB 29 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28 1940, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1939 to Feb 28 1940 and that I last saw h[illegible] alive on Feb 27 1940.

Immediate cause of death Chronic Nephritis — Duration: Dec 1 1939

Due to —

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy unk

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. L. Allen M. D.
Address 5 W Saratoga St Date signed Feb 28-40

66732 HEALTH DEPARTMENT—CITY OF BALTIMORE 66732

CERTIFICATE OF DEATH

107

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 590 W. Preston St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Tosney

(a) Residence: No. 590 Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	c	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie

6. DATE OF BIRTH (month, day, year) 12-24-1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	✓		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Charles H. Tosney

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rachel Robinson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Nettie F. Tosney

(Address) 590 W. Preston

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 2-29 1940

19. UNDERTAKER A. Halstead

(Address) 918 Druid Hill Ave

20. FILED , 19 Registrar.

FEB 29 1940 Huntington Ave Station

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1940, to Feb 24, 1940

I last saw him alive on Feb. 24, 1940. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Bronchial	9
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J. Headley, M. D.

(Address) 1230 Druid Hill Ave

F 66733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No. F 66733

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 919 Argyle Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 919 Argyle Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME LAURA HAMILTON

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr) Mar. 18, 1900

8. AGE: Years	Months	Days	If less than one day
39 40	11	18	hr ____ min ____

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation housework
11. Industry or business own home

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant John L. Morgan
(b) Address 919 Argyle ave.

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof 3-2-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill ave.

FEB 29 1940 Washington Boulevard
(Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28, 1940 19 ____, at 8 50 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Cerebral hemorrhage — Duration 6 hrs

Due to ____

Due to ____

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A L Wollenweber M.D. Asst Medical Examiner

Date signed Feb 28, 1940

Dept.—1-39—M. & T.—250 Blks

66734

F 66734

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

√61

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1388 N. North Ave ST. 13-3 WARD)

REGISTERED NO._____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine C. Schuyler

(a) RESIDENCE No. 1388 W. North ave ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of John C. Schuyler

6 DATE OF BIRTH (month, day, and year) Nov 19-1869

7 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
70	3.	8.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant (Address) Mrs. Pearl Carter 1388 N. North Ave.

Filed FEB 29 1940 19 Huntingtown Williamsport MD

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 27-1940

17 I HEREBY CERTIFY, That I attended deceased from Feb 15 19 38 to Feb 29 19 40, that I last saw h[illegible] alive on Feb 26 19 40, and that death occurred, on the date stated above, at ___ m.

The CAUSE OF DEATH* was as follows:

Diabetes Clinic
Nephritis, I
(duration) 2 yrs. ___ mos ___ ds.

CONTRIBUTORY (Secondary) Uraemia
(duration) ___ yrs. ___ mos. 7 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Findings

(Signed) John A. Duncan M.D.

, 19 (Address) 100 N. Bethesda Ave

*State the Disease Causing Death, or in deaths due to external causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL Feb. 29, 1940

20 UNDERTAKER E. Leroy Stafflev, Inc.

ADDRESS 125 E. North Ave

F 66735

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 66735

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 3½ yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 517 N. Bruce St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

20

3 (a) FULL NAME Millard Rogers Lee

X

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 4, 1936

8. AGE: Years	Months	Days	If less than one day hr.	min.
3	6	23		

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Millard Lee

13. Birthplace New Mexico

MOTHER 14. Maiden Name Vivian Upton

15. Birthplace Baltimore

16 (a) Informant Mother

(b) Address 517 N. Bruce St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof [illegible] 29 1940 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Brooklyn Md

18 (a) Funeral director William M Mareck

(b) Address 715 Light St

FEB 29 1940 (Date rec'd by registrar) (c) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27 1940, at 2:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/24 1940 to 2/27 1940, and that I last saw h[illegible] alive on 2/27 1940.

Immediate cause of death Laryngeal Diphtheria
Bronchopneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
7
3

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Max Baum M. D.

Address Sydenham Hosp. Date signed 2/27/40

66736

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63-a

F 66736 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 229 South Bouldin St
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 229 S. Bouldin Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Wojciech Dzienick (Or) George D. Smith

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	None	Male	White	Widowed

6 (b) Name of husband or wife Jozefia Dzienik
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May, 7th, 1853

8. AGE: Years	Months	Days	If less than one day
86	9	21	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mary Dzienick (Daughter)
(b) Address 229 S. Bouldin Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross P.K. Location Baltimore Co.

18 (a) Funeral director Geare & Weber
(b) Address 705 S. Linwood Ave. Huntington Park, Md.

19 (a) Filed by registrar (b) Registrar

D 29 1940
VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb, 28th 1940 at 3.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1940 to Feb 28 1940 and that I last saw him alive on Feb 28 1940

Immediate cause of death: Cerebral Hemorrhage — Duration: 5 hrs 2 da

Due to

Due to Arterio-Sclerosis — 8 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Roarer M. D.
Address 702 Kenwood Ave Date signed Feb 28 1940

F 66737

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-B Registered No. F 66737

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3404 E. Baltimore St.

(c) Hospital or institution: Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) 26 4

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) ~~County~~ Balto. City

(c) City or town

(If outside city or town limits, write RURAL and name town)

(d) Street No. 3404 E. Balto. St.

(If rural give location)

(e) If foreign born, how long in U. S. A.? ~ years

3 (a) FULL NAME Richard Thomas Colby

3 (b) If veteran, name war	3 (c) Social Security Account No.
~	~

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	White	Widowed

6 (b) Name of husband or wife Mary Jane Colby

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8-1859

8. AGE: Years	Months	Days	If less than one day
80	11	18	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Colored

11. Industry or business Railroad

FATHER

12. Name John Colby

13. Birthplace Balto. Md.

MOTHER

14. Maiden Name ? ? ?

15. Birthplace

16 (a) Informant Mr. Richard T. Colby (Son)

(b) Address 216 Argonne Drive City

17 (a) Burial (b) Date thereof 2/29/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Baltimore Cemetery

Location E. North Ave.

18 (a) Funeral director STEWART & HOWEN COMPANY

(b) Address (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

19 (a) FEB 29 1940 (b) Huntington Williams M.D.
(Date rec'd by registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1940, at 9P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 1934 to Feb 26 1940. and that I last saw h~ alive on Feb 26 1940.

Immediate cause of death	Duration
Chronic Bronchitis.	
Due to	
Due to	
Other Conditions Senility	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. H. Goodman M.D.

Address 3400 E. Balto Date signed 2/27/40

VS 8

F 66738
375364

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 193-D

F 66738
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2318 N. Calvert St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edith Rice - (Edith Rigby Hyland Rice)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-28-39

8. AGE: Years	Months	Days	If less than one day hr.	min.
80	2	5		

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Hyland
13. Birthplace Maryland -

MOTHER
14. Maiden Name Mary Alkinson
15. Birthplace Maryland.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) burial (b) Date thereof Feb 28 3/2/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lindenfelt
Location Baltimore

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. MOWEN SUC.) 108 W. NORTH AVENUE

19 (a) FEB 29 1940 (b) Washington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 28, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 8th 1940 to Feb. 28 1940 and that I last saw h[illegible] alive on Feb. 28 1940.

Immediate cause of death	Duration
Coronary thrombosis	3 hrs.
Due to Arteriosclerotic heart disease	? yrs.
Due to	
Other Conditions { Convalescent from bronchopneumonia. Pelvic tumor. ? type } (Include pregnancy within 3 months of death) over	17 da.

Major findings:
Of operations No operation
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ward W. Bizzo M. D.
Address Johns Hopkins Hospital Date signed 2/28/40

F 66739

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B Registered No. F 66739

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 months 15
(e) Length of stay in Baltimore (yrs., mos., or days) Life Long

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1617 Clifton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward L. Jackson, Sr

3 (b) If veteran, name war ~

3 (c) Social Security Account No. 213-03-7014

4 Sex: M | 5 Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Emma V. Jackson

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) June 15 - 1881

8. AGE: Years 58 | Months 8 | Days 13 | If less than one day ____ hr. ____ min.

9. Birthplace Washington, D. C. (Town, county and state)

10. Usual Occupation Clerk - Treas

11. Industry or business Steamship

FATHER 12. Name Andrew M. Jackson

13. Birthplace Penna

MOTHER 14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Mrs. E. L. Jackson, Jr

(b) Address 1617 Clifton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 1 - 1940 (month) (day) (year)

(c) Cemetery or crematory Rock Creek

Location Washington, D. C.

18 (a) Funeral director Leo Sheehan & Son

(b) Address Baltimore, Md.

19 (a) FEB 29 1940 (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/28 1940 at 10:54 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/26 1940 to 2/28 1940 and that I last saw h/ alive on 2/28 1940

Immediate cause of death Cachexia — Duration 8 mos.

Due to Cancer of stomach & metastasis — Duration 1 yr. ?

Due to ____

Other Conditions Uterine Fibroid Cyst — Duration 6 mos.

(Include pregnancy within 3 months of death)

Major findings:
Of operations Inoperable Cancer stomach & multiple secondaries
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Melvin D. Kappelman M. D.

Address Sinai Hospital Date signed 2-28-40

66740

HEALTH DEPARTMENT—CITY OF BALTIMORE

66740

CERTIFICATE OF DEATH

93-D

Registered No. 15-b

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Southern Hospital St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah E. Fisher

If U. S. Veteran specify WAR ...

(a) Residence: No. 2777 N North ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Har Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cyrus R.

6. DATE OF BIRTH (month, day, year) Nov 7 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85	3	1420	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Faulkner Co. Va

FATHER

13. NAME James Wm McCuen

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Grant

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mr E H Fisher

(Address) 2777 N North ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lt Mary's [illegible] Date March 1, 1940

19. UNDERTAKER Williams & Tuxon & Sons

(Address) North & Pennsylvania

20. FILED FEB 29 1940 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27, 1940

22. I HEREBY CERTIFY, That I attended deceased from June, 1939 to Feb. 27, 1940.

I last saw her alive on Feb. 25, 1940 Death is said to have occurred on the date stated above, at 2:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	5 Yrs

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [signature] M. D.

(Address) 2757 W North ave

OCCUPATION IS VERY IMPORTANT. DO NOT OMIT.

VS 8

1C

F 66741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No. F 66741

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1621 N. Bond St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Frederick John Viol

3 (b) If veteran, name war: None.

3 (c) Social Security Account No. 213-09-1323

4 Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary A.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 24 1883

8. AGE: Years 56 | Months 4 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Bethlehem Steel

FATHER 12. Name John Viol

FATHER 13. Birthplace Baltimore

MOTHER 14. Maiden Name Dena Young

MOTHER 15. Birthplace Baltimore

16 (a) Informant Mrs Mary A Viol

(b) Address 1621 N Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 2 '40 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cemetery

Location Baltimore, Md.

18 (a) Funeral director William J Sukper & Sons

(b) Address Mech & Pennsylvania Ave

19 (a) (b) (Date rec'd by registrar) Registrar

FEB 3 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/28 1940, at 4:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/27 19 40 to 2/28 1940 and that I last saw him alive on 2/28 19 40

Immediate cause of death: Cerebral haemorrhage — Duration: 3 days

Due to: Hypertension & Arteriosclerosis

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. Thassmon M.D.

Address Md. General Hospital Date signed

66742

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 66742

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 309 S. Bethel st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 309 S. Bethel st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fred Wesley Ferguson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7. 7. 1939

8. AGE: Years	Months	Days	If less than one day
	7	20	hr. min.

9. Birthplace Appomattox Co Va.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Wesley Ferguson
13. Birthplace Va.

MOTHER
14. Maiden Name Virginia Cousin
15. Birthplace Va

16 (a) Informant Mrs. Virg. Ferguson
(b) Address 309 S. Bethel

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 28 40 (month) (day) (year)
(c) Cemetery or crematory Linchburg Va
Location Va

18 (a) Funeral director Edwin O Wilson
(b) Address 1000 Brantley st

19 (a) (Date rec'd by registrar) (b) Huntington Williamsburg Md

FEB 29 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 2. 27 1940 at 2 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2.27 1940 to 19
and that I last saw him alive on 2.27 1940

Immediate cause of death

Broncho-pneumonia (Primary)

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
2 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M. D.

Address 1500 E. Madison st Date signed 2-28-40

H L Wollenweber, M D Coroner Md

VS 3

66743

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66743

Registered No. 107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 731 N Central ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

10 V

3 (a) FULL NAME Ruth Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1938

8. AGE: Years	Months	Days	If less than one day
1	16		hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Mr Jasper Johnson
13. Birthplace Va

MOTHER 14. Maiden Name Miss Bettie Sharp
15. Birthplace Va

16 (a) Informant Mrs Bettie Johnson mother
(b) Address 731 N Central Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Cedar Hill Mgt

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 E Brentley ave.

19 (a) Huntington Williams, M.D. Registrar
(b) Registrar

FEB 29 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1940, at 930 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death: Bronchopneumonia — Duration: 2 days

Due to

Due to

Other Conditions Rickets

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 2/27/40

F 66744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 66744 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1226 S Charles St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1226 S. Charles St
(If rural give location)
(e) If foreign-born, how long in U. S. A.? years

23

3 (a) FULL NAME Harold Bruce Springer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Eva E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 12-1863

8. AGE: Years	Months	Days	If less than one day
77	5	14	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Lawyer

11. Industry or business

FATHER 12. Name Peter H
13. Birthplace Va.

MOTHER 14. Maiden Name Mary C Lee
15. Birthplace Va

16 (a) Informant Eva E. Springer
(b) Address 1226 S. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-29-4 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location

18 (a) Funeral director Feamley & Lucas
(b) Address 5305 Harford Rd.

19 (a) FEB 29 1940 (Date received by Registrar) (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1932, to Feb 26 1940, and that I last saw h alive on Feb 26 1940.

Immediate cause of death Pneumonia

Due to Arterio-sclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

Duration 2 mos.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. H. Bonanno M. D.

Address 436 E Fort Date signed 2/27/40

66745 HEALTH DEPARTMENT—CITY OF BALTIMORE 66745

285-80

CERTIFICATE OF DEATH

✓ 30c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-N Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Hebron

If U. S. Veteran specify WAR

(a) Residence: No. Ellicott City, Md. St., Ward. Howard Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Hebron

6. DATE OF BIRTH (month, day, year) Mar 16, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	11	12/13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Present

11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Harris

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Julia Harris

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Thos. Hebron (Address) Clarksville, Md. Route 1

18. BURIAL, CREMATION, OR REMOVAL Place Hebron Cemetery Date 3-2 1940

19. UNDERTAKER Robinson & Son (Address) Ellicott City, Md.

20. FILED 19 Finston Williams Registrar.

FEB 29 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1940 to Feb. 28, 1940

I last saw h[illegible] alive on Feb. 28, 1940 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic Encephalitis (presumptive) (Brain to be fixed).	2-20-40

Other contributory causes of importance:

Latent Syphilis

Pregnancy

over

Was an operation performed? ~~Yes~~ Date of ~~Feb. 28, 1940~~

For what disease or injury?

Name of operation

What test confirmed diagnosis? Lab. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) Jno. James Bruntlett M. D.

(Address) University Hospital

OCCUPATION IS very important. See INSTRUCTIONS on reverse side.

F 66746 ✓ F 66746

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 87-1

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5517 Mottfeldt avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town ..... (If outside city or town limits, write RURAL and give town)
(d) Street No. 5517 Mottfeldt Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Patience A. Bowman

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Josephus Bowman
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 1st 1854

8. AGE: Years	Months	Days	If less than one day
85 86	8	27	hr. ..... min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name William Stonesifer
13. Birthplace Carroll County

MOTHER
14. Maiden Name Patience Shanahan
15. Birthplace Carroll County

16 (a) Informant M. Sarah Marshall
(b) Address Westminster Md

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 3-1-40 (month) (day) (year)
(c) Cemetery or crematory St John's Cemetery
Location Westminster Md

18 (a) Funeral director H. Gilbert Marshall
(b) Address 359 Main Street

19 (a) ..... (Date received by registrar) (b) ..... Registrar

FEB 29 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28 1940 at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20 1940 to Feb 28 1940 and that I last saw her alive on Feb 27 1940.

Immediate cause of death ..... Duration
Uraemia ..... 8 days
Due to Nephritis ..... 7 yrs
Due to Arteriosclerosis ..... 2 yrs
Due to Cerebral Sclerosis ..... 2 yrs
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury —

23. Signature Ed. DeFrancesco M.D.
Address 9458 Harford Date signed 2/27/40

66747

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 66747 Registered No. 698

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 633 Carrollton ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 633 N. Carrollton ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

16

3 (a) FULL NAME George Waters Matthews

3 (b) If veteran, name war

3 (c) Social Security Account No. 77-07-8960

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Mrs Lillie Matthews
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 15, 1873

8. AGE: Years	Months	Days	If less than one day
66 67	2	12	hr. — min.

9. Birthplace Baltimore md
(Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business Penna RR.

FATHER
12. Name John W. Matthews
13. Birthplace Baltimore md

MOTHER
14. Maiden Name Barbara Ellen Butler
15. Birthplace Baltimore

16 (a) Informant Mrs Frances Holliday
(b) Address 100 W. Lafayette ave

17 (a) (Burial, cremation, or removal) (b) Date thereof Mar 2, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Kate R. Williams
Address 322 N Schroeder St

19 (Date received by registrar) FEB 29 1940 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-27-1940 at 8:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-21-1940 to 2-27-1940, and that I last saw him alive on 2-27-1940.

Immediate cause of death Cerebral hemorrhage — Duration 6 days

Due to arterio sclerosis & Hypertension — Duration Unknown

Due to a former hemorrhage — Duration 1936

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mary A. Saunders M. D.
Address 1129 N. Stricker Date signed 2-29-40

6748 HEALTH DEPARTMENT—CITY OF BALTIMORE F 66748

F 7056

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers of America Hosp St.) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Gosh

If U. S. Veteran specify WAR

(a) Residence: No. 1962 Ramsey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 24, 1940

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

FATHER

13. NAME Marion Francis Gosh

14. BIRTHPLACE (city or town) Balto. Md
(State or country)

MOTHER

15. MAIDEN NAME Margaret Quirk

16. BIRTHPLACE (city or town) Balto. Md
(State or country)

17. INFORMANT Mother
(Address) 1922 Ramsey St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 2/29, 1940

19. UNDERTAKER Percy B. Shirley
(Address) Federal & Stayton Sts

FILED FEB 29 1940 19 Huntington Williams Registrar.

OCCUPATION IS VERY IMPORTANT—SEE INSTRUCTIONS ON BACK

VS 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1940 Feb 28 1940
I last saw him alive on Feb 28 1940 Death is said to have occurred on the date stated above, at 4:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2/24/40
Other contributory causes of importance: Prematurity 5 mo	2/24/40

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Leonard M. Hummel M. D.

(Address) 418 N. Arlington Ave

66749 Joseph A Grance ✓ F 66749

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-E Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20-4-9

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 308 S. High St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph A. Grance (Grance) ✓

3 (b) If veteran, name war
3 (c) Social Security Account No. 217-07-9238

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 27 1919

8. AGE: Years	Months	Days	If less than one day
20	4	9	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation On assembly line
11. Industry or business

FATHER
12. Name Daniel Grance
13. Birthplace Italy

MOTHER
14. Maiden Name Angela Di Cicco
15. Birthplace Italy

16 (a) Informant Daniel Grance
(b) Address 308 S. High Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 4 40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4420 Belair Rd

18 (a) Funeral director Martin H. E. Dippel
(b) Address 37 S. Ann St.

FEB 29 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 29 1940, at 4:18 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 11 1940 to Feb 29 1940, and that I last saw h~~im~~ alive on Feb 29 1940.

Immediate cause of death	Duration
Lymphosarcoma	1 mo.
Due to Bronchopneumonia	2½ wks.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Biopsy of Cervical Gland - not entirely conclusive
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frederick J. Voelcker M. D.
Address Mercy Hospital Date signed 2-29-40

M. D. R. 1268-6

66750

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66750

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 205 W. Madison St. 11-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Emma G. Lewis

(a) Residence: No. 205 W. Madison St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 4-1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mooresville Ind

FATHER

13. NAME Wm Mitchell

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT W R Lewis
(Address) Emerson Hotel

18. BURIAL, CREMATION, OR REMOVAL
Place Mooresville Ind Date March 1, 1940

19. UNDERTAKER A Riley Slade
(Address) 4907 Harford Rd Baltimore, Md

Filed ... 19... Registrar.

FEB 29 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25th, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 26 —, 1939, to July 25th, 1940

I last saw h.e alive on July 17 —, 1940 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Interstitial Nephritis	2yrs
Other contributory causes of importance: Arterio-sclerosis	5yrs

Name of operation None Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. J. Keller M. D.

(Address) 721 W. Monument St

OCCUPATION is very important. See instructions on back of certificate.

F 66751

CK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

50840 Registered No. F 66751

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-7
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 205 Myrtle Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Barnes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Augusta
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 21, 1889

8. AGE: Years	Months	Days	If less than one day
50	9	7	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name James
13. Birthplace Md.

MOTHER
14. Maiden Name Josephine Broom
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof Mar 4/1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St.

FEB 29 1940

(b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 28 1940, at 5:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 8 1939, to Feb. 28 1940, and that I last saw h[illegible] alive on Feb. 28 1940.

Immediate cause of death: Hypertensive cardiovascular disease — Duration: unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Waghelstein M. D.
Address Balto City Hosp. Date signed 2-29-40

66752

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-53

Registered No. F 66752

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1002 W. 40th St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1002 W. 40th St. (If rural give location)
(e) If foreign born, how long in U. S. A.) — years

13-9

3 (a) FULL NAME Nancy Lee Brown

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F.
5. Color or race W.
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife Infant
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 17, 1938

8. AGE: Years 1 | Months 4 | Days 11 | If less than one day — hr. — min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name James Brown
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Irene Tankersley
15. Birthplace Somerset Co., Md.

16 (a) Informant James Brown
(b) Address 1002 W. 40th St. Balto, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 1, 1940 (month) (day) (year)
(c) Cemetery or crematory Black Rock
Location Balto Co., Md.

18 (a) Funeral director Sandra M. Brooks
(b) Address Sparks, Md.

19 (a) FEB 29 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28, 1940, at 2:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 15 1940, to Feb 28 1940, and that I last saw h[illegible] alive on Feb 28, 1940.

Immediate cause of death: Tuberculous Meningitis — Duration: 1 week
Due to: Miliary Tuberculosis — 2 months
Due to: — own
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Israel P. Pleasonton, M. D.
Address 1910 W. North Ave. Date signed 2/29/40

VS 3

F 66753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C Registered No. F 66753

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1630 Hollins St
(c) Hospital or institution:
19-4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1630 Hollins St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carroll Wolf Calvert

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-03-4587

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 7, 1911

8. AGE: Years	Months	Days	If less than one day
29	0	19	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Credit Typing Women's Clothing

11. Industry or business

FATHER 12. Name John B. Calvert
13. Birthplace Baltimore, Md

MOTHER 14. Maiden Name Carey B Blair
15. Birthplace Washington, D C

16 (a) Informant Mrs John Calvert
(b) Address 1630 Hollins St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 29 1940 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave & Longwood Sts

18 (a) Funeral director Henry A Bahle
(b) Address 4101 Edmondson Ave

19 (a) Registered Registrar Hunting of Williams M.D.

FEB 29 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 26 1940, at 5:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4, 1938, to Feb 26 1940, and that I last saw h[illegible] alive on Feb 26 1940.

Immediate cause of death Rheumatic cardio-vascular disease — Duration [illegible]

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan Racusin M. D.

Address 206 S Gilmor St Date signed 2-29-40

66754

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97 ✓ Registered No. F 66754

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1310 North Rose st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 1310 N. Rose St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Annie Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married~~, widowed, or ~~divorced~~
F	W	Widow

6 (b) Name of husband or wife —

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec 13th 1855

8. AGE: Years	Months	Days	If less than one day
84	2	15	hr. ..... min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name John Black
13. Birthplace Md

MOTHER 14. Maiden Name Henneretta Hall
15. Birthplace Md

16 (a) Informant Mrs Smith
(b) Address 1310 N Rose St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 1st 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood Mem
Location Taylor Ave.

18 (a) Funeral director Leo G. Cook
(b) Address 1201-03 N Patterson Park Ave

19 (a) FEB 29 1940 (Date rec'd by registrar) Huntington Registrar

MEDICAL CERTIFICATION 180a

20. DATE OF DEATH Feb 28 1940, at ..... M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said — (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Bronchopneumonia
Senile Atrophy of Brain

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature H. W. Edwards M.D.
Medical Examiner.
Date signed 2/28/40

VS 6

F 66755

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

Registered No. F 66755

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md. 12-6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 66 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Putty Hill, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. So. Baker Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME John H. Weinhold (Wienhold.)

3 (b) If veteran, name war Spanish Amer. War

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Alice Beck
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 6, 1873

8. AGE: Years	Months	Days	If less than one day
66	2	22	— hr. — min.

9. Birthplace Phoenix, Maryland
(Town, county, and state)
10. Usual Occupation Sexton
11. Industry or business St. Katherine's Church

FATHER
12. Name John H. Weinhold
13. Birthplace Hanover, Germany

MOTHER
14. Maiden Name Nancy Barger,
15. Birthplace York, Pennsylvania

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director George [illegible]
(b) Address 735 [illegible]

FEB 29 1940 (Date received by local registrar) Huntington Williams, M.D. (Local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 28, 1940, at 2:15AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 20, 1940 to Feb. 28, 1940, and that I last saw him alive on Feb. 28, 1940.

Immediate cause of death	Duration
Myocardial failure, acute	5 days
Due to	
Due to	
Other Conditions Appendiceal abscess - peritonitis (Include pregnancy within 3 months of death)	9 days
Major findings: Of operation Appendectomy with drainage	
Of autopsy None	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature O. E. Denney, M. D.
Address U.S. Marine Hospital Date signed 2-28-40
Baltimore, Maryland.

VS 3

F 66756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83-a F 66756

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1406 Ashland Ave St. 10-W Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Washington Lee

(a) Residence: No. 1406 Ashland Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary L. Lee

6. DATE OF BIRTH (month, day, year) July 27 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Rocky Mountain N. Carolina

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Mrs. Rosa L. Davis
(Address) 1035 N. Dallas St

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Memorial Park Date 2/2/ . 1940

19. UNDERTAKER Mrs Ida B Bailey
(Address) 142 Jefferson St

20. FILED FEB 29 1940 19... Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25 . 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 22 . 1940 to Feb 25 . 1940

I last saw him alive on Feb 25 . 1940 Death is said to have occurred on the date stated above, at 1:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/22/40
Hypertension	"
Arteriosclerosis	"
Senility	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Albert R. Lofgren M. D.

(Address) 542 N. Bond St

OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 66757

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-6 ✓

Registered No. F 66757

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2124 Bank Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2124 Bank Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME Frances Nizialek

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Michael Nizialek
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
67 66			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Nurse

11. Industry or business

FATHER
12. Name Wladyslaw Maskanski
13. Birthplace Poland

MOTHER
14. Maiden Name Rozanski
15. Birthplace Poland

16 (a) Informant Mrs. Rose Eining
(b) Address 2124 Bank Stret

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 / 3 / 40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Pulaski County

18 (a) Funeral director John M Weber
(b) Address 401 S. Chester Street

19 (a) Huntington Williams M.D. Registrar
FEB 29 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27 1940, at 11 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 19 40 to Feb 27 1940 and that I last saw h alive on Feb 27 40.

Immediate cause of death Carcinoma of Liver and Stomach — Duration 7

Due to

Due to

Other Conditions Myocardial Failure

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo L. Kurlock M. D.

Address 126 S. Pettrom Pl Date signed Feb 29/40

F 66758

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

Registered No. F 66758

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 238 S Wallace St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** ROBERT MOORE

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr)

8. AGE: Years	Months	Days	If less than one day
42			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business Unknown

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL FEB 29 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address Huntington Williams, M.D.

19 (a) FEB 29 1940 (Date rec'd by registrar) 524 Registrar

VS 6

MEDICAL CERTIFICATION

20. **DATE OF DEATH** February 18 1940, at 7 10 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquest) (Autopsy or Inquest)

Immediate cause of death Shock, traumatic Peritonitis, acute
Due to Bullet wound of abdomen, perforating
~~Due to~~ intestines

Duration
9 hrs
9 hrs

Other Conditions Hemorrhage secondary
(Include pregnancy within 3 months of death)

Major findings:
Of operations Perforations of Jejunum
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence Feb 18, 1940
(c) Where did injury occur? 238 S Wallace St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? No
(Specify type of place)
(e) Means of injury Revolver bullet

23. **Signature** Dr. H. W. Williams M.D.
Medical Examiner.

Date signed Feb 19, 1940

376042

66759

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

80-B

Registered No. F 66759

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 7502 Carroll Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Irene Bahlen
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Wilbur Bahlen
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1919
8. AGE: Years 21 Months Days If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business At Home

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Record
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 1 40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Fred W. Ozmun
(b) Address 1930 Eastern Ave

19 (a) FEB 29 1940 (Date received by registrar) (b) Huntington Williams, M. D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27 1940, at 1040 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-24 1940, to 2-27 1940, and that I last saw her alive on 2-27 1940.

Immediate cause of death: Encephalitis - type not determined — Duration: 1 wk.
Due to
Due to
Other Conditions: Pregnancy - 4 months
(Include pregnancy within 3 months of death)

Major findings:
Of operations: No findings
Of autopsy: Negative grossly

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles L. Ireland M. D.
Address Johns Hopkins Hospital Date signed 2-28

VS 3

66760

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 66760

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1617 Ceral St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 5

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1617 Ceral St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Antoni Bydlek

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mary Bydlek

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14 1860

8. AGE: Years 60 54 | Months 8 | Days 14 | If less than one day: hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name ?
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace Poland

16 (a) Informant Carrie Bydlek
(b) Address 1617 Ceral St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 2-40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem
Location Baltimore

18 (a) Funeral director Fred W Ozarowski
(b) Address 1930 Lanvale Ave.

19 (a) FEB 29 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 28 1940, at 7a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20 1940, to Feb 28 1940 and that I last saw him alive on Feb. 27 1940.

Immediate cause of death: Aortic Insufficiency — Duration: 2 yrs.

Due to —

Due to

Other Conditions Chr. Interstitial Nephritis.
(Include pregnancy within 3 months of death)

Major findings: —
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature William Yeatts M. D.
Address 815 Penna Ave Date signed 2/29/40

VS 3

66761

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 66761
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2748 Wilkens Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2748 Wilkens Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ada J. Brewer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Late Edward W.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 12, 1895

8. AGE: Years	Months	Days	If less than one day: hr.	min.
64	6	16		

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Andrew Miller
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant LeRoy L Brewer
(b) Address 2748 Wilkens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 2 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave

18 (a) Funeral director Harry A Wiltse
(b) Address 401 Edmondson Ave

19 (a) (Date received) (Huntington Williams, M.D.) Registrar

FEB 29 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28 1940, at 1:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 13 1938 to Feb 28 1940, and that I last saw h[illegible] alive on Feb 28 1940.

Immediate cause of death Coronary Thrombosis — Duration 2 days

Due to

Due to

Other Conditions
Essential Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Rosen

Address 206 S. Gilmor St Date signed 2/28/40 M. D.

F 66762

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 66762 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 842 Whitmore Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 11 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 842 Whitmore Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Susie L. Mullinix

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Late Randolph Mullinix

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 26, 1862

8. AGE: Years 77 | Months 3 | Days 1 | If less than one day: hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Henry Darley
13. Birthplace Ireland

MOTHER
14. Maiden Name Jane Flushart
15. Birthplace Md

16 (a) Informant Mrs Washington
(b) Address 842 Whitmore Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 1, 1940 (month) (day) (year)
(c) Cemetery or crematory Howard Chapel,
Location Howard, County

18 (a) Funeral director Harry H Wittle
(b) Address 4101 Edmondson Ave

19 (a) [illegible] (b) Huntington, Indiana
(Name and address) Relation

FEB 29 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22, 1940 [illegible] at 4:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1937 to Feb 27 1940, and that I last saw her alive on Feb 26 1940

Immediate cause of death: Arteriosclerosis — Duration: 5 years

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert L. Mortimer Jr. M. D.
Address 1706 St Paul St Date signed 2/29/40

66763

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

F 66763

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 600 N. Payson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 600 N. Payson St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Virta Stanley Barbour

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Late Wm Barbour
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11, 1878

8. AGE: Years 61 | Months 7 | Days 16 | If less than one day: hr. min.

9. Birthplace Maryland (town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name —— Stone
13. Birthplace Texas

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Harry J. Shockello
(b) Address 600 N. Payson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 1, 1940 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave & Longwood St

18 (a) Funeral director Harry K. Wilhelm
(b) Address 4101 Edmondson Ave

19 (a) Date received by registrar (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 19 X, to Feb 27 1940, and that I last saw her alive on Feb 27 1940.

Immediate cause of death	Duration
Metastatic Carcinoma	3 yrs
Due to Carcinoma of Transverse Colon.	3 yrs 2 mo.
Due to	
Other Conditions Colostomy - for obstruction (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma of Colon
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Zierler M. D.
Address 231 Clinton Road Date signed Feb 29 1940

FILED

VS 3

F 66764

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95-C

Registered No. F 66764

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1603 Lamont Ave. 9-9
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Nelson Moore

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife: Louise Shipley Moore
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 10, 1890

8. AGE: Years	Months	Days	If less than one day
49	11	18	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Steel Worker
11. Industry or business

FATHER
12. Name Samuel K. Moore
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Susan, Miller
15. Birthplace Frederick County, Maryland

16 (a) Informant Records-U. S. Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof 3/2-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto Nat Cem
Location Frederick Md

18 (a) Funeral director Robert Brooks & Son
(b) Address Calhoun & Hollins sts

19 (c) FEB 29 1940 Huntington Williams, M.D.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 28, 1940, at 3:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 27, 1940, to Feb. 28, 1940 and that I last saw him alive on Feb. 28, 1940.

Immediate cause of death	Duration
Gastric hemorrhage	1 day
Due to Cardiac decompensation	2 weeks
Due to Arteriosclerosis	Unknown
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No operation
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. M. H. Anderson, M.D.
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 2-29-40

F 66765

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43-9

F 66765

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2104 Boone Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2104 Boone Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Geo. Rusk

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of ~~husband~~ wife Mary F. Rusk

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 25, 1855

8. AGE: Years	Months	Days	If less than one day
85	1	2	hr. min.

9. Birthplace Baltimore, (Town, county, and state)

10. Usual Occupation Retired Butcher.

11. Industry or business

FATHER
12. Name Abram Rusk
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mr. Wm. L. Waters
(b) Address 2104 Boone St 30.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-29-40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Mary M. Kugelfeld
(b) Address 541 E 32nd St

Filed MAR 1 1940 (Date received by Registrar)

Entered by [illegible] Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27, 1940, at 4:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from ~~February~~ 25 1940, to Feb 27 1940, and that I last saw h~~im~~ alive on Feb 27 1940.

Immediate cause of death	Duration
Myocardial Insufficiency	36 hours
Due to Myocarditis	6 mos.
Due to Arteriosclerosis	2 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Thomas F. White M. D.
Address 532 E. 22nd St Date signed 2/29/40

F 66766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 66766 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1603 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14-1
(e) Length of stay in Baltimore (yrs., mos., or days) (11 mos)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1603 Eutaw Place
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Pearl Hayes

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife John Hayes
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 11/1892

8. AGE: Years 47 | Months 6 | Days 18 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Arthur D. Bunner
13. Birthplace Pa

MOTHER
14. Maiden Name Rosa Remmick
15. Birthplace Pa

16 (a) Informant Mr John Hayes
(b) Address 1603 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/29/40 (month) (day) (year)
(c) Cemetery or crematory White Marsh Md
Location Pa

18 (a) Funeral director Philip Howard Evans
(b) Address 2016 Eutaw Pl

19 (a) 1 Mar 1940 (Date Rec'd by Registrar) (b) [illegible] Baltimore Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 29 1940 at 6 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 27 1939, to Feb 29 1940 and that I last saw her alive on Feb 29 1940.

Immediate cause of death	Duration
Apoplexy and uremia	2days
Due to Chr Nephritis	
Chr Endocarditis	several years
Arterio-Sclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Sulmar Lanor M.D.
Address 1901 Eutaw Place. Date signed 2/29/40

VS 3

F 66767

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-3

F 66767 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 dys
(e) Length of stay in Baltimore (yrs., mos., or days) 21 dys

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Emmitsburg
(If outside city or town limits, write RURAL and give town)
(d) Street No. 21
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edgar Humerick

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name ~~of husband or wife~~
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Emmitsburg Md (Town, county, and state)
10. Usual Occupation Baker
11. Industry or business

FATHER
12. Name Geo. T.
13. Birthplace Md.

MOTHER
14. Maiden Name Annie Jackson
15. Birthplace Md.

16 (a) Informant Mrs Allegon
(b) Address Emmitsburg Md.
17 (a) (Burial, cremation, or removal) (b) Date thereof 3-1-40 (month) (day) (year)
(c) Cemetery or crematory Emmitsburg Md
Location Lot Emmanuel Rom.
18 (a) Funeral director 112-26 W Hoffman
(b) Address
19 MAR 1 - 1940 (Date rec'd by registrar) Practitioner Hillegas

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/29 1940, at 6:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/8 1940, to 2/29 1940, and that I last saw h/ ~~m~~ alive on 2/29 1940.

Immediate cause of death	Duration
Intestinal obstruction due to chronic ulcer of cardiac	
Due to region stomach. Possible carcinomatosis (?)	
Due to degeneration, secondary anemia & malnutrition	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations – chronic ulcer cardiac region stomach.
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature James N. Cranos M. D.
Address St. Agnes Hospital Date signed 2/29/40

VS 3

F 66768

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 66768 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3209 Milford Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3209 Milford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

28

3 (a) FULL NAME John Henry Mische

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Frances Mische
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 27 1863

8. AGE: Years 76 | Months 4 | Days 24 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation R. R. Carpenter

11. Industry or business

FATHER 12. Name John Henry Mische
13. Birthplace Germany

MOTHER 14. Maiden Name Gertrude Mische
15. Birthplace Germany

16 (a) Informant Katherine Kleinhenz
(b) Address 3209 Milford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 4/1940 (month) (day) (year)
(c) Cemetery or crematory Lemetery
Location Frederick Rd

18 (a) Funeral director Harry A Comacook
(b) Address 4204 Reisterstown Ave

19 (a) [illegible] (b) [illegible] Registrar

(Date received by registrar) MAR 5 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1st 1940 at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1939 to March 1st 1940 and that I last saw him alive on March 1st 1940

Immediate cause of death	Duration
Cerebral Hemorrhage	1 week
Due to Arterio Sclerosis	2 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. C. Samuels M. D.
Address 4309 Liberty Hgts Date signed March 5th

F 66769

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

176-a

F 66769
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1210 N. Gay St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1210 N. Gay St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cora E. Wilson

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Wh	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 3rd about 1867

8. AGE: Years	Months	Days	If less than one day
About 72	3	26	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name Edward Wilson
13. Birthplace Jersey City N. J.

MOTHER
14. Maiden Name Mary E. Diamond
15. Birthplace Balto. Md.

16 (a) Informant Grace A. Sickel
(b) Address 3002 Greatmont Ave

17 (a) Burial (b) Date thereof 3/2/40
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Greenmount
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date rec'd by registrar) (b) [illegible] Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 29 1940 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said " find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death Illuminating gas poisoning

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide Accidental ?
(b) Date of occurrence 2/29/40
(c) Where did injury occur? 1210 N. Gay St (City or Town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Inlet gas stove

23. Signature [illegible] Medical Examiner. M.D.

Date signed 2/29/40

MAR 1 - 1940

3F 56770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66770
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 606 N. Calvert (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Schrade George Ellsworth Schrade

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-01-5711

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-4 1900

8. AGE: Years	Months	Days	If less than one day hr.	min.
39	7	25		

9. Birthplace Baltimore MD (Town, county, and state)

10. Usual Occupation Enameling

11. Industry or business

FATHER
12. Name Albert Schrade
13. Birthplace Pa

MOTHER
14. Maiden Name Anna Va. Joyce
15. Birthplace Baltimore Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 2, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director J. F. Moran
(b) Address 1003 W. Baltimore St.

19 (a) (Date received by registrar) (b) Hunting to Williamsport Md.

R 1-1940 VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb - 29 1940, at 2.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20 1940 to Feb 29 1940, and that I last saw H/M alive on Feb 29 1940.

Immediate cause of death	Duration
Generalized Peritonitis	
Due to Splenic abscess	
Due to Lung abscess + Liver abscess	
Other Conditions Bronchiectasis Lobar Pneumonia? (Include pregnancy within 3 months of death)	

Major findings:
Of operations Splenic abscess, Peritonitis
Of autopsy Lung, spleen & multiple Liver abscesses. Peritonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Bronz M. D.
Address Johns Hopkins Hospital Date signed 2-29-40

F 68771

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 68771
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1615 Light st.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 410 W. Fayette st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Geo. H. Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No. 219-07-9382

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced divorced

6 (b) Name of husband or wife Katherine Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27-1875

8. AGE: Years 64 | Months 7 | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Henry W. Smith

13. Birthplace Md.

MOTHER 14. Maiden Name Mary E. Hands

15. Birthplace Md.

16 (a) Informant Mrs. Mettie Hashamp

(b) Address 1615 Light st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 24 40 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Balto.

18 (a) Funeral director Philip Herurg Sons

(b) Address 2016 Orleans st.

AR 1940 (Date rec'd by registrar)

(b) Arthur Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28 1940. 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/19 1940 to 2/28 1940 and that I last saw him alive on 2/25 1940.

Immediate cause of death Cerebral Hemorrhage — Duration 10 days

Due to

Due to

Other Conditions Hypertensive cardio-vascular disease — 2

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Leikel M.D.

Address 226 Hanover St Date signed 3/1/40

VS 3

F 66772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-6

Registered No. F 66772

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 519 N. Collington Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Miese

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Margaret Miese

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 28 1871

8. AGE: Years	Months	Days	If less than one day: hr.	min.
68	4	0		

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Wm Miese
13. Birthplace Md

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs Margaret Miese
(b) Address 519 N. Collington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/40 (month) (day) (year)
(c) Cemetery or crematory Balto. Location Baltimore

18 (a) Funeral director Philip Herwig Sons
(b) Address 2016 Orleans St

19 (a) MAR 1 – 1940 (Date rec'd by Registrar) (b) [illegible] Registrar

VS 6

MEDICAL CERTIFICATION 225a

20. DATE OF DEATH Feb. 28 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Cause of death	Duration
Immediate cause of death: Fracture of skull, Hemorrhage in brain	
Due to: Cerebral Edema	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2/13/40
(c) Where did injury occur? 519 N. Collington Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell down steps of his intended

23. Signature H. B. Gundelfinger M.D. Medical Examiner.
Date signed 2/28/40

F 66773

F 66773

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 701 Ashburton St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 701 Ashburton St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cora E. Carew

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Walter C. Carew
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29, 1870

8. AGE: Years	Months	Days	If less than one day
69 Yr.	9 mo.	27 da	hr. min.

9. Birthplace Dames Quarter, Md. Somerset Co.
(Town, county, and state)
10. Usual Occupation House work
11. Industry or business

FATHER
12. Name Maname Todd
13. Birthplace Md

MOTHER
14. Maiden Name Emily Scott
15. Birthplace Maryland

16 (a) Informant Emmit N. Carew
(b) Address 501 Annabel Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-1-40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore, Maryland

18 (a) Funeral director Frederick A. Dole
(b) Address 1200 W. Lombard St.

19 (a) Filed MAR 1 1940 (b) Hunter Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27 1940 at 7.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 19 1940 to Feb 27 1940, and that I last saw h[illegible] alive on Feb. 23 1940.

Immediate cause of death — Duration
chronic myocarditis

Due to

Due to

Other Conditions
Convalescant from bronchopneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Nathan Rosen M. D.
Address 206 S. Gilmor St Date signed 2-28-40

F 66774

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 66774

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland St. Joseph's Hosp
(b) Street address Caroline & Chase Sts
(c) Hospital or institution St. Joseph's Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 27
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3045 Fleetwood Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jane Carter Snyder

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: wid

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-5-1930

8. AGE: Years: 10 | Months: 1 | Days: 23 | If less than one day: hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business Child

FATHER
12. Name C. Warren Snyder
13. Birthplace Md

MOTHER
14. Maiden Name Marjorie R. Roberts
15. Birthplace Md

16 (a) Informant C. Warren Snyder
(b) Address 3045 Fleetwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Howard E. Lucke
(b) Address 5305 Harford Rd.

19 (a) (b) Registrar Huntington Williams, M.D.

MAR 1 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-28 1940, at 10:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-27 1940 to 2-28 1940, and that I last saw her alive on 2-28 1940.

	Duration
Immediate cause of death: Lobar pneumonia pneumococcic	
Due to: with purulent	
Due to: fibrinous pleurisy	over
Other Conditions: Obesity (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Yes	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. R. Turner, M.D.

Address St. Joseph's Hosp Date signed 3-2-40

6775

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

F 66775
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1421 W. Lanvale
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1421 W. Lanvale (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lizzie Smith
3 (b) If veteran, name war
3 (c) Social Security Account No. None
4. Sex M
5. Color or race Ne
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Jane Smith
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1-74
8. AGE: Years 66 | Months | Days | If less than one day hr. min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation Handy man
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace Md
MOTHER 14. Maiden Name Dorothy Johnson
15. Birthplace Md
16 (a) Informant Jane Smith
(b) Address 1421 Lanvale
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/1/1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location
18 (a) Funeral director Thos. E. Kelson
(b) Address 1353 Presstman St
19 (a) MAR 2 - 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/29/1940, at M
21. I certify that death occurred on the date above stated; that I attended deceased from 1937 to 2/29 1940
and that I last saw h[illegible] alive on 2/29/1940.
Immediate cause of death Cerebral Hemorrhage
Due to Cerebral Hemorrhage
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H. Lee Ellis M. D.
Address 937 Mad[illegible] Date signed 3/1/40

66776

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 14

F 66776
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harford Rd. + Herring Run
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 613 Dewell St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ARLENE BAILEY

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	B	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 3, 1933

8. AGE: Years	Months	Days	If less than one day
6	4	25	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation School
11. Industry or business

FATHER
12. Name James Dyson
13. Birthplace ?

MOTHER
14. Maiden Name Mamie Bailey
15. Birthplace Baltimore

16 (a) Informant Mother
(b) Address 613 Dewell St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Thomas E. Kelson
(b) Address 1303 Pressman St

19 (a) (Date rec'd by reg.) 3-3-40 (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 28 1940 at 8:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 25 1940, to Feb 28 1940, and that I last saw her alive on Feb. 28 1940.

Immediate cause of death: Meningitis — Duration: 2 wks
Due to: Tuberculosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John C. Kennemeier M.D.
Address Sydenham Hosp. Date signed 2/29/40

V8 8

66777

GK

52543 F 66777

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

112 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-8
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1507 W. 36th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Magdalena Blessing.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17, 1882

8. AGE: Years	Months	Days	If less than one day
57	11	11	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Seamstress
11. Industry or business

FATHER
12. Name Charles Blessing
13. Birthplace Germany

MOTHER
14. Maiden Name Josephine Gocke
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 4, 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Thomas F. Donovan
(b) Address 3615-17 Eastern Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MAR 1 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-28 1940, at 9.50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-3 1940, to 2-28 1940, and that I last saw h[illegible] alive on 2-28 1940.

Immediate cause of death Bronchial asthma and pulmonary emphysema — Duration ?
Due to
Due to
Other Conditions Nasal polyps and paranasitis — ?
(Include pregnancy within 3 months of death)
Major findings:
Of operations Nasal polyps
Of autopsy Autopsy not completed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. K. Woodward Jr. M. D.
Address Balto City Hosp. Date signed 2-29-40

66778

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66778

CERTIFICATE OF DEATH

61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3417 Claremont St., 26-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ellen T. White

If U. S. Veteran specify WAR .....

(a) Residence: No. 3417 Claremont St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. White Sr.

6. DATE OF BIRTH (month, day, year) Dec. 27, 1883

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	56	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME William H. Watson

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

MOTHER

15. MAIDEN NAME Mary Corcoran

16. BIRTHPLACE (city or town) Not Known
(State or country)

17. INFORMANT William H. White Sr.
(Address) 3417 Claremont Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Mar. 4 19 40

19. UNDERTAKER Florence F. Hoffmann
(Address) 2723 E. Preston St.

20. FILED MAR 1 - 1940 19 ... for Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938 to Feb 29, 1940

I last saw her alive on Feb 28, 1940 Death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1930
Other contributory causes of importance: Coma	24 hrs

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Coma Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

2/29/40 (Signed) Horace B. Tilden M. D.
(Address) 315 S. Highland Ave

OCCUPATION is very important. See instructions on reverse side.

VS 1

EKG

F 66779 HEALTH DEPARTMENT—CITY OF BALTIMORE F 66779

CERTIFICATE OF DEATH

63-13

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Univ Hospital St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Andrew J. Kuhle Jr.
(a) Residence: No. 916 N. Belnord Ave Ward. SS 213-07-4394
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret

6. DATE OF BIRTH (month, day, year) Feb 12 1910

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
30	—	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Galvanizer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) Jan 1940
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Andrew J. Kuhle
14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Theresa Franek
16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem. Baltimore Md Date Mar 2 1940

19. UNDERTAKER William M Marsek
(Address) 315 Light St

20. FILED Mar 1 1940 Huckington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/27 1940

22. I HEREBY CERTIFY, That I attended deceased from 1/15 1940 to 2/27 1940
I last saw him alive on 2/27/40 Death is said to have occurred on the date stated above, at 12:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thyrotoxicosis	2 months
Other contributory causes of importance: Post operative Pneumonia	12 hrs.

Was an operation performed? Yes Date of 2/26/40
For what disease or injury? Thyrotoxicosis
Name of operation Part-total Resection of Thyroid
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas A Arnold Jr. M. D.
(Address) Univ Hosp

F 66780

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

14 V

Registered No. F 66780

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 1329 Wirton
(If rural give location)
(d) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Josephs

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-11-36

8. AGE: Years	Months	Days	If less than one day
3	11	20	hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Edward Josephs
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Lewis
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 2, 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Harford Rd
Location Harford Rd at Bonaparte

18 (a) Funeral director Ebenezer W. Cronkhite & Son
(b) Address 924 E. Eager St.

19 (a) (Date received by registrar) (b) Huntington Williams M.D. Registrar

1-1940
VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 29 1940, at 3:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 24 1940, to Feb 29 1940, and that I last saw her alive on Feb. 28 1940.

Immediate cause of death: Tuberculous meningitis — Duration: 10 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury H.P. Boldberg

23. Signature
Address Johns Hopkins Hosp. Date signed 2-29-40 M. D.

F 66781

Rozenski

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No. F 66781

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 519 So Durham St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 519 So Durham St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Rozanski

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife Frank Rozenski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE Years	Months	Days	If less than one day hr.	min.
71				

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation House-Work
11. Industry or business at Home

FATHER
12. Name Joseph Wisniewski
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Joseph Wisniewski
(b) Address Richard Edgemere

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 2-40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Brentwood

18 (a) Funeral director Fred W. Ozazenski
(b) Address 1930 Eastern Ave

19 (a) (Signature of undertaker) Huntington Williams Hyatt

MAR 1 1940

MEDICAL CERTIFICATION

11 am

20. DATE OF DEATH February 28 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

Immediate cause of death	Duration
Cardio-vascular-renal disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. Wandelstedt M.D.
Medical Examiner.
Date signed 4/28/40

66782 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 66782

CERTIFICATE OF DEATH 131-a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 31 South Dallas St. Ward) 3 - 1

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur Young

If U. S. Veteran specify WAR

(a) Residence: No. 31 S. Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Aug. 7 1888

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
51	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Charles H. Young

14. BIRTHPLACE (city or town) (State or country) Ft Mayo Va Md

MOTHER

15. MAIDEN NAME Eliza Jane ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ada Price

(Address) 1717 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date March 3 1940

19. UNDERTAKER Robert E. Williams

(Address) 1515 McCulloh St

20. FILED MAR 4 - 1940 Huntington Pittman

OCCUPATION is very important. See instructions on back of certificate.

VS 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1940 to Feb 27, 1940

I last saw him alive on Feb 27, 1940 Death is said to have occurred on the date stated above, at 6.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
and Arterio Sclerosis	Jan 1/40
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Richard Easlinger M. D.

(Address) 1574 E. Balto St
Balto Md

66783
376

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

80-B

F 66783

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ga. (b) County
(c) City or town Savannah
(If outside city or town limits, write RURAL and give town)
(d) Street No. Industrial City Gardens
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Melvin Thomas Roberson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-18-38

8. AGE: Years	Months	Days	If less than one day
1	19?	13	hr. min.

9. Birthplace Ga.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Melvin T Roberson
13. Birthplace Ga.

MOTHER
14. Maiden Name Eva Frances Welton
15. Birthplace Ala

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 2-40 (month) (day) (year)
(c) Cemetery or crematory Savannah
Location Ga.
(d) Funeral director John T. Mitchell & Son
(e) Address 1900 Eutaw Pl.

MAR 2 1940

19 (a) (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 1 1940 at 6 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 29 1940 to Mar 1 1940 and that I last saw him alive on Mar. 1 1940.

Immediate cause of death: Encephalitis ? Type — Duration 3 wks

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry P. Goldberg M. D.
Address Johns Hopkins Hosp Date signed 3-1-40

VS 3

53246 - RB

F 66784

6784

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 217 Colvin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Willie Rose

3 (b) If veteran, name war

3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/20/1887

8. AGE: Years	Months	Days	If less than one day
52	5	8	hr. min.

9. Birthplace North Caroline (Town, county, and state)
10. Usual Occupation Truck Driver
11. Industry or business Thomas Vincent - 4924 Penmore Ave.

FATHER
12. Name George Rose (d)
13. Birthplace North Caroline

MOTHER
14. Maiden Name Bertha ? (d)
15. Birthplace North Carolina

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 4 (month) (day) (year)
(c) Cemetery or crematory Mutual cemetery
Location

18 (a) Funeral director Edward Bryan
(b) Address 12 Orleans St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MAR 1 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH February 29 1940, at 4:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 26 1940, to Feb. 29 1940, and that I last saw h~~im~~ alive on Feb. 28 1940.

Immediate cause of death Lobar Pneumonia — Duration 5 days
Due to Uremia — unknown
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 2-29-40

VS 3

66785 167

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

73-1

F 66785

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 16 YRS

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 146 N. High (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** James Jones

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: BLACK

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-21-17

8. AGE: Years 22 | Months 3 | Days 8 | If less than one day ... hr. ... min.

9. Birthplace VA (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER 12. Name Elijah Jones

13. Birthplace VA

MOTHER 14. Maiden Name Ella Harris

15. Birthplace VA

16 (a) Informant RECORDS

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 4 40 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location E. Baltimore County Md

18 (a) Funeral director Williams & Jackson

(b) Address 916 Penna Ave

19 (a) 1-194[illegible] (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH [redacted] Feb 28 1940, at 835 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 27 1940, to Feb 28 1940, and that I last saw h[illegible] alive on Feb 28 1940.

Immediate cause of death: Sickle Cell Anemia — Duration: Unknown

Due to: Cardiac Failure

Due to: Anemia

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Confirmatory

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide No

(b) Date of occurrence No

(c) Where did injury occur? No (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature WB McAllister Jr M. D.

Address Date signed 2-29-40

F66786

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

Registered No. F66786

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 305 S. MADERIA ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE MD.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 305 S. MADERIA ST.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME LULU BOSTWICK

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced. DIVORCED

6 (b) Name of husband or wife HARRIS BOSTWICK

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) JAN. 12-1874

8. AGE: Years 66 | Months 1 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation HOUSE WORK

11. Industry or business AT HOME

FATHER
12. Name HENRY WUSTLAND
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace GERMANY

16 (a) Informant IDA BAUER (DAUGHTER)
(b) Address 2120 MOYER ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 2-1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location ODONNELL ST.

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST

19 MAR 1 1940 (month) (day) (year) (b) [signature] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB. 27 1940 at 10/30

21. I certify that death occurred on the date above stated; that I attended deceased from 2-9 1940 to 3-27 1940, and that I last saw h[illegible] alive on 2/27 1940.

Immediate cause of death: Ca cancrum of Stomach
Secondary Cancrum

Duration: 6 Mos. 8-16-39

Due to .....

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature M. J. [illegible] M. D.
Address 4579 Eastern Ave Date signed 3/1/1940

F 66787

Brina Bronstein

F 66787

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2104 Calow ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) L
(e) Length of stay in Baltimore (yrs., mos., or days) 44 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2104 Calow ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 44 years

15

3 (a) FULL NAME Brina Bronstein
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife Abraham
6 (c) If alive, give age L years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years 80 | Months | Days | If less than one day hr. min.

9. Birthplace Russia
(Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER 12. Name Aaron Jacob Tabachnick
13. Birthplace Russia

MOTHER 14. Maiden Name Sarah Tabachnick
15. Birthplace Russia

16 (a) Informant Mrs Golden
(b) Address 2104 Calow ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-1-40 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Lot Square Honeysuckle

18 (a) Funeral director Jack Louis Jr
(b) Address 1439 E. Balto St
MAR 1 1940
19 (a) (Date rec'd by registrar) (b) (Issuing local registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-29-40 1940 5 P.M. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 23 1940 to Feb. 29 1940 and that I last saw h alive on Feb. 29 1940.

Immediate cause of death Cerebral Thrombosis
Coronary Occlusion
Due to arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration 7 days

Major findings:
Of operations
Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Irving Lachman M. D.
Address 2322 Calow Ave Date signed Mar 1 1940

VS 3

F 66788

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-G Registered No. F 66788

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1y
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 405 N Linwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Bernard Wittman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Wittman wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24, 1864

8. AGE: Years	Months	Days	If less than one day
70	8	29	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Real Estate Agent
11. Industry or business Real Estate

FATHER
12. Name George Wittman
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Bishop
15. Birthplace Germany

16 (a) Informant Mrs Mary Wittman
(b) Address 405 N Linwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof ~~Mar~~ March 2-40
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director J. J. Stevenson
(b) Address 306 E Centre St Ave

19 (a) MAR 1 - 1940 Huntington Williams M.D.
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 - 29 1940, at 2:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-2 1940, to 2-29 1940, and that I last saw h alive on 2-29 1940.

Immediate cause of death Carcinoma of head of pancreas — Duration 6 mos

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of pancreas

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]

Address Church Home Infirmary Date signed 3/1/40 M.D.

VS 3

66789

F 66789

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193-D Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 752 W Franklin

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 752 W Franklin (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Benjamin Morris

3 (b) If veteran, name war Sailor World War

3 (c) Social Security Account No. None

4. Sex: male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: married.

6 (b) Name of husband or wife: Georgia Morris.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-4-1891.

8. AGE: Years 48 | Months 8 | Days 24 | If less than one day hr. min.

9. Birthplace Seneca S. Carolina. (Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business

FATHER

12. Name ?

13. Birthplace ?

MOTHER

14. Maiden Name ?

15. Birthplace ?

16 (a) Informant Georgia Morris.

(b) Address 752 W Franklin St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 3-4-1940 (month) (day) (year)

(c) Cemetery or crematory National Cemetery.

Location Balto Md.

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 336 N Schroeder St.

MAR 1 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1940, at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 14 1940 to Feb 26 1940. and that I last saw [illegible] alive on Feb 25 1940.

Immediate cause of death: Arteriosclerosis

Duration: 6 months

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D.

Address 753 [illegible] Date signed

F 66790

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 117-B

F 66790

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Raspeburg
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 143 Summit Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Paul A. Kuhn

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-4431

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Louisa Kuhn
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Sept 30 1889

8. AGE: Years	Months	Days	If less than one day hr.	min.
50	4	29		

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Brewer
11. Industry or business Brewery

FATHER
12. Name Paul Kuhn
13. Birthplace Germany

MOTHER
14. Maiden Name Dora Kuntz
15. Birthplace Germany

16 (a) Informant Mrs Louisa Kuhn
(b) Address Summit Ave & Philadelphia Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 2/40 (month) (day) (year)
(c) Cemetery or crematory Stemmers Run Baltimore Md
Location Baltimore

18 (a) Funeral director John Ullrich
(b) Address 200 E Lexington St.

19 (a) (Date received by registrar) (b) Registrar

MAR 1 1940 Huntington Millsville, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 29, 1940. at 2:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 16, 1940. to Feb 29, 1940. and that I last saw him alive on Feb. 29, 1940.

Immediate cause of death	Duration
Chronic Duodenal Ulcer	
Due to	
Due to	
Other Conditions Circulatory Collapse	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Partial Gastro Entero Stomy (Duodenal Ulcer)
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William B. Tompkins M. D.
Address Md. General Hospital Date signed

F 66791

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 108

F 66791
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 Denison Street
(c) Hospital or institution:
Mrs Crawford's Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 Weeks
(e) Length of stay in Baltimore (yrs., mos., or days) 11 Weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Woodlawn
(If outside city or town limits, write RURAL and give town)
(d) Street No. Englewood & Maple Aves.,
(If rural give location)
(e) If foreign born, how long in U. S. A.? -- years

151

3 (a) FULL NAME Leander Lau Royer

3 (b) If veteran, name war	3 (c) Social Security Account No.
---	---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Annie T. Royer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1st 1865

8. AGE: Years	Months	Days	If less than one day
74	10	28	hr. min.

9. Birthplace Carroll County, Md.
(Town, county, and state)
10. Usual Occupation Retired Blacksmith
11. Industry or business

FATHER
12. Name Jonas Royer
13. Birthplace Lancaster County, Pa.

MOTHER
14. Maiden Name Mary Lau
15. Birthplace Pennsylvania

16 (a) Informant Miss Margaret Royer
(b) Address Englewood & Maple Ave. Woodlawn

17 (a) Burial (b) Date thereof March 4th 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore County, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Aves.

19 (a) ... (Date received by registrar) Registered by ... Number ...

MAR 1 - 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 29th 1940, at 4.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1st 1939 to Feb 29 1940, and that I last saw him alive on Feb 29 1940.

Immediate cause of death
Lobar Pneumonia — Duration 3 days
Due to Nephritis
Due to Valvular Heart Trouble
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. Y. Everhart M. D.
Address 1100 Windsor Mill Rd. Date signed 3/1/40

RB

F 66792

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 122-D

F 66792 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Hampstead Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Agnes Shaffer

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-1625

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife R. James Shaffer
6 (c) If alive, give age 23 years

7. Birth date of deceased (mo., day, yr.) Sept 28, 1917

8. AGE: Years	Months	Days	If less than one day
22	5	13	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Machine Operator
11. Industry or business

FATHER
12. Name Jesse Hensley
13. Birthplace Va

MOTHER
14. Maiden Name Grace Hensley
15. Birthplace Va.

16 (a) Informant R. J. Shaffer
(b) Address Hampstead Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 4th 40 (month) (day) (year)
(c) Cemetery or crematory Hampstead Md.
Location

18 (a) Funeral director Wm. J. Sigler & Sons
(b) Address North & Fulton Aves.

19 (a) (Embalmed by) (b) Hunting for Williamsport Md.

MAR 1 - 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1940, at 1050 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1940 to March 1 1940 and that I last saw her alive on March 1 1940

Immediate cause of death Intestinal obstruction - internal herniation

Duration

Due to Severe Shock

Due to Cardiac Failure

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. Sadow M. D.
Address St Agnes Date signed 3/2/40

M. F. Madden, M.D. Asst. Med. Examiner
Balto. City

F 66793

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-1

Registered No. F 66793

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33
(e) Length of stay in Baltimore (yrs., mos., or days) 33

2. USUAL RESIDENCE OF DECEASED:
(a) State Del (b) County Sussex
(c) City or town Seaford (If outside city or town limits, write RURAL and give town)
(d) Street No. 12 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ernest Alexander Simon

3 (b) If veteran, name war

3 (c) Social Security Account No. 221,09,4539

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mrs. ~~Jetta~~ Simon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-10-85

8. AGE: Years	Months	Days	If less than one day
54	2	19	hr. min.

9. Birthplace South Carolina (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER
12. Name Soloman Simon
13. Birthplace S. C

MOTHER
14. Maiden Name Julia Warner
15. Birthplace S. C

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 4/40 (month) (day) (year)
(c) Cemetery or crematory Odd Fellows Cem
Location Seaford Del

18 (a) Funeral director W. L. Watson Sons
(b) Address Seaford Del

19 MAR 1 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-29 1940 at 11:35 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-9 1940 to 2-29 1940 and that I last saw h/im alive on 2-29 1940.

Immediate cause of death Carcinoma of ~~Liver~~ Lung (Bronchogenic Ca) (Left Lung) — Duration 5 weeks

Due to

Due to

Other Conditions ~~Pulmonary Infarct~~ Empyema, Metastasis to Liver
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Bronchogenic Ca. of Lung Empyema Metastasis to Liver

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. L. Smeak M. D.
Address Union Memorial Date signed 3-1-40

VS 3

F 66794

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 66794

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1321 Hollins St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1321 Hollins St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clara E. Adams

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife William S. Adams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day: hr.	min.
About 75				

9. Birthplace Frederick Md (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Hillery
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Md

16 (a) Informant William S. Adams
(b) Address 1321 Hollins St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 2 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetary
Location Fredrick Md.

18 (a) Funeral director George L. Berger Jr.
(b) Address 1512 Hollins St

19 MAR 1-1940 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION 5 30 P

20. DATE OF DEATH Feb 28 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. W. Vandegrift M.D.
Medical Examiner.
Date signed 2/29/40

VS 6

66795

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180

Registered No. F 66795

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 610 Druid Park Lake Dr.
(c) Hospital or institution: Lemmon City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 304 N. Highly St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fred Coleman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace Richmond Va. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William Coleman
13. Birthplace Va.

MOTHER
14. Maiden Name Julia Cox
15. Birthplace Va.

16 (a) Informant Willie Coleman
(b) Address 1014 W 5th st Richmond Va

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-2-40 (month) (day) (year)
(c) Cemetery or crematory U. S. National
Location Frederick rd.

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave

19 (d) MAR 1 - 1940 (Date rec'd by reg.) Huntington Williams M.D. (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-25-1940, at 2:55 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Inquiry thereon and from the evidence obtained by said Inquest, Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Shock. Asphyxiation — Duration

Due to 3rd. degree burns

Due to Burning - fire

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-25-40
(c) Where did injury occur? Balto (City or town) (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home, 610 Druid Park Lake Dr. While at work? No (Specify type of place)
(e) Means of injury Gas explosion upon turning on gas with lighted match

23. Signature Howard J. Mullen M.D. Medical Examiner.
Date signed 2-25-40.

VS 6

66796

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 66796

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 337 W. Lt. St. Calvert
(c) Hospital or institution:
Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 64 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 211 E. Univ Pkwy
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Mallory Taylor, Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-7746

4. Sex M | 5. Color or race W | 6 (a) Single, (married) widowed, or divorced. Married

6 (b) Name of husband or wife Clara Belle Dittel
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Feb. 9 1876

8. AGE: Years 64 | Months — | Days 22 | If less than one day hr. min.

9. Birthplace Balto, Md (Town, county, and state)

10. Usual Occupation Pres., Ditch Bowers &
11. Industry or business Taylor -- Auto Repairs

MOTHER / FATHER
12. Name John M., Jr.
13. Birthplace Md
14. Maiden Name Mary Blundell
15. Birthplace Md

16 (a) Informant Wife
(b) Address Same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Avenue

18 (a) Funeral director H W Mears & Son
(b) Address 805 North Calvert St.

19 Filed MAR 1 1940 (Date received by Registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1940, at 2:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 29, 1940, to Mar 1, 1940, and that I last saw him alive on Mar 1, 1940.

Immediate cause of death	Duration
Cardiac failure	
Due to Acute cardiac dilatation	1 day
Due to Bronchopneumonia left	2 days
Other Conditions Arteriosclerosis fibrillation	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No op.
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank W. Setterlin M. D.
Address Union Memorial Hosp. Date signed 3-1-40.

F 66797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B Registered No. F 66797

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3319 St. Paul St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
Street No. 3319 - St Paul St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Comegys Brown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 23, 1859

8. AGE: Years	Months	Days	If less than one day
80	7 6	6	hr. min.

9. Birthplace Kent County, Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Morgan Brown
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Collins
15. Birthplace Maryland

16 (a) Informant Mrs. Julia Lowe
(b) Address 3319 St. Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/40 (month) (day) (year)
(c) Cemetery or crematory Loraine
Location

18 (a) Funeral director H W Mears
(b) Address 805 North Calvert St.

19 (a) (b) MAR 1 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 29 1940, at 4P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/45 1945, to Feb 29 1940, and that I last saw her alive on Feb 29 1940.

Immediate cause of death Cerebral Thrombosis (Postmortem confirmation) — Duration 5 days
Due to Arterio sclerosis (Clinical confirmation)
Due to
Other Conditions Angina Pectoris — year
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo A Lutcher M. D.
Address 125 Eager Date signed 3/1/40

VS 3

66798 52507-M

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 66798 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: 4940 Eastern Ave.

(c) Hospital or institution: Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days): 28 days

(e) Length of stay in Baltimore (yrs., mos., or days): 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Md. (b) County:

(c) City or town: Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No.: 530 S. Hanover St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME: George A. Moore

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married-seperated

6 (b) Name of husband or wife: Hattie

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 10-12-1865

8. AGE: Years: 74 Months: 4 Days: 17 If less than one day: ..... hr. ..... min.

9. Birthplace: Md. (Town, county, and state)

10. Usual Occupation: sailor

11. Industry or business:

FATHER 12. Name: Jacob

13. Birthplace: Md.

MOTHER 14. Maiden Name: Lucretia Crouch

15. Birthplace: Md.

16 (a) Informant: B.C.H. records

(b) Address:

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 1. 1940 (month) (day) (year)

(c) Cemetery or crematory: Shad Point M.E. Cemetery

Location: Salisbury Md.

18 (a) Funeral director: G. Howard Strong

(b) Address: 715 Light St.

19 (a) MAR 1 1940 (Date received) Registrar: Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-29- 1940, at 7.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-1- 1940, to 2-29- 1940, and that I last saw him alive on 2-29- 1940.

Immediate cause of death: Gen. arteriosclerosis, Arteriosclerotic H.D. Dis. — Duration: ?

Due to: ? ?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: J. McNaughton

Address: Balto City Hosp. Date signed: 3-1-40 M. D.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

66799

CERTIFICATE OF DEATH

95-C F 66799

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 38 South Fulton Ave. St. 19-4 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Sahra E. Hickman

If U. S. Veteran specify WAR _____

(a) Residence: No. 38 South Fulton Ave., St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George (deceased)

6. DATE OF BIRTH (month, day, year) Dec 20, 1847

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	92	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltom Md.

FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Bond

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Anna Bosch (daughter)
(Address) 38 S. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Louden Pk Cem Date 3/4/40 19

19. UNDERTAKER Charles E. Schimunek.
(Address) 2601-03 E. Madison St.

20. FILED MAR 1 - 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1940, to Feb 29, 1940

I last saw her alive on Feb 29, 1940 Death is said to have occurred on the date stated above, at ___ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive arteriosclerosis	?
Other contributory causes of importance: cardiac decompensation	2 wks

Was an operation performed? ✓ Date of _____

For what disease or injury? ✓

Name of operation ✓

What test confirmed diagnosis? Clo Phy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury _____, 19___

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) F. T. Lyon M. D.

(Address) 3321 Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

V8 8

66800

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

47-7 Registered No. F 66800

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 818 N. Madeira St (If rural give location)
(e) If foreign born, how long in U. S. A.? 27 yrs. years

3 (a) FULL NAME Rudolph Kozojet
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/13/79

8. AGE: Years	Months	Days	If less than one day
60	11/10	12/14	hr. min.

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Joseph Kozojet
13. Birthplace Austria

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant wife
(b) Address 818 N. Madeira St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.
18 (a) Funeral director C. E. Schimunek.
(b) Address 2601-03 E. Madison St.
19 (Date received by registrar) MAR 1 - 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/27/40 19 at 3 55 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 2-10-40 19 to 2/27/40 19 and that I last saw h alive on 2/27/40 19

Immediate cause of death	Duration
Carcinoma of Lung	7
Due to	
Due to	
Other Conditions Pneumonia (OVER)	3 wks

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Philip J. Mercer M. D.
Address Mercy Hosp Date signed 2/27/40

Registrar for Washington Williams, M.D.

VS 3

374750
66801

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137-a

Registered No. F 66804

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 mo 3 Dys

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Rosedale (If outside city or town limits, write RURAL and give town)
(d) Street No. Old Philadelphia Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Hammerbacher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sophia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-25-57

8. AGE: Years	Months	Days	If less than one day
82	5	4	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name George Hammerbacher
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret
15. Birthplace Germany

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave Rd.

18 (a) Funeral director John F. Connelly
(b) Address Essex

19 MAR 1-1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 29 1940, at 720 P M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 26 1940, to Feb 29 1940, and that I last saw h[illegible] alive on Feb 29 1940.

Immediate cause of death PRIMARY HEMATURIA (ESSENTIAL) and POST-OP. PAROTITIS — Duration: one

Due to

Due to

Other Conditions ? TERMINAL PNEMONIA
(Include pregnancy within 3 months of death)

Major findings:
Of operations GROSS HEMORRHAGE IN BLADDER 1-27-40
Of autopsy

PHYSICIAN
Underline the one to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury

23. Signature John H. Ridley, M. D.
Address Johns Hopkins Date signed 3/4/40

Hosp.

VS 3

F 66802

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a ✓

Registered No. F 66802

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 139 S. Robinson Str
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 139 S. Robinson Str.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma A. Barron

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Married.

6 (b) Name of husband or wife John A. Barron
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 2 - 1865

8. AGE: Years	Months	Days	If less than one day
74	10	26	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Piquitt
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs. Estella Schmidt
(b) Address 139 S. Robinson Str.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director John B. Connelly
(b) Address Govs Md.

MAR 1 1940
(Date rec'd by registrar)
(b) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 28th 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 24 1940 to Feb. 28 1940, and that I last saw h alive on Mar 24 1940.

Immediate cause of death	Duration
Due to Cerebral apoplexy	4 hours
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Allen C. Cantham M. D.
Address 3179 E. Baltimore St Date signed 3-1-40

6803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-E

Registered No. E 66803

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 909 E Lombard St
(c) Hospital or institution: –

(d) Length of stay in hospital or inst. (yrs., mos., or days) –
(e) Length of stay in Baltimore (yrs., mos., or days) 5yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 909 E Lombard St
(If rural give location)
If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME RICHARD ROSS

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	married

6 (b) Name of husband or wife Eliza White
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years	Months	Days	If less than one day
43	##	##	hr. min.

9. Birthplace Washington D C.
(Town, county, and state)
10. Usual Occupation Rag-picker
11. Industry or business none job.

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Wife Eliza Ross
(b) Address 909 E Lombard St

17 (a) (Burial, cremation, or removal) (b) Date thereof March 5 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location a.a. co

18 (a) Funeral director Edward Bryan
(b) Address 1241 orleans st

19 (a) MAR 2 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. (Date signed)

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1st 1940, at 12 30/60 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an enquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said enquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration undetd

Due to — Duration

Due to — Duration over

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Williams M.D.
(Medical Examiner.)

correct age is especially important. Physicians, please write plainly.

66804 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 66804

CERTIFICATE OF DEATH

83-W

Registered No. _____

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3313 Paton ave St. 27-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

If U. S. Veteran specify WAR _____

2. FULL NAME Christina F Warren

(a) Residence: No. 3313 Paton Ave St., (Pimlico) Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Wd.

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Julius Warren

6. DATE OF BIRTH (month, day, year) Dec 25 - 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
64 63	1876	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co.,

FATHER

13. NAME William T. Frazer

14. BIRTHPLACE (city or town) (State or country) Carroll Co.,

MOTHER

15. MAIDEN NAME Henrietta V. Hammond

16. BIRTHPLACE (city or town) (State or country) Carroll Co

17. INFORMANT Julius Warren

(Address) 3313 Paton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Christian Memorial Pk March 2 1940

19. UNDERTAKER Archibald A Sadtler

(Address) 3101 N.C. Carlton Ave

20. FILED 1940 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/28, 1940

22. I HEREBY CERTIFY, That I attended deceased from 2/14, 1940, to 2/28, 1940.

I last saw her alive on 2/26, 1940. Death is said to have occurred on the date stated above, at 6:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Asphyxia	
Paralysis	
Other contributory causes of importance:	

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Ben Rectta M. D.

(Address) 2139 Druid Hill Ave

STATE CAUSE OF DEATH IN PLAIN TERMS so that it may be understood. See OCCUPATION in very important. Instructions on back of certificate.

MAP 12

1940

GHG

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

Registered No. 66805

66805

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2411 Eutaw Place
(c) Hospital or institution:
Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2411 Eutaw Place
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME [redacted] Solomon Straus.

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4/1864

8. AGE: Years	Months	Days	If less than one day
75	8	30	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation None
11. Industry or business —

FATHER
12. Name Herman Straus
13. Birthplace Germany

MOTHER
14. Maiden Name Hannah Alhochuld
15. Birthplace Germany

16 (a) Informant Mrs Rose Straus
(b) Address 2411 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 3/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew Cemetery
Location Belair Rd

18 (a) Funeral director Chas. H. Jacobs & Co.
(b) Address

19 MAR 2 — 1940 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1st 1940, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-6-29 1940, to March 1 1940, and that I last saw him alive on March 1 1940.

Immediate cause of death	Duration
Pulmonary edema	12 hrs
Congestive failure	
Due to Hypertensive heart disease	2 years
Due to	
Other Conditions Peripheral vasc. collapse	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [redacted]
Address Sinai Hospital Date signed 3/4/40

VS 3

66806 379

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-a

F 66806 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State PA (b) County
(c) City or town MANHEIM (If outside city or town limits, write RURAL and give town)
(d) Street No. 61 MAIN (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARIAN Vogel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1902

8. AGE: Years	Months	Days	If less than one day
38			hr. min.

9. Birthplace PA (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name HARRY S Vogel
13. Birthplace PA

MOTHER
14. Maiden Name IRENE White
15. Birthplace PA

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof MAR 5 1940 (month) (day) (year)
(c) Cemetery or crematory Fairview
Location Manheim Pa
(d) Funeral director Robert Miller Beck
3697 Edgewood Manheim Pa
(e) Address
MAR 2 1940 (Date received) (by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 2 1940, at 345 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 27 1940, to MAR 2 1940, and that I last saw her alive on MAR 2 1940.

Immediate cause of death: Brain tumor - glioma - malignant — Duration 7

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Glioma - right frontal lobe
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles E. Ingalls, M. D.
Address Johns Hopkins Hospital Date signed 3-2-40

VS 3

66807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. E 66807

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 25 E. East St. N.W. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ROBERT L. HAMME

3 (b) If veteran, name war: -

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married, widowed~~, or divorced.
M	W	Divorced

6 (b) Name of ~~husband~~ or wife Violet Hamme

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12th 1887

8. AGE: Years	Months	Days	If less than one day
52	7	19	hr. min.

9. Birthplace York Pa (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business U. S. Govt

FATHER
12. Name Daniel H. Hamme
13. Birthplace York Pa

MOTHER
14. Maiden Name Laura Rodgers
15. Birthplace York Pa

16 (a) Informant Laura Hamme (Mother)
(b) Address York Pa.

17 (a) Removal (~~Burial, cremation, or~~ removal) (b) Date thereof 3/2/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ York
Location Pa

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) MAR 2 1940 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1st 1940, at 12:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquest) thereon and from the evidence obtained by said ~~inquest~~ (Autopsy or Inquest) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration: sudden

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.

Date signed March 1st, 1940

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66808

CERTIFICATE OF DEATH

33a F 66808

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1114 N Montford ave St. 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Robert Craig McLanahan

If U. S. Veteran specify WAR

S. S. No. 212-07-3246

(a) Residence: No. 1114 N. Montford ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Addie McLanahan

6. DATE OF BIRTH (month, day, year) Sept. 17 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Young & Selden Stations

10. Date deceased last worked at this occupation (month and year) Jan 40

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Robt. C McLanahan

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

MOTHER

15. MAIDEN NAME Martha Moore

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Addie McLanahan (Address) 1114 N. Montford

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date Mar 4 19 40

19. UNDERTAKER John Ullrich & Sons (Address) 2106 Ellam

20. FILED MAR 2 - 1940 Huntington Williams M.D. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from January 24, 1940 to February 29, 1940

I last saw him alive on Feb. 24, 1940 Death is said to have occurred on the date stated above, at 11 15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5d.
Other contributory causes of importance: Influenza & Chronic Bronchitis	1yr.

Was an operation performed? No. Date of

For what disease or injury?

Name of operation None.

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Thos. F A Strouss, M. D.

(Address) 2878 Hanford Rd.

V0 8

66809

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 66809

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3039 Mt. Elderry St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 46

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3039 Mt. Elderry
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maurice Edward Liebmann

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-6330

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anna A. Liebmann

6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) Feby 23, 1894

8. AGE: Years	Months	Days	If less than one day: hr.	min.
46	—	5		

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Foreman
11. Industry or business Chemical Plant

FATHER
12. Name Bruno Liebmann
13. Birthplace Germany

MOTHER
14. Maiden Name Minnie Schultz
15. Birthplace Germany

16 (a) Informant Mrs. Anna Liebmann
(b) Address 3039 Mt. Elderry Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 3/40 (month) (day) (year)
(c) Cemetery or crematory Lot H Ex Cemetery
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 20 E. Lexington Williams, 11

19 (a) (b) Registrar

MAR 2 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 28 1940, at 5 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 31, 1939, to Feb. 28, 1940, and that I last saw him alive on Feb. 28 1940

Immediate cause of death	Duration
Chronic Myocarditis	1939.
Due to Bronchial Asthma	1940.
Due to Chronic Bronchitis	1939.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel K. Wolfe M. D.

Address 1331 E. North Ave Date signed 3-1-40.

F 66810

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C Registered No. F 66810

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 23

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 139 Hanover St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Sears

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Wh

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Anna D.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 64 | Months | Days | If less than one day: hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual Occupation: Tinner Roofer

11. Industry or business: Own

FATHER
12. Name: Peter Sears
13. Birthplace: Germany

MOTHER
14. Maiden Name: Bridget Tuhey
15. Birthplace: Ireland

16 (a) Informant: Regina Konski
(b) Address: 1139 Hanover St

17 (a) X (Burial, cremation, or removal) (b) Date thereof 3/4/40 (month) (day) (year)

(c) Cemetery or crematory: Holy Cross
Location: Annapolis Rd

18 (a) Funeral director: John J Duda
(b) Address: 2629 Washington St Philadelphia, Md

19 MAR 2-1940 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION 8:20a

20. DATE OF DEATH February 29 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture skull — Cerebral Hemo — Due to Lobar pneumonia

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2/29/40
(c) Where did injury occur? Upon 1132 Hanover St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street While at work? No (Specify type of place)
(e) Means of injury: Pedestrian-struck by automobile

23. Signature: [illegible] M.D. Medical Examiner.

Date signed 3/29/40

VS 6

66811

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-A

F 66811

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 127 E. Fort Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 127 E. Fort Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Susan Helen Ehlers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 9, 1877

8. AGE: Years	Months	Days	If less than one day
62	9	20	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Carpet Sewer

11. Industry or business

FATHER

12. Name Louis C.

13. Birthplace Baltimore

MOTHER

14. Maiden Name Mary Jane ~~Ehlers~~ Bayne

15. Birthplace Baltimore

16 (a) Informant Miss Myrtle Ehlers

(b) Address 127 E. Fort Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-40 (month) (day) (year)

(c) Cemetery or crematory Louden Pk.

Location Frederick Rd.

18 (a) Funeral director I. F. McCauley

(b) Address 130 E. Fort Ave.

19 MAR 2 1940 (Date rec'd by registrar) (b) Huntington Williamsport Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 29 1940, at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 26 1940 to Feb. 29 1940 and that I last saw h[illegible] alive on Feb 29 1940

Immediate cause of death

Due to apoplexy

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

4 hrs

2 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. F. Hourigan M. D.

Address 1 E Randall St Date signed 3/4/40

correct age is especially important. Physicians: please write the names of cause clearly and legibly.

66812

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

F 66812 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4 W. Barney
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4 W. Barney (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Henry Easter
3 (b) If veteran, name war
3 (c) Social Security Account No. 212-05-6262

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Married

6 (b) Name of husband or wife Carrie Baumann
6 (c) If alive, give age 60 years
7. Birth date of deceased (mo., day, yr.) Dec. 7, 1872

8. AGE: Years	Months	Days	If less than one day
67	2	22	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Gas. & Elec. Co.

FATHER
12. Name Henry Easter
13. Birthplace Balto.

MOTHER
14. Maiden Name Emma Hyson
15. Birthplace Balto.

16 (a) Informant Mrs. W. H. Easter
(b) Address 4 W. Barney St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-40 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Edmondson Ave.

18 (a) Funeral director I. Few McCully
(b) Address 130 E. Fort Ave.

19 (Date) MAR 2 1940 (Signature of registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-29-40 19 10:30 at A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-28 1940 to 2-29 1940, and that I last saw h[illegible] alive on 2-28-1940.

Immediate cause of death Intestinal Obstruction — Duration 4-5 days
Due to Probably due to Cancer of Stomach
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations no Operation
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. V. Teagarden M. D.
Address 112 Fox Bldg Date signed 2-29-40

Howard D. Madden M.D. Chief Medical Examiner

66813 COK E 66813

BALTIMORE CITY HEALTH DEPARTMENT 49361

CERTIFICATE OF DEATH 127-N Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1905 Sherwood Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Drane

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1865

8. AGE: Years	Months	Days	If less than one day
74	2	3 13	hr. min.

9. Birthplace Ireland
(Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business

FATHER
12. Name John Drane
13. Birthplace Ireland

MOTHER
14. Maiden Name Alice Rossbottom
15. Birthplace Ireland

16 (a) Informant records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Catonsville Md.

18 (a) Funeral director Wendel Dillon
(b) Address 1845 Eutaw Pl.

(Date rec'd by registrar) MAR 2 1940 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-1 1940, at 1:10 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-21 1940, to 3-1 1940, and that I last saw h e alive on 2-29 1940.

Immediate cause of death	Duration
Acute cholecystitis	over 1 week
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. Krulevitch M. D.
Address Balto City Hosp. Date signed 3-1-40

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66814 CERTIFICATE OF DEATH 131-aF 66814

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged Women's + Aged Men's Home Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arthuretta Moffett

If U. S. Veteran specify WAR .....

(a) Residence: No. 1400 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 17th 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
85	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. For Aged

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Robert Moffett

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Sarah Jane Mann

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Record Aged Women's + Aged Men's Home

(Address) 1400 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date 3/2 1940

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St

20. FILED MAR 2-1940 19. Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 1st, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1928, 19..., to March 1, 1940, 19...

I last saw her alive on February 29, 1940 Death is said to have occurred on the date stated above, at 12:0 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis.	?yrs.
Other contributory causes of importance:	
Cardio-vascular-renal disease.	?yrs.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, ...

(Signed) Edwin O. Harold M. D.

(Address) 1115 St. Paul St., City.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Also state whether any OCCUPATION is very important. See instructions on back of certificate.

TAUTKUS

BALTIMORE CITY HEALTH DEPARTMENT

66815 **CERTIFICATE OF DEATH** 55-T Registered No. F 66815

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 885 W. Lombard St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 885 W. Lombard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John J. Tautkus

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) April 23, 1878

8. AGE: Years	Months	Days	If less than one day: hr.	min.
61	10	28		

9. Birthplace Lithuanian (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name John Tautkus
13. Birthplace Lithuanian

MOTHER
14. Maiden Name Unknown
15. Birthplace Lithuanian

16 (a) Informant Miss Marie Tautkus
(b) Address 885 W. Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4430 Belair Road

18 (a) Funeral director John J. Cowan & Son
(b) Address 901 Hollins St

19 (a) Filed MAR 5 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1st 1940, at 6:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 26 1939 to Feby 28 1940 and that I last saw h[illegible] alive on Feby 28 1940.

Immediate cause of death: Carcinoma Rt Pupitom Sinus — Duration: Less than a year

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Myer Weinstein M. D.
Address 1724 Eutaw Place Date signed 3-2-40

VS 8

Correct Life is especially important. Physicians, please write plainly with pen and ink. Do not use pencil.

F 66816

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-B

Registration No. F 66816

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Taneytown (If outside city or town limits, write RURAL and give town)
(d) Street No. 153 (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Alice B. Gallagher

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband ~~or wife~~ E. M. Gallagher

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 6/1/92

8. AGE: Years 47 | Months 9 | Days 1 | If less than one day ..... hr. ..... min.

9. Birthplace Johnsville Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Daniel W. Mormugstar

13. Birthplace N. J.

MOTHER 14. Maiden Name Amanda S. Stitely

15. Birthplace Frederick Co Md.

16 (a) Informant Clyde Mormugstar

(b) Address Marston, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 4-40 (month) (day) (year)

(c) Cemetery or crematory Pipe Creek Cem.

Location near Uniontown Md

18 (a) Funeral director H. H. Hafler & Sons

(b) Address New Windsor, Md

19 (Date received by registrar) MAR 2-1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-2-40 19 ..., at 6 1/2 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-21-40 19 ..., to 3-2- 19 40, and that I last saw her alive on 3-2 19 40.

Immediate cause of death: Cardiac collapse — Duration 2-29-40

Due to Cerebral neoplasm Duration ?
Cerebral metastasis

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy Above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Dr Wickman Faed M. D.

Address Md Hen Hosp Date signed 3-2-40

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

66817

CERTIFICATE OF DEATH

Registered No. E 66817

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 18-2 Ward) 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Anna May Lindsay

If U. S. Veteran specify WAR ___

(a) Residence: No. 258 Arlington St., ___ Ward. ___
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 20 1939

7. AGE Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ___

10. Date deceased last worked at this occupation (month and year) ___

11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME Grant Lindsay

14. BIRTHPLACE (city or town) Atlanta
(State or country) Ga

MOTHER

15. MAIDEN NAME Charolotte Williams

16. BIRTHPLACE (city or town) ___
(State or country) Va

17. INFORMANT Jane Lindsay
(Address) 258 Arlington St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date May 2, 1940

19. UNDERTAKER Mrs Katie R Wilfram
(Address) 322 N Schroeder St

20. MAR 2 — 1940 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1940 to Feb 29, 1940

I last saw him alive on Feb 28, 1940 Death is said to have occurred on the date stated above, at 2:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	Feb 14
Other contributory causes of importance:	
Pertussis	Feb 6

Was an operation performed? Not Date of ___

For what disease or injury? ___

Name of operation ___

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ___

(Signed) Lillie C. Carey, M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

66818

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

97 F 66818

Reg. Dist. No.

1. PLACE OF DEATH:

County

City or town: BALTIMORE CITY (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 3813 CHATHAM ROAD 15-78

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 5 YEARS

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: MARYLAND County

City or town: BALTIMORE Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 3813 CHATHAM ROAD (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: ADELINE DARBY

3. (b) Social Security Number: NONE

4. Sex: FEMALE

5. Color or race: WHITE

6. (a) Single, married, widowed, or divorced: WIDOW

(b) Name of husband or wife: CHAUNCEY H. DARBY

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug 22 1855

8. AGE: 84 Years | Months: 6 | Days: 9 | If less than one day: hrs. m.n.

9. Birthplace: PRINCE GEORGES Co. MARYLAND (Town, county, and state)

10. Usual occupation: HOUSEWIFE (RETIRED)

11. Industry or business

FATHER 12. Name: BENJAMIN BRASHEARS

13. Birthplace: PRINCE GEORGES COUNTY

MOTHER 14. Maiden name: SARAH MILLER

15. Birthplace: ELLICOTT CITY, MD.

16. Informant: LOUIS E. DARBY

Address: 3813 CHATHAM ROAD

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof: MARCH 4, 1940 (month) (day) (year)

Cemetery or crematory: WOODLAWN CEMETERY

Location: SECTION #18

18. Funeral director: C. RAYMOND KAUFMAN

Address: 927 LEEDS AVENUE

MAR 2 - 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3-1 1940 6^5 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19 , to 3-1 1940 and that I last saw h-er alive on 2-29 1940

Immediate cause of death: Arterio sclerosis — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

By operations: None

By autopsy: None

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: George L Wissig M.D. M. D. or other

Address: 4000 Edmondson Ave Date signed: 3-1-40

F 66819 2

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95-C Registered No. F 66819

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 7-5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 das
(e) Length of stay in Baltimore (yrs., mos., or days) 22yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 601-46 Ln Lt (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 yrs. years

3 (a) FULL NAME Emil Niskanen (EMIL BERNHARDT NISKANEN)

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-07-3594

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Wayne Niskanen

6 (c) If alive, give age 48? years

7. Birth date of deceased (mo., day, yr.) 4-19-87

8. AGE: Years 52 | Months 10 | Days 9 | If less than one day: hr. min.

9. Birthplace Finland (Town, county, and state)

10. Usual Occupation Shell worker

11. Industry or business Tin-mill Sparrows Pt. Md.

FATHER 12. Name Solomon Niskanen
13. Birthplace Finland

MOTHER 14. Maiden Name Eestina Holm
15. Birthplace Finland.

16 (a) Informant Reards
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 3. 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Baltimore Md. Henry Sander
HENRY SANDER & SONS. INC.

18 (a) Funeral director
(b) Address Baltimore & Broadway.

19 (a) Filed MAR 2 1940 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28 1940 at 11 20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 26, 1940 to Feb 28 1940 and that I last saw h alive on Feb. 28 1940

Immediate cause of death Cardiac Failure — Duration 1 mos

Due to Bronchopneumonia — 2 days

Due to Emphysema — ? yrs.

Due to Anthracosis — ? yrs.

Other Conditions Chronic Bronchitis, ascites, gen. anasarca — ? yrs

(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma Appendix

Of autopsy Emphysema, Anthracosis, Bronchopneumonia

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney Mayer, M.D.

Address Baltimore Date signed 2-29-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

66820

CERTIFICATE OF DEATH

126 F 66820

1. PLACE OF DEATH Church Home & Infirmary

Registered No.

CITY OF BALTIMORE: (No. 1 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ewald Damm (EWALD DAMM)

If U. S. Veteran specify WAR

(a) Residence: No. 904 N. Kresson St., Ward.

(Usual place of abode)

Social Security No. 212-09-1902

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie L Damm

6. DATE OF BIRTH (month, day, year) Feb 20 1886

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
54	0	1611	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Power Propelled Bldg & Loan Assn

10. Date deceased last worked at this occupation (month and year?)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frederick Johns Damm

14. BIRTHPLACE (city or town) (State or country) Balt. Md.

MOTHER

15. MAIDEN NAME Mathilda Roese

16. BIRTHPLACE (city or town) (State or country) Balt. Md.

17. INFORMANT Mrs Minnie L. Damm (Wife)

(Address) 904 N. Kresson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Mar. 4, 1940

19. UNDERTAKER HENRY SANDER & SONS, INC. Geo F. Sander

(Address) Baltimore & Broadway.

20. FILED MAR 2 — 1940 Hunting for Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1940

22. I HEREBY CERTIFY, That I attended deceased from 2-22-40, 19..., to 3-1-40, 19...

I last saw him alive on 3-1, 1940 Death is said to have occurred on the date stated above, at 3:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	1935
Other contributory causes of importance:	

Was an operation performed? No Date of 2-6-40

For what disease or injury? Common duct Stone

Name of operation Exploratory Laparotomy

What test confirmed diagnosis Op. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Mason Cundell M. D.

(Address) Church Home & Hosp.

F 66821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-3

F 66821 Registered No.

66821

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3213 Juneau Place

(c) Hospital or institution: Arcade Convalescent Home

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 74 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Govedale (If outside city or town limits, write RURAL and give town)

(d) Street No. Elmhurst & Govedale Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? 74 years

3 (a) FULL NAME Frank J Kaspar

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Anna M. Kaspar

6 (c) If alive, give age / years

7. Birth date of deceased (mo., day, yr.) Dec. 16, 1861

8. AGE: Years	Months	Days	If less than one day
78	2	915	hr. min.

9. Birthplace Austria Hungary (Town, county, and state)

10. Usual Occupation Shoe Maker

11. Industry or business

FATHER

12. Name Joseph Kaspar

13. Birthplace

MOTHER

14. Maiden Name Not Known

15. Birthplace

16 (a) Informant Frank J. Kaspar Jr.

(b) Address Govedale Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Catonsville Md

18 (a) Funeral director Frank Leuch & Son

(b) Address 1906 Ashland Ave

MAR 3 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1, 1940, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to March 1 1940 and that I last saw h[illegible] alive on 3-1-40.

Immediate cause of death

Due to Generalized Arteriosclerosis

Due to Paralysis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration 2 mos

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] Address [illegible] Date signed 3-2-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 66822

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-D

Registered No. F 66822

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2010 Brentwood Ave (If rural give location) 2502
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles H Jacobs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 14 1876

8. AGE: Years	Months	Days	If less than one day hr.	min.
63 61	4	18		

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Carpenter.
11. Industry or business

FATHER
12. Name John E. Jacobs
13. Birthplace Germany

MOTHER
14. Maiden Name Anna K. Leutenecker
15. Birthplace Baltimore

16 (a) Informant Hosp Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 5 1940 (month) (day) (year)
(c) Cemetery or crematory
Location Benson Md

18 (a) Funeral director Hamberger & Grass
(b) Address Benson Md

19 (a) Date received MAR 6 1940 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-22-40 19 , at 10:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-23 1940 to 3-2 1940 and that I last saw him alive on 3-2 1940

Immediate cause of death: Peritonitis — Duration: 5 days
Due to: Intestinal Obstruction — 1 week
Due to: aortic aneurysm — ?
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations: aortic aneurysm Intest. Obstruction
Of autopsy: Peritonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W F Mansfield M. D.
Address Md. General Hospital Date signed 3-7-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66823

66823

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4130 Pimlico Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4130 Pimlico Road (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Dora Davidson

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Max
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 15, 1875

8. AGE: Years	Months	Days	If less than one day
64	5	15	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business House - Wife

FATHER
12. Name Koppel Hallam
13. Birthplace Russia

MOTHER
14. Maiden Name Dora ?
15. Birthplace Russia

16 (a) Informant Harry Davidson
(b) Address 4130 Pimlico Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 3, 40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosdale Cemetery
Location Philadelphia Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 * 1126 W. North ave

MAR 3 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1, 1940, at 11.30 p m

21. I certify that death occurred on the date above stated; that I attended deceased from April 6, 1937 to Mar. 1, 1940. and that I last saw her alive on Mar. 1, 1940.

Immediate cause of death	Duration
Intramuscular Cardio-Vascular Dis. c. Hypertension	?
Due to	
Due to	
Other Conditions Coronary Occlusion	20 min.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. A. Shroman M. D.
Address 2340 Eastern Ave Date signed Mar. 2, 1940

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 66824

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13-D

Registered No. F 66824

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 37 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1316 Belvedere ave (If rural give location)
(e) If foreign born, how long in U. S. A.? Yrs

3 (a) FULL NAME Alice O'Keefe

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2 1878

8. AGE: Years 61 | Months 10 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name [illegible]
13. Birthplace [illegible]

MOTHER
14. Maiden Name [illegible]
15. Birthplace [illegible]

16 (a) Informant [illegible]
(b) Address [illegible]

17 (a) [illegible] (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory [illegible]
Location [illegible]

18 (a) Funeral director [illegible]
(b) Address [illegible]

MAR 3 - 1940 (Date received by Registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 2 1940, at 1:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1934 to Mar. 2 1940, and that I last saw h[illegible] alive on Mar. 2 1940.

Immediate cause of death: Pulmonary Tuberculosis & T.B. enteritis — Duration: 12 yrs
Due to: Psychosis with general arteriosclerosis — Duration: 37 yrs

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Damian P. Gluyas M. D.
Address 336 Belmont Ave Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

66825

HEALTH DEPARTMENT—CITY OF BALTIMORE

66825

CERTIFICATE OF DEATH

92-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2815 Windsor Ave. St., 57 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Alice Lavenia Crane

If U. S. Veteran specify WAR No

(a) Residence: No. 2815 Windsor Ave St., Ward. S. Sub-Urb

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles C. Crane

6. DATE OF BIRTH (month, day, year) Feb 25th 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 2-25-40

11. Total time (years) spent in this occupation x

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Albert Dwyer

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Susanna Tucker

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Virginia Cassidy

(Address) 3711 York Road

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Loudon Park Date 3/4 1940

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St

20. FILED Huntington Williams, M.D.

Registrar.

MAR 3 - 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 29th, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1940 to Feb 29, 1940

I last saw h[illegible] alive on Feb 28, 1940 Death is said to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease	1931
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Everett Kalue M. D.

(Address) 1735 Poplar Gr. St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

66826

HEALTH DEPARTMENT—CITY OF BALTIMORE

66826

CERTIFICATE OF DEATH

46-T

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2322 Annah Ave. 16-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Fifty yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Laura Payne Morgan

If U. S. Veteran specify WAR

(a) Residence: No. 2322 Annah Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Arthur W. Morgan

6. DATE OF BIRTH (month, day, year) Feb 6th 1871

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
69	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME George C. Payne

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Ella Ridgeway

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Arthur W. Morgan
(Address) 2322 Annah Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar 4th 1940

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED MAR 3 - 1940 Lottington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 1st 1940

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1939 to March 1, 1940

I last saw her alive on March 1, 40 1940. Death is said to have occurred on the date stated above, at 1.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma of gall bladder	about 39
Other contributory causes of importance: None	

Was an operation performed? Yes Date of Feb 15 - 40

For what disease or injury? Carcinoma of gall bladder

Name of operation Cholecystectomy and Biopsy

What test confirmed diagnosis? Microscopic Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Eugene Covington M. D.

(Address) 3301 N. Charles St. Baltimore

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 66827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B

Registered No. F 66827

Count age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1hr. 20min.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 803 Warner St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jennie Johnson

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband or wife: William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5th 1877

8. AGE: Years	Months	Days	If less than one day
62	7	26	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business At Home

FATHER
12. Name William Smith (Theodore R.)
13. Birthplace Md.

MOTHER
14. Maiden Name Mary ? (Elizabeth Carl)
15. Birthplace Germany

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) MAR 3 - 1940 (Date rec'd by Registrar) Hunting Ave. & Pulaski Highway

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1940, at 6.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1940, to March 1 1940, and that I last saw him alive on March 1 1940.

Immediate cause of death	Duration
Cerebral Thrombosis	2 days.
Due to	
Due to	
Other Conditions Generalized arteriosclerosis	unknown.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murray Belaker M. D.
Address Balto City Hosp. Date signed 3-2-40

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66828 F 66828

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hopkins Hospital — Registered No. 938

CITY OF BALTIMORE: (No. 1 E Cook 3/24 St. 2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Anna Louise Eichenberg Frost — If U. S. Veteran specify WAR

(a) Residence: No. 1 Hopkins Hospital St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William Eichenberg

6. DATE OF BIRTH (month, day, year): Dec 24 1869

7. AGE: Years 70 | Months 2 | Days 8 | If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Herman Dietz
14. BIRTHPLACE (city or town) (State or country): Hesse-Darmstadt Germany

MOTHER

15. MAIDEN NAME: Catherine Kuebrich
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: William Eichenberg (Address) Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL: Place London Park Date March 4 1940

19. UNDERTAKER: J. Wilson Cook (Address) 1217 E Fayette St

20. FILED: Huntington Williams Registrar. MAR 3 - 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 2, 1940

22. I HEREBY CERTIFY, That I attended deceased from — 1925 to Mar 1940

I last saw her alive on Mar 1, 1940. Death is said to have occurred on the date stated above, at 3:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset (year)
Essential hypertension	prior to 1935
Other contributory causes of importance: myocardial degeneration	1939

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward Novak M. D.

(Address) 101 W. Read St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 66829

50744 - MB

F 66829

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137 - Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo., 28 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street address 21 S. Carey St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

18

3 (a) FULL NAME Thomas DeBaufre

3 (b) If veteran, name war —
3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife Catherine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27, 1865

8. AGE: Years	Months	Days	If less than one day
74	7	5	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Cigar Maker
11. Industry or business Unemployed 10 years

FATHER
12. Name William DeBaufre (dead)
13. Birthplace Baltimore

MOTHER
14. Maiden Name Sarah Lee
15. Birthplace Baltimore

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/5/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

19 (a) MAR 3 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-2 1940, at 12 20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-4 1939 to 3-2 1940, and that I last saw him alive on 3-2 1940.

Immediate cause of death	Duration
Acute pulmonary oedema	1/2 hour
Due to Arteriosclerotic heart disease	?
Due to	
Other Conditions Benign prostatic hypertrophy with urinary obstruction	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations Benign prostatic hypertrophy
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Woodward Jr. M. D.
Address Balto City Hosp Date signed 3-2-40

VS 3

66830

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1164-c

Registered No. F 66830

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2444 · Frederick Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2444 · Frederick Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? life years

3 (a) FULL NAME CHARLES WILDER MUTH

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 17, 1872

8. AGE: Years	Months	Days	If less than one day hr.	min.
68	0	14		

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation See note
11. Industry or business own business

FATHER
12. Name John Wildermuth
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Carrie Frank
15. Birthplace Baltimore Md

16 (a) Informant Mrs Elizabeth Frey - aunt
(b) Address 1819 W Baltimore St

17 (a) Burial (Burial, ~~cremation~~) (b) Date thereof 3/5/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

MAR 3 - 1940 (Date rec'd by Registrar) (c) Huntington Williams M.D. Registrar

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1940, at 10 10 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said ~~inquest~~ (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Bullet wound of heart.

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence March 2, 1940
(c) Where did injury occur? 2444 Frederick Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury 38 cal. automatic revolver

23. Signature J. H. L. Wallenmeyer M.D. Asst Medical Examiner.

Date signed Mar 2 1940

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66831

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46-9

Registered No. F 66831

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 23rd & Calvert
(c) Hospital or institution:
Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 dys.
(e) Length of stay in Baltimore (yrs., mos., or days) 28 dys

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Pylesville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 12
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ellsworth Lowe

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: M.
5. Color or race: W.
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24, 1863

8. AGE: Years 76 | Months 9 | Days 22 | If less than one day: hr. 8 min. 30

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Martin Lowe
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret R. Colt
15. Birthplace Penna.

16 (a) Informant Charles B. Richardson
(b) Address Pylesville, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 5 1940 (month) (day) (year)
(c) Cemetery or crematory Ellenbogen
Location Pylesville Md

18 (a) Funeral director Edward Foos
(b) Address Forest Grove Pa

MAR 3 1940 (b)
Date received by local registrar Huntingtown, Md. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1940, at 9.34 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 3 1940 to Mar 2 1940 and that I last saw him alive on Mar 2 1940.

Immediate cause of death
Bronchopneumonia, post-operative, ?

Duration: 1 dy.

Due to

Due to

Other Conditions Carcinoma of Rectum.
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Rectum
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank M. Sutton M. D.
Address Union Memorial Hosp. Signed 3-2-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66832

Falck

F 66832

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-W Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6 Monument St
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3405 Boteman Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Minnie Falck

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Benj.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-9-73

8. AGE: Years	Months	Days	If less than one day
66 56	6	23	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER: 12. Name Samuel Goldberg
13. Birthplace Russia

MOTHER: 14. Maiden Name Dina Malgutina
15. Birthplace Russia

16 (a) Informant Friends
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-40 (month) (day) (year)
(c) Cemetery or crematory Beth Shalom
Location Windsor Mill Rd

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St

19 (a) MAR 3 1940 (Date received by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1940 at 11 ~~P.M.~~ A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb-7 1940 to Mar 2 1940 and that I last saw her alive on Mar-2 1940.

Immediate cause of death	Duration
cerebral hemorrhage	4 hrs
Due to arteriosclerosis	
Due to hypertension	
Other Conditions previous cerebral hemorrhage	1 mo.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney Mazer, M. D.
Address Baltimore Date signed 3/5/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66833

F 66833

LB 43808

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution:

Baltimore City Hospitals 19 days

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 mth.

(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 612 Glenolden Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Julia Wolff

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife edward (d)

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 10/20/1866

8. AGE: Years	Months	Days	If less than one day
73	4	12	..... hr. ..... min.

9. Birthplace Chicago, Ill. (Town, county, and state)

10. Usual Occupation unknown

11. Industry or business

FATHER

12. Name Morrid Adler (d)

13. Birthplace Austria

MOTHER

14. Maiden Name Rachel Risher (d)

15. Birthplace Austria

16 (a) Informant B. C. H. records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-40 (month) (day) (year)

(c) Cemetery or crematory Forest Home Cemetery

Location Chicago Illinois.

18 (a) Funeral director Leo W. Settle

(b) Address 2700 Edmondson Ave.

19 (a) Date received by registrar MAR 5 1940 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-2 1940, at 8:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-13 1939, to 3-2 1940, and that I last saw her alive on 3-2 1940.

Immediate cause of death	Duration
Arteria Sclerotic gangrene left foot	several months ?
Due to Diabetes mellitus	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Same

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L. Krabadenrodt Jr. M. D.

Address Balto. city Hosp. Date signed 3-2-40

F 66834

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66834

CERTIFICATE OF DEATH

83-a 66834

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4307 Hillen Rd St. 9-x Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rev. Mc Henry J. Naylor

If U. S. Veteran specify WAR.

(a) Residence: No. 4307 Hillen Road St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Georgianna

6. DATE OF BIRTH (month, day, year) April 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

FATHER

13. NAME Otha J. Naylor

14. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

MOTHER

15. MAIDEN NAME Harriett A. Snyder

16. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

17. INFORMANT Georgianna Naylor
(Address) 4307 Hillen Rd.

18. BURIAL, CREMATION OR REMOVAL
Place Mt. Auburn Date March 6 1940

19. UNDERTAKER Mrs. Chas. H. Holland
(Address) 1631 Druid Hill Ave

20. FILED ... 19... Registrar.

Huntington Williams

MAR 3 - 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/29, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1/ ... 1940, to 2/29 ... 1940

I last saw him alive on 2/24 ... 1940 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	
+ Bronchial Pneumonia	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) B. Ten Rhett, M. D.

(Address) 2134 Oliver

INFORMATION SHOULD BE CAREFULLY ENTERED. Please see that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 66835

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 66835 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 537 Monroe St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 537 Monroe St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME JOHN BROWN

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	married

6 (b) Name of husband or wife Jennie Brown
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1874

8. AGE: Years	Months	Days	If less than one day
65	5	20	hr. min.

9. Birthplace Charlotte, North Carolina
(Town, county, and state)

10. Usual Occupation Cook
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Jennie Brown
(b) Address same

17 (a) Burial (Burial, cremation, or removal) Date thereof Mar. 5, 1940 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore, Md.

18 (a) Funeral director Mrs. Geo. A. Holland
(b) Address 1631 Druid Hill Ave, Hunting Ridge Arbutus, Md.

19 (a) (Date received) (Registrar) Registrar

MAR 5 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1940, at 3:40 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration sudden

Due to Arteriosclerosis general — Duration over

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Lee Allenworth M.D.
Medical Examiner.
Date signed 3-2-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 66836

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5314 Denmore Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5314 Denmore Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 1 years

3 (a) FULL NAME Elizabeth Glascoe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Married

6 (b) Name of husband or wife Lanerlan

6 (c) If alive, give age ° years

7. Birth date of deceased (mo., day, yr.) Sept. 19, 1909

8. AGE: Years	Months	Days	If less than one day
30	5	9	hr. min.

9. Birthplace Hereford, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Thomas
13. Birthplace Hereford, Md.

MOTHER
14. Maiden Name Mamie Johnson
15. Birthplace Jonesville, Md

16 (a) Informant Laverles Glascoe
(b) Address 5314 Denmore Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-40 (month) (day) (year)
(c) Cemetery or crematory St. Lukes
Location Hereford-Balto Co. Md

18 (a) Funeral director Wm. Geo H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) Date received MAR 3 — 1940 (Registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION 215P

20. DATE OF DEATH Feb. 28 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said I.I. (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. P. VanDeWalker M.D. Medical Examiner.

Date signed 2-29-40

Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

F 66837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-a

Registered No. F 66837

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Madison Linden
(b) Street address 419 N. Charles St
(c) Hospital or institution:
Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 419-N-Charles St
(If rural give location)
(e) If foreign born, how long in U. S. A.? probably 65 years

3 (a) FULL NAME mrs. mary barnes (MARY BAKER BARNES)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widowed

6 (b) Name of husband or wife Wm. C. Barnes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 28 1858

8. AGE: Years	Months	Days	If less than one day
81	2	28	— hr. — min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name Unknown Wm. H. Baker
13. Birthplace Unknown Balto

MOTHER
14. Maiden Name Caroline Barbara Billups
15. Birthplace Balto Mrs M Elpers

16 (a) Informant From hospital record
(b) Address autopsy. 419-N Chas

17 (a) Cremat (b) Date thereof Mar-4-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Baltimore
Location Baltimore

18 (a) Funeral director Sherwin Memorial Co.
(b) Address 1082 Mont Ave.

19 (a) (Date received by Registrar) (b) Registered No.

MAR 8 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-1-40 19 at 6 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-29 1940 to 3-1 1940 and that I last saw he alive on 3-1-40 19

Immediate cause of death	Duration
massive congestive heart failure	2 weeks
Due to Ch-myocarditis	?
Due to	
Other Conditions Prostatectomy Ruptured gastric ulcer	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Ruptured gastric ulcer Chronic prostatitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dr. W. H. Mansfield M. D.
Address Md. General Hospital Date signed

PLEASE WRITE PLAINLY, with unfading ink, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 66838

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Tudor Arms Apts.

(c) Hospital or institution: at Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore City

(c) City or town Balto.

(If outside city or town limits, write RURAL and give town)

(d) Street No. Tudor Arms Apts. (If rural, give location)

Warwick-Hay 3 4 ff

(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Florence Stirling Primrose

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Wm. D. Primrose

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May-17-1856

8. AGE: Years 83 | Months 9 | Days 13 | If less than one day — hr. — min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER 12. Name Geo. W. Stirling

13. Birthplace Balto Md

MOTHER 14. Maiden Name Rosiana Leffendeffer

15. Birthplace Balto Md.

16 (a) Informant Miss Josephine Primrose (daughter)

(b) Address Tudor Arms Apts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto Md

18 (a) Funeral director Sherwood Memorial Co.

(b) Address 108 W Mt Royal Ave.

19 (a) (Date rec'd by registrar) (b) Harry T. Williams, M.D. Registrar

MAR 3 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4, 1940, at 3 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 6 1940, to Feb 29 1940, and that I last saw h[illegible] alive on Feb 29 1940.

Immediate cause of death Myocarditis

Due to Arteriosclerosis

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations X

Of autopsy

Duration: Years 1

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Sydney R. Miller M.D.

Address 1115 St Paul Date signed 3-2-40

Please write plainly with pen. Physicians: please write the causes of death clearly and legibly. Give full name of deceased, and correct age in especially important.

F 66839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 66839

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2238 Brookfield Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 2238 Brookfield Ave.
(If rural give location)

(e) If foreign born, how long in U. S. A.? 69 Years, years

3 (a) FULL NAME HENRIETTA SAMUELS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband ~~or wife~~ Henry Samuels

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 31, 1842

8. AGE: Years	Months	Days	If less than one day
97	11	21	hr. min.

9. Birthplace Berlin
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name -------- Valkenberg,

13. Birthplace Berlin

MOTHER 14. Maiden Name Unknown

15. Birthplace Berlin.

16 (a) Informant Mr. H. Samuels,

(b) Address 2238 Brookfield Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/40. (month) (day) (year)

(c) Cemetery or ~~crematory~~ Oheb Shalom

Location Balto. Md.

18 (a) Funeral director Baird Sonnborn & Son

(b) Address 1902 Eutaw Place.

MAR 3 - 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2, 1940, at AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 26 1940 to March 2 1940, and that I last saw her alive on ~~Feby 20~~ Mch 2, 1940

Immediate cause of death	Duration
Bronchopneumonia	6 DAYS
Due to	
Due to	
Other Conditions Arteriosclerosis; cerebral (Senile dementia).	Two 2 Yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Louis P Hamburger M. D.

Address 1207 Eutaw Place Date signed

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F. 66840

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

Registered No. F 66840

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 735 S Aldham Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65yrs 7mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 735 S. Aldham Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

26-7

3 (a) FULL NAME Marion Coakley Benty

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Earl B. Benty
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 26, 1874

8. AGE: Years	Months	Days	If less than one day
65	76	6	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own Home

FATHER
12. Name John R. Coakley
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Margaret [illegible]
15. Birthplace Baltimore, Maryland

16 (a) Informant John Benty
(b) Address 2345 E Chase Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 5, 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Eastern Ave. Extd.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 2723 E. Preston St.

19 (a) (Date received by Registrar) (b) Henrietta M. Williams, M.D.

MAR 3 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1940 at 3:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 23 1940 to March 2 1940 and that I last saw h[illegible] alive on March 2 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	7 days
Due to Hypertension	
Cardio Vascular Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Karl F. Mech
Address 6 E. Edgar Street Date signed 3-2-40 M. D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66841

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 66841

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert & Madison Saratoga

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 45 days

(e) Length of stay in Baltimore (yrs., mos., or days) 61 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1347 Homestead Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Winifred Cuddy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6, 1879

8. AGE: Years	Months	Days	If less than one day
61	1	25	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business own home

FATHER

12. Name Michael J. Cuddy

13. Birthplace Ireland

MOTHER

14. Maiden Name Mary J. Ward

15. Birthplace Ireland

16 (a) Informant Miss Katherine Cuddy

(b) Address 1347 Homestead Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/40 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Old Frederick Road

18 (a) Funeral director Margaret A. Flynn

(b) Address 1412 Light St.

19 (a) Date rec'd by registrar MAR 3 - 1940 (b) Registrar Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1940 at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 17 1940 to March 2 1940 and that I last saw her alive on March 2 1940.

Immediate cause of death: Cardiac Decompensation — Duration: 48 hours

Due to: Arteriosclerotic Cardiovascular Disease — 3 years

Due to:

Other Conditions: (1) Diabetes Mellitus — 6 years; (2) Paroxysmal tachycardia — 3 years

(Include pregnancy within 3 months of death)

Major findings: Of operations: Inoperable Ovarian Cyst

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature John F. Schaefer M.D.

Address Mercy Hospital Date signed 3/2/40

5H619 — 4646

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66842

F 66842 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 103 Goodale Road St. Homeland Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Tyndale Dashiell

If U. S. Veteran specify WAR .....

(a) Residence: No. 103 Goodale Road St., Homeland Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~ Widowed, or ~~Divorced~~ (write the word)
Female	White	widowed

6a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Charles William Dashiell

6. DATE OF BIRTH (month, day, year) June 8, 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) Feb 22, 1940

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Queen Anne County Maryland.

FATHER

13. NAME E. Franklin Dashiell

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Caroline Hull

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Mrs John W Owens

(Address) 103 Goodale Road

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date March 4 1940

19. UNDERTAKER Henry W Jenkins & Son Co

(Address) Cathedral & Lafayette Sts

Huntington Williams M.D. Registrar.

FILED MAR 3 - 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1940

22. I HEREBY CERTIFY, That I attended deceased from ....., 1935, to March 1, 1940

I last saw ~~her~~ alive on March 1, 1940. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio vascular disease	
Other contributory causes of importance:	
Subacute Cholecystitis	2/23/40
Broncho Pneumonia	2/23/40

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Francis W. Glunt, M. D.

(Address) 715 Park ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 66843
375180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45-C

F 66843 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 h
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1450 Cooksie (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Vincent Novak (Nowakowski)

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-5289

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Josephine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-22-82

8. AGE: Years 57 | Months 6 | Days 9 | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business

FATHER
12. Name John Novak
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 4 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem.
Location Balto Co.

18 (a) Funeral director Charles F. Dill
(b) Address 1501 E Fort Ave.

19 (a) 1940 Huntington Indiana Registrar
(Date received by registrar)

MAR 3

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 1 1940, at 3:00 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 5 1940 to Mar 1 1940 and that I last saw him alive on Mar 1 1940.

Immediate cause of death: Carcinoma of ovulae — Duration: 1 month
Due to: Ovula
Due to:
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 1st nerve section
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles E. Troland M. D.
Address Johns Hopkins Hospital Date signed

If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M. D. B. 1268-0

F 66844

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66844

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2811 Frederick Ave 70-6 St., Ward)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Belle Thompson

(a) Residence: No. 2829 Frederick Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John T Thompson

6. DATE OF BIRTH (month, day, year) Nov 30, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) yr 1940

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Alfred Newton

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Sophia Cook

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs Geiger

(Address) 1937 Pennsa Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Mar 4 1940

19. UNDERTAKER H. Amoreau

(Address) 1003 E Balto St

20. FILED 3/3/40 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1940

22. I HEREBY CERTIFY, That I attended deceased from January 15, 1940 to March 2, 1940

I last saw her alive on March 2, 1940 Death is said to have occurred on the date stated above, at 11 10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	
Arteriosclerotic Cardiovascular Disease	
Renal Suppression	

Other contributory causes of importance:

Senility	
Malnutrition	

Name of operation ..... Date of —

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO — If so, specify .....

(Signed) Howard M. Robinson M. D.

(Address) 1244 N. Milton Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 66845

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 66845

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1413 E. Lafayette Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

934

3 (a) FULL NAME Joseph P. Schreiber (Schreiber) X

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret ?

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) 5/21/1908

8. AGE: Years	Months	Days	If less than one day
31	11	8	— hr. — min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Electrician

11. Industry or business Self

FATHER
12. Name George P. Schreiber
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Christina Wilhelm
15. Birthplace Baltimore Md

16 (a) Informant Mrs Christina Schreiber
(b) Address 1413-E. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director George J. Kuth Inc.
(b) Address 1725 Harlem Ave Balto

19 (a) Date received by Registrar MAR 3 - 1940 (b) Signature of Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-29-1940, at 2:20 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to h... death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Lobar Pneumonia — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.

Date signed 3-1-40

F 66846

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B F 66846

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 37 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1246 N. Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Edna Marie Myers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Joseph B. Myers (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 4, 1918

8. AGE: Years	Months	Days	If less than one day
21	11	25	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Nurse Surge
11. Industry or business

FATHER
12. Name Harry Stancliff
13. Birthplace New York

MOTHER
14. Maiden Name Edna Gould
15. Birthplace Baltimore

16 (a) Informant Joseph B. Myers
(b) Address 1245 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-40 (Month) (day) (year)
(c) Cemetery or crematory Dulaney Valley Location North Ave

18 (a) Funeral director John E. Miller, Inc.
(b) Address 2435 E. Oliver St.

MAR 2 1940 (Date Received by Registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-29-1940 at 4.05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-23-40 19 . to 2-29-1940. and that I last saw her alive on 2-23-1940.

Immediate cause of death: Rheumatic heart disease — Duration: ?

Due to

Due to

Other Conditions Cardiac enlargement & insufficiency - Chronic auricular fibrillation (Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isabella Hanson M. D.
Address Church Home & Infirmary Date signed 2-29-40

F 66847

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-C

F 66847 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2035 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City Balto.
(c) City or town Balto Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2035 Edmondson Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Lydia Korff.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fem.

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug 29 1873

8. AGE: Years 66 | Months 6 | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Ferdinand Korff
13. Birthplace Germany.

MOTHER
14. Maiden Name Anna Reibl
15. Birthplace Germany.

16 (a) Informant Miss Anna Korff.
(b) Address 2035 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-40 (month) (day) (year)
(c) Cemetery or crematory London Park.
Location Balto Md.

18 (a) Funeral director Mr. Chas A G Rohde
(b) Address 2327 Edmondson Ave

MAR 3 - 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2nd 1940, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 25 1939, to March 2 1940 and that I last saw h[illegible] alive on March 1 1940.

Immediate cause of death	Duration
Cerebral Sclerosis	15 yrs
Due to Carbuncle Left Cheek & Diabetes	5 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations h
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. G. Jones M.D.

Address 7818 St Paul Date signed 3/3/40

VS 8

F 66848

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 66848 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland — Caroline & Oliver Sts.

(b) Street address

(c) Hospital or institution:

St. Joseph's Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2108 N. Fulton Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? 55 yrs. years

3 (a) FULL NAME John Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Elizabeth Betz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 18, 1861

8. AGE: Years	Months	Days	If less than one day
78	6	12 13	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Street Car Motorman

11. Industry or business Baltimore Transit Co.

FATHER

12. Name Unknowen

13. Birthplace Unknowen

MOTHER

14. Maiden Name Unknowen

15. Birthplace Unknowen

16 (a) Informant Mr. John B. Thomas

(b) Address 2108 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March, 4, 1940 (month) (day) (year)

(c) Cemetery or crematory St. Peters

Location Baltimore, Md.

18 (a) Funeral director Martin S. Fahey & Sons

(b) Address 1827 W. North Ave.

19 (a) [illegible] Registrar

(b) [illegible] Registrar

MAR 3 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 1, 1940, at 3 30/4 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 19 1940, to Mar. 1 1940, and that I last saw him alive on Mar 1, 1940.

Immediate cause of death Arteriosclerotic cardiac Vascular disease & auricular fibrillation

Duration

Due to

Due to

Other Conditions Lymphosarcoma of left axilla.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. B. Cummings, M.D.

Address St. Joseph's Hosp. Date signed 3/1/40

AGCo. 5-11 2500 Social Security Act: 212-07-6467

F 66849 **HEALTH DEPARTMENT — CITY OF BALTIMORE**

CERTIFICATE OF DEATH F 66849

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2836 Winchester St. 7-T 31-4 Ward) Registered No. F 66849

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME J. Henry Stein Joseph Henry Stein

(a) Residence: No. 2836 Winchester St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-15-1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing + Base

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation working

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John F. Stein

14. BIRTHPLACE (city or town) (State or country) Bavaria Ger

MOTHER

15. MAIDEN NAME Mary Dunker

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mother Mary Dunker Stein
(Address) 2836 Winchester St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 3/4/1940

19. UNDERTAKER E. A. Branning
(Address) 1924 E. Lafayette Ave

20. FILED MAR 3 - 1940 19...

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-1-1940

22. I HEREBY CERTIFY, That I attended deceased from March 1st, 1940, to March 1st, 1940

I last saw him alive on March 1st 1940 death is said to have occurred on the date stated above, at 7 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
1. Cerebral Hemorrhage	3-1-40
2. Chronic Nephritis	1918
3. Hypertension	1918

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ..., 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury Cer. Hem. Brain (Fall in Home)

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jean Coleman, M. D.

(Address) 1201 Eyler Ave St.

If information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 66850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C

Registered No. F 66850

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Pikesville (If outside city or town limits, write RURAL and give town)
(d) Street No. Orchard Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry S. Gerbrick

3 (b) If veteran, name war | (c) Social Security Account No.

4. Sex: M | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Catherine Gerbrick

6 (c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): May 17-1874

8. AGE: Years: 65 | Months: 9 | Days: 20 | If less than one day: hr. min.

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business:

FATHER
12. Name: William Gerbrick
13. Birthplace: Baltimore Md.

MOTHER
14. Maiden Name
15. Birthplace: unknown

16 (a) Informant: Mrs. Catherine Gerbrick
(b) Address: Orchard Rd. Pikesville, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/40 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge
Location: Pikesville, Md.

18 (a) Funeral director: Frank A. Neuse
(b) Address: Pikesville, Md.

19 (a) (Date received by registrar) (b) Registrar

MAR 3 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar 1 1940, at 9 am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of skull
Due to: Laceration Cerebral Cortex
Due to: Multiple fractures
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations: 1
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Accident
(b) Date of occurrence 3/3/40 Hour?
(c) Where did injury occur? Baltimore (City or town) Baltimore (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work?
(e) Means of injury: Pedestrian - truck hit pedestrian

23. Signature: Wm. Landsgrove M.D. Medical Examiner.
Date signed 3/3/40

F 66851

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 66851

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2806 Lake Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County "

(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)

(d) Street No. 2806 Lake Ave.
(If rural give location)

(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Walburga Hintenach .

3 (b) If veteran, name war	3 (c) Social Security Account No.
"	"

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed.

6 (b) Name of husband or wife Geo. L. Hintenach.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7th. 1858

8. AGE: Years	Months	Days	If less than one day
81	8	7	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Home

11. Industry or business

FATHER

12. Name Maithias Roll

13. Birthplace Germany

MOTHER

14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Mrs. Julia Scheel.

(b) Address 2806 Lake Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 4th 40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cem, Belair Rd.

Location

18 (a) Funeral director Geo. M. Fink & Son.

(b) Address 811 N. Wolfe St.

MAR 3 — 1940 (Date received) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 1st 1940, at 3.30A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1939, to Mch 1 1940 and that I last saw her alive on Feb. 29 1940.

Immediate cause of death	Duration
Myocarditis	7 dys.
Due to Arteriosclerosis	yrs.
Due to Hyper tension & Chr Nephritis	yrs.
Other Conditions Lobar Pneumonia	7 dys.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. M. Bowers M. D.

Address 1817 E. Broadway Date signed

F 66852 X ✓ F 66852

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Cecil
(c) City or town Charlestown
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard Webster Jones

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 218-05-9191

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Hattie E. Jones

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Mar 18-1880

8. AGE: Years 59 | Months 11 | Days 14 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Robert Jones
13. Birthplace Md

MOTHER
14. Maiden Name Martha Way
15. Birthplace Md

16 (a) Informant Joseph R Grimes
(b) Address North East, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-7-40 (month) (day) (year)
(c) Cemetery or crematory Methodist
Location Elkton, Md

18 (a) Funeral director Joseph R Grimes
(b) Address North East Md

19 (a) [illegible] (Registrar) Huntington Williams M.D. Registrar

MAR 8 – 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1940, at 2 p M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 27 1940, to March 3 1940, and that I last saw him alive on March 3 1940.

Immediate cause of death
Cardiac failure & Uremia — Duration 5 days

Due to Hypertensive Cardio vascular disease — Duration unk.

Due to Chronic diffuse glomerular nephritis — Duration unk.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature S. D. Sunday M. D.

Address Union Memorial Date signed 3/3/40

F 66853 HEALTH DEPARTMENT—CITY OF BALTIMORE 66853

CERTIFICATE OF DEATH

109

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John W. Leftwich

If U. S. Veteran specify WAR

(a) Residence: No. Bel Air, Maryland St., ... Ward. Harford Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emily Leftwich

6. DATE OF BIRTH (month, day, year) ? ? 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) Feb. 20, 1940 | 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Ellis Leftwich

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Anna Hill

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Wife

(Address) Bel-Air Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Burial Date March 6, 1940

19. UNDERTAKER H. L. Bailey

(Address) Darlington Md.

20. FILED MAR 8 - 1940 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 29, 1940 to March 3, 1940

I last saw him alive on March 3, 1940 Death is said to have occurred on the date stated above, at 4 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcal Lobar Pneumonia	4/27/40
Other contributory causes of importance:	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John W. Jones M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 66854 Crim

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 66854 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto Gen'l Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2021 Ashland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr Clarence U. Crim

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Elizabeth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-2-1879

8. AGE: Years 61 | Months 1 | Days 7 | If less than one day hr. min.

9. Birthplace West Virginia (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business

FATHER 12. Name George R Crim

13. Birthplace W Va

MOTHER 14. Maiden name Elizabeth McElroy

15. Birthplace Balto Md

16 (a) Informant Mrs Elizabeth Crim

(b) Address 3713 Elmwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-40 (month) (day) (year)

(c) Cemetery or crematory

Location Martinsburg W Va

18 (a) Funeral director Geo A Farley

(b) Address Fulton Ft Lafayette

19 (a) MAR 3 - 1940 (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/3 1940 at 12 noon M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/16 1940 to 3/3 1940 and that I last saw him alive on 3/2 1940

	Duration
Immediate cause of death: Cerebral hemorrhage	4 days
Due to: Arteriosclerosis	
Due to:	
Other Conditions: Pneumonia & Diabetes mellitus contributory	10 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Diabetic gangrene
Of autopsy: Arteriosclerosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Fred B Bowen M. D.

Address MB. Date signed 3/3/40

F 66855
3758534

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131-D

F 66855
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 37 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 321 N Calhoun (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Taylor

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife Clenton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-11-03

8. AGE: Years	Months	Days	If less than one day
37	1	20	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Sam Washington
13. Birthplace

MOTHER 14. Maiden Name Tillie Williams
15. Birthplace

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Arbutus Cem
Location

18 (a) Funeral director James Oatman
(b) Address 142 W Pratt St

19 (a) Washington Williams (Date rec'd by registrar) (Signature of registrar)

MAR 5 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 1 1940, at 12 25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20 1940, to MAR 1 1940, and that I last saw her alive on MAR 1 1940.

Immediate cause of death: Uremia — Duration
Due to: Chronic Nephritis
Due to: ? Pyelonephritis
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. M. Welty
Address Johns Hopkins Hosp Date signed 3-4-40

F 66856

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94 a Registered No.

F 66856

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1418 Division St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1418 Division St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME CORDELIA E HENRY

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col.	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22, 1885

8. AGE: Years	Months	Days	If less than one day: hr	min
54	9	10		

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation School Teacher

11. Industry or business

FATHER
12. Name Charles E. Henry
13. Birthplace Md

MOTHER
14. Maiden Name Mary E Perkins
15. Birthplace Va

16 (a) Informant Rebecca Bunn
(b) Address 1418 Division St

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-5-40 (month) (day) (year)
(c) Cemetery or crematory Laurel Cem
Location Balto

18 (a) Funeral director James A Stayes
(b) Address 142 W Fayette St
(c) (Date received by registrar) Huntington Williams, M.D. Registrar

MAR 4 – 1940

VS-6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1940, at 8:15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration subdl.

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H & W Klemmaker M.D.
Date signed 3-2-40 Cor. Medical Examiner.

F 66857

Smalkin

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3/31

F 66857 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 36

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore Pikesville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 12 Sudbrook Lane
(If rural give location)
(e) If foreign born, how long in U. S. A.? 36 years

3 (a) FULL NAME Nathan Smallkin

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Fanny
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 18 81

8. AGE: Years: 58 | Months: 8 | Days: | If less than one day: hr. min.

9. Birthplace: Russia (Town, county and state)
10. Usual Occupation: Retired Cap maker
11. Industry or business:

FATHER
12. Name: Shael Smalkin
13. Birthplace: Russia

MOTHER
14. Maiden Name: Freda
15. Birthplace: Russia

16 (a) Informant: Harry Richard Smallkin
(b) Address: 12 Sudbrook Lane Pikesville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 4/40 (month) (day) (year)
(c) Cemetery or crematory: Bnai Israel Cemetery
Location: Southern Ave

18 (a) Funeral director: Sol Levinson & Bros
(b) Address: 424-26 W. North Ave

MAR 4 - 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1940, at 10:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 25 1940, to Mar 3 1940, and that I last saw h/m alive on March 3 1940.

Immediate cause of death: Uremia — Duration: 2 wks
Due to: Calculus pyelonephritis — Duration: 2 yrs
Due to: Benign prostatic disease hypertrophy
Other Conditions: arteriosclerosis heart disease
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Sidney Schenker
Address: Sinai Hospital Date signed: 3/3/40

VS 3

66858 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 66858

CERTIFICATE OF DEATH ✓ 131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. City Hospital St. 3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anton Melnick or Antone Melnik

If U. S. Veteran specify WAR

(a) Residence: No. 213 S. Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Not known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russian

FATHER

13. NAME ? Melnik

14. BIRTHPLACE (city or town) (State or country) Russian

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Russian

17. INFORMANT Mrs. Anna Stanka

(Address) 213 S. Bond St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Trinity Russian a.a. Co. Date March 4, 1940

19. UNDERTAKER John A. Grebliunas

(Address) 1523 S. Paca St.

20. FILED MAR 4 1940 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1940

22. I HEREBY CERTIFY, That I attended deceased from January 8, 1940 to March 1, 1940

I last saw him alive on March 1, 1940 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic glomerular nephritis	1935 ?
Other contributory causes of importance:	
Secondary anemia	?
Uremia due to glomerulonephritis	?

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Jno. James Bonham M. D.

(Address) Univ. City Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 66859

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

4954 F 66859

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore Maryland

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1024 Madison Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cleo Battles

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Fred

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-12-1916

8. AGE: Years 23 | Months 10 | Days 15 | If less than one day: hr. min.

9. Birthplace Ga. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER

12. Name Troy Roberts

13. Birthplace Ga.

MOTHER

14. Maiden Name Pearl Benton

15. Birthplace Ga.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-4-40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cemetery

Location Baltimore Maryland

18 (a) Funeral director Archibald C. Gaddis

(b) Address 2101 N. Eutaw St.

19 (a) MAR 4 1940 (Date rec'd by registrar) (b) Roger Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-27 1940, at 11.55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-25 1939 to 2-27 1940, and that I last saw her alive on 2-27 1940.

Immediate cause of death	Duration
Pulmonary tuberculosis	?
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:

Of operations None

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L. K. Woodruff Jr. M.D.

Address Balto City Hosp. Date signed 2-28-40

F 66860

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

F 66860 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 Dennison St.
(c) Hospital or institution: Crawford Retreat Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street and No. 1817 E. Federal St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** John E Peacock

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 25th 1861

8. AGE: Years	Months	Days	If less than one day
78	6	6	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name Wm. Peacock
13. Birthplace Md

MOTHER 14. Maiden Name Margaret Schaeffer
15. Birthplace Md.

16 (a) Informant Mrs Bertrand
(b) Address 1817 E Federal St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 4th 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem
Location Liberty Heights Ave

18 (a) Funeral director Leo J. Brook
(b) Address 1701-03 N Patt Park Ave

19 (a) MAR 1 1940 (Date received by Registrar) (b) [illegible], Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1st 1940. at 9:15 A M

21. I certify that death occurred on the date above stated, that I attended deceased from Dec. 4 1939 to March 1st 1940 and that I last saw him alive on Feb. 29th 1940.

Immediate cause of death: (a) Bronchial Pneumonia — Duration 1 wk.
Due to
Due to
Other Conditions Prostatic Hypertrophy — five
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Elbert C. Reiter M. D.
Address 245 Reisterstown Rd Date signed

F 66861 - F6116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 66861

Registered No. ....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ....
(c) Hospital or institution: St. Josephine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State .... (b) County ....
(c) City or town .... (If outside city or town limits, write RURAL and give town)
(d) Street No. 1518 Aisquith St (If rural give location)
(e) If foreign born, how long in U. S. A.? .... years

3 (a) FULL NAME John Lawrence Weiss

3 (b) If veteran, name war ....

3 (c) Social Security Account No. ....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W.	—

6 (b) Name of husband or wife ....
6 (c) If alive, give age .... years

7. Birth date of deceased (mo., day, yr.) Feb 21, 1940.

8. AGE: Years	Months	Days	If less than one day
		13/12	hr. .... min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Bernard Weiss
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary Tinker
15. Birthplace Balto Md.

16 (a) Informant Father Bernard Weiss
(b) Address 1518 Aisquith St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/40 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn Md.

18 (a) Funeral director Stamy Funeral Home Inc
(b) Address 1301 E. Eager St.

19 (a) Date received by registrar 1940 (b) .... Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 4 1940, at 1:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-26 1940 to 3-4-40 1940, and that I last saw him alive on 3-4- 1940

Immediate cause of death - acidosis
anemia

Duration 8 days

Due to malnutrition
dehydration

Due to Prematurity

Other Conditions Diarrhea
anuria
(Include pregnancy within 3 months of death)

Major findings:
Of operations ....
Of autopsy ....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ....
(b) Date of occurrence ....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? .... While at work? .... (Specify type of place)
(e) Means of injury ....

23. Signature Milton J. Wilder M. D.
Address St. Joseph's Hosp. Date signed 3-4-40

F 66862

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66862

CERTIFICATE OF DEATH

Bee

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 315½ Forrest St. 5-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Florence Lee

If U. S. Veteran specify WAR .....

(a) Residence: No. 315½ Forrest St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 2 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Lee

14. BIRTHPLACE (city or town) (State or country) Culpeper Va.

MOTHER

15. MAIDEN NAME Julia Craig

16. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

17. INFORMANT Mary Miller (sister)

(Address) 315½ Forrest

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 3/4 1940

19. UNDERTAKER Isaiah R. Brown Son

(Address) 1018 W. Mount Royal Ave. St.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1940 to Feb. 29, 1940

I last saw him alive on Feb. 29, 1940. Death is said to have occurred on the date stated above, at 7:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coban Pneumonia	Feb 19 '40
Other contributory causes of importance: Acute Dilatation of Heart	Feb 29

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Dr. A. Berry M. D.

(Address) 1420 E. Chase

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 66863

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

F 66863
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 609 S. Fremont Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md., (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 609 S. Fremont Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John H. Hall

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
—	No.	M	Col	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 30 1905

8. AGE: Years	Months	Days	If less than one day
34	7	3	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Porter
11. Industry or business Tavern

FATHER
12. Name James T. Hall
13. Birthplace Baltimore

MOTHER
14. Maiden Name Edna Johnson
15. Birthplace Virginia

16 (a) Informant Mable Hall
(b) Address 609 S. Fremont

17 (a) (Burial, cremation, or removal) (b) Date thereof 3 (month) 5 (day) 40 (year)
(c) Cemetery or crematory Mt Auburn
Location Bates Md

18 (a) Funeral director Isaac R Crawford
(b) Address 108 W Montgomery St

19 (a) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 1 1940. 12 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1940. to Mar 1 1940.
and that I last saw h— alive on Mar 1 1940.

Immediate cause of death	Duration
Lobar Pneumonia	3 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature D. T. Carroll M. D.
Address 911 Warner St Date signed 3/3/40

VS 3

F 66864

66864

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1518 3446 Carlisle Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Robert Warner

3 (b) If veteran, name war None

3 (c) Social Security Account No. 216-07-3958

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Myrtle Warner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 17, 1879

8. AGE: Years 60 Months 3 Days 15/16 If less than one day hr. min.

9. Birthplace Baltimore (town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Butler Bros.

FATHER
12. Name Henry Warner
13. Birthplace Md

MOTHER
14. Maiden Name Sarah Ryan
15. Birthplace Md

16 (a) Informant Mrs Myrtle Warner
(b) Address 3446 Carlisle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 6, 40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Chas Fletcher Sloan
(b) Address North & Pa Ave

19 (a) MAR 4 - 1940 (Date rec'd by Reg.) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/3 1940 at 7:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/29 1940 to 3/3 1940
and that I last saw h alive on 3/2 1940.

Immediate cause of death	Duration
Congestive Heart failure	
Due to Hypertensive cardio-vascular-renal disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward S. Glassman M. D.
Address Md. General Hospital Date signed

VS 3

66865

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66865 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address W. Fayette Street
(c) Hospital or institution: Bon Secour
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2913 Silver Hill Avenue. (If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME J. Earl Gaither

3 (b) If veteran, name war ---

3 (c) Social Security Account No. 212-07-6265

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Laura M. Gaither
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25th 1897

8. AGE: Years	Months	Days	If less than one day
42	11	6	..... hr. ..... min.

9. Birthplace Odenton, Md. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Life Insurance

FATHER
12. Name Charles Wesley Gaither
13. Birthplace Maryland

MOTHER
14. Maiden Name Adelaide Mullineaux
15. Birthplace Maryland

16 (a) Informant Mrs. Laura M. Gaither
(b) Address 2913 Silver Hill Avenue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 4th 1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore County, Md.

18 (a) Funeral director Wm. J. Tiekner & Sons.
(b) Address North & Penna Aves.

19 (a) ..... (Date rec'd by registrar) (b) Huntington Williams M.D. (Registrar)

VS 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1st 1940, at 5:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/26 1940, to 3/1 1940, and that I last saw h[illegible] alive on 2/29 1940.

Immediate cause of death: Uraemia — Duration: 24 hrs
Due to: Acute Nephritis (over)
Due to:
Other Conditions: Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Glomerular Nephritis

PHYSICIAN
Underline the cause to which death should be charged statistically. over

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of pl[illegible])
(e) Means of injury

23. Signature [illegible] Volkmut M. D.
Address 4710 Liberty Hts Date signed 3/7/40

WARNING: WITH UNFADING INK. Every item of information should be carefully supplied. The ... especially important. Physicians: please write the causes of death clearly and legibly.

66866

F 66866

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B Registered No.

PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3917 Cranston Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3917 Cranston Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Dorothy Armstrong

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-7381

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Single

6 (b) Name of husband or wife ----------

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 20, 1911

8. AGE: Years	Months	Days	If less than one day
29	0	11	hr. min.

9. Birthplace Rock Hall, Maryland (Town, county, and state)
10. Usual Occupation Stenographer
11. Industry or business Montgomery Ward Co.

FATHER
12. Name Samuel M. Armstrong
13. Birthplace Kent County, Maryland

MOTHER
14. Maiden Name Lila L. Slinkman
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Lila Armstrong
(b) Address 3917 Cranston Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) MAR 2 - 1940 (Date received by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1, 1940, at 11:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 26 1940 to March 1 1940, and that I last saw her alive on March 1 1940.

Immediate cause of death	Duration
Miliary Tuberculosis with Conct from the	6 mo
Due to Leucoderma Anemia, Edema Leg.	over
Due to Cardiac Asthenia	2 da.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Earle W. Townsend M.D.
Address 8067 Fulton Ave Date signed 3/2/40

66867

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 66867 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1522 Homestead St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1522 Homestead St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Celina Wistling

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Andrew
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7 1863

8. AGE: Years	Months	Days	If less than one day
76	7	26	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Henry Bullock
13. Birthplace Md.

MOTHER
14. Maiden Name ? Weidner
15. Birthplace

16 (a) Informant Mrs. Alfred Wistling
(b) Address 1522 Homestead St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 5 1940 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore, Md.

18 (a) Funeral director William J. Tickner & Sons
(b) Address North & Pennsylvania Aves

MAR 4 - 1940 (Date received) (Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 19 , at 11 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1940 to March 3 1940, and that I last saw her alive on March 2 1940.

Immediate cause of death	Duration
Hypocardiac Insufficiency	24 hrs.
Due to Chronic Arthritis Possibly Tuberculous	10 yrs
Due to Arteral sclerosis	5 yrs
Other Conditions General debility (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. A. Tennessee M. D.
Address 2858 Harford Date signed 3/4/40

ERR

66868

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66868

131-A Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2416 Pennsylvania Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2416 Pennsylvania Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H. Buckman

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife Single
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 16, 1860

8. AGE: Years	Months	Days	If less than one day
79	2	16	hr. min.

9. Birthplace Owings Mills Md. (Town, county, and state)
10. Usual Occupation Retired Printer
11. Industry or business Printing

FATHER
12. Name Geo. Washington Buckman
13. Birthplace Md.

MOTHER
14. Maiden Name Ellen Hemling
15. Birthplace Md.

16 (a) Informant Mrs. Annie H. Kratz
(b) Address 2416 Pennsylvania Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 5, 1940 (month) (day) (year)
(c) Cemetery or crematory Stone Chapel
Location Balto. Co. Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa Ave.

19 (a) (b) Registrar
(Date rec'd by registrar) MAR 5 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2, 1940, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 17 1940 to March 2 1940 and that I last saw h[illegible] alive on March 2 1940

Immediate cause of death
Cardio Vascular Renal — Duration unknown
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Fred B Jewett M. D.
Address 2516 Penn. Ave Date sig March 4/40

correct are is especially important. Physicians: please write the causes of death clearly and legibly. PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied.

F 66869

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 66869 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1514 Division St

(c) Hospital or institution: Provident Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days) 4

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Carroll

(c) City or town Sykesville, Md (If outside city or town limits, write RURAL and give town)

(d) Street No. — (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Ella Coleman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Jenkins Coleman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 4, 1901

8. AGE: Years	Months	Days	If less than one day
39	0	26	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Own Home

FATHER 12. Name Tom Dawson

13. Birthplace Md.

MOTHER 14. Maiden Name York.

15. Birthplace York.

16 (a) Informant Jenkins Coleman

(b) Address Sykesville Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-5-40 (month) (day) (year)

(c) Cemetery or crematory West Lisbon Cemetery

Location Alpha Md. R 2

18 (a) Funeral director Harry Weis

(b) Address Sykesville Md.

19 (a) MAR 4 1940 (Registrar's signature) for William M. Swope, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-2- 1940, at 9.50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-29- 1940 to 3-2 1940 and that I last saw h-r alive on 3-2- 1940.

Immediate cause of death Hypertension Cardio-Renal Uremia Mitral Insufficiency

Due to Chr Parenchymatous Nephritis

Due to

Other Conditions Obesity

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

Duration: 3

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature C. F. Maloney M. D.

Address Provident Hospital Date signed 3/4/40

Spec.—6-9-19—M. P. Co.—1000 Blks.

66870

HEALTH DEPARTMENT—CITY OF BALTIMORE F 66870

CERTIFICATE OF DEATH.

93-1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 N. Fulton Ave ST.; [redacted] WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elsie Wolfe Hobbs

(a) RESIDENCE. No. 1022 N. Fulton Ave ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): May 6 - 1863

7 AGE — Years: 76 Months: 9 Days: 26 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Howard Co. Md.

PARENTS

10 NAME OF FATHER: Thomas Brice Hobbs

11 BIRTHPLACE OF FATHER (city or town) (State or country): Howard Co. Md.

12 MAIDEN NAME OF MOTHER: Katherine Hobbs

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Howard Co. md.

14 Informant: Mrs. F. J. O'Neill

(Address) 810 Madison Ave.

15 Filed MAR 4 - 1940, 19

Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 2 1940

17 I HEREBY CERTIFY, That I attended deceased from 1920 to March 1 1940

that I last saw her alive on March 1 1940

and that death occurred, on the date stated above, at 9 10 P.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Myocardial Degeneration

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis Chr

(duration) 20 yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. R. Johnson M. D.

3/2, 1940 (Address) 40 E Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: March 5 1940

20 UNDERTAKER: Wm J. Dickens & Sons — ADDRESS: North & Paca

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill out CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 66871

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91-a F 66871 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6420 Reisterstown Rd.

(c) Hospital or institution: Mount Hope Retreat

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 11 – 4 – 25

2. USUAL RESIDENCE OF DECEASED:

(a) State N. H. (b) County

(c) City or town Manchester (If outside city or town limits, write RURAL and give town)

(d) Street No. 4 (If rural give location)

28 1

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sister Mary Benignus Murphy

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife Single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years 42 | Months | Days | If less than one day hr. min.

9. Birthplace Portsmouth New Hampshire (Town, county, and state)

10. Usual Occupation Teacher

11. Industry or business

FATHER 12. Name Cornelius Murphy

13. Birthplace Ireland

MOTHER 14. Maiden Name Nora Lynch

15. Birthplace Ireland

16 (a) Informant Records of Mount Hope

(b) Address Mount Hope Retreat, City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 4 40 (month) (day) (year)

(c) Cemetery or crematory Manchester, N. H.

Location Manchester, New Hampshire

18 (a) Funeral director STEWART & MOWEN COMPANY

(b) Address (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

MAR 4 – 1940 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1940, at 6:45 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1934 to Mar. 4 1940, and that I last saw her alive on Mar 4 1940.

Immediate cause of death: Vegetative Endocarditis — Duration 12 yrs

Due to Pulmonary infarct — 48 hrs

Due to Dementia Praecox Catatonic type — 12 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature James P. Gloyna M. D.

Address 336 Fulton St Date signed

VS 3

F 66872

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

115-C Registered No. F 66872

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 N. Fayette St.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2546 Fleet St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Lorraine Bonkowski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife Widowed 6 (c) If alive, age years

7. Birth date of deceased (mo., day, yr.) Aug 29 1935

8. AGE: Years	Months	Days	If less than one day hr.	min.
4	6	17		

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Frank
13. Birthplace Balto

MOTHER
14. Maiden Name Victoria Kozlowski
15. Birthplace Balto

16 (a) Informant Frank Bonkowski
(b) Address 2546 Fleet St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 4, 1940 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary
Location Odonnell St Est

18 (a) Funeral director Wm. J. Fialkowski
(b) Address 2007 Eastern Ave

19 MAR 4 - 1940 (Date rec'd by registrar) (Signature of Registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1940 at 10:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 27 1940 to Mar 1 1940 and that I last saw h alive on Mar 1 1940

Immediate cause of death: Peritonsillar Abscess — Duration 3 days.

Due to

Due to

Other Conditions: Hemorrhage from abscess cavity. — 1 day

(Include pregnancy within 3 months of death)

Major findings of operation: Large abscess cavity filled with old blood and purulent necrotic tissue.

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Cleo D. Stiles M.D.

Address 104 W. Madison St. Date signed 3/6/40

66873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-B

Registered No. E 66873

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 5300 Burlington Way (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME R Ridgely Fisher

3 (b) If veteran, name war: Wolds War
3 (c) Social Security Account No. 216-03-8122
4 Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married.
6 (b) Name of husband or wife: Henrietta Hewitt Fisher
6 (c) If alive, give age 37 years
7. Birth date of deceased (mo., day, yr.): Aug 20, 1892
8. AGE: Years 47 | Months 6 | Days 12 | If less than one day: hr. min.
9. Birthplace: Baltimore Maryland (Town, county, and state)
10. Usual Occupation: Investment Banker
11. Industry or business: Edward Allen & Co.
12. Father: William Harrawood Fisher
13. Birthplace: Baltimore Maryland
14. Mother: Maiden Name: Edith Ridgely
15. Birthplace: Baltimore Maryland
16 (a) Informant: Mrs. R.R. Fisher
(b) Address: 5300 Burlington Way
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 6, 1940 (month) (day) (year)
(c) Cemetery or crematory: St. Johns Cemetery
Location: Howard Co Maryland
18 (a) Funeral director: Easton Sons
(b) Address: Ellicott City
19 (a) MAR 4 1940 (Date received by registrar) (b) Thurlington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3, 1940, at 1:45 A M
21. I certify that death occurred on the date above stated; that I attended deceased from 2/1 1940, to March 3 1940 and that I last saw him alive on March 3, 1940.

Immediate cause of death: Duodenal ulcer — Duration

Due to

Due to

Other Conditions: Intestinal Obstruct
Cardiac Failure
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Duodenal Ulcer
Post. Curative Intestinal Obstr.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: William R. Longfellow M. D.
Address: Md. General Hospital Date signed

66874

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66874

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Church Home & Infirmary St., Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Mary Elizabeth White

If U. S. Veteran specify WAR

(a) Residence: No. 908 St Paul St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	WIDOWED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of STEVENSON WHITE

6. DATE OF BIRTH (month, day, year) 2-24-50

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	F	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard County, Md

FATHER

13. NAME James D. Thomas

14. BIRTHPLACE (city or town) (State or country) Howard Co Md

MOTHER

15. MAIDEN NAME Margaret McKim

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hosp Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date 3/4/ 19 40

19. UNDERTAKER Easton Sons
(Address) Edmondson Ave

20. FILED 3-4- 19 40 Registrar: Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1940 to March 1, 1940

I last saw her alive on March 1, 1940 Death is said to have occurred on the date stated above, at 11:40 P m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Gen Arteriosclerosis C.V. Dis	?
Acute Myocardial Failure	3-1-40
Other contributory causes of importance: Hypostatic Pneumonia	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin & Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) John F. Calahan M. D.
(Address) Church Home & Inf

VS 2

1940

F 66875

F 66875

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

Registered No. 4[illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, as age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: W. Baltimore Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimo (If outside city or town limits, write RURAL and give town)
(d) Street No. 2709 Prospect St (If rural route, give location)
(e) If foreign born, how long in U. S. A.? years

16

3 (a) FULL NAME Mr. Ridgely E Myers

3 (b) If veteran, name war No.

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Helen Myers

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 20, 1899

8. AGE: Years	Months	Days	If less than one day
41	0	13	hr. min.

9. Birthplace Frederick, Md (Town, county, and state)

10. Usual Occupation Collector

11. Industry or business

FATHER
12. Name Robert Myers
13. Birthplace Frederick City

MOTHER
14. Maiden Name Ida Zimmerman
15. Birthplace Frederick City

16 (a) Informant Mrs. Helen L. Myers
(b) Address 2704 Prospect Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-7 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore

18 (a) Funeral director J.C. Negus Whitney
(b) Address Ellicott City, Md

19 (a) Date received MAR 4 - 1940 (b) Registrar Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-3 1940, at 11:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-22 1940, to 3-3 1940, and that I last saw him alive on 3-3 1940.

Immediate cause of death Uremia — Duration 0 days

Due to Chronic glomerulo-tubular nephritis — 2 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Chronic glomerulo-tubular nephritis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Theodore Leher M. D.
Address West Balto. Gen. Hosp. Date signed 3-3-40

F 66876

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 66876

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 308 N. Bradd St
(c) Hospital or institution: Dr. A. Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 308 N. Bradd St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Estella Munson

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-14-2143

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Widowed

6 (b) Name of husband or wife Benjamin Munson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 20, 1883

8. AGE: Years	Months	Days	If less than one day
56	3	8	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Abraham Williams
13. Birthplace Maryland

MOTHER
14. Maiden Name Rachael ?
15. Birthplace Maryland

16 (a) Informant Madge Hicks
(b) Address 1507 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Brooklyn A. A. Co. Md

18 (a) Funeral director Byd & Mamie Wright
(b) Address 1918 Mt. Elderry St.

MAR 4 - 1940 (Date rec'd by registrar)

(b) Washington Williams Mar 4 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28 1940, at 9 am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Cardiovascular-renal disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. B. VanDeGraft M.D. Medical Examiner
Date signed 2/29/40

VS 6

F 66877 X F 66877

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133-Q Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Rural Bachard Beach
(If outside city or town limits, write RURAL and give town)
(d) Specific No. Box 1
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Lorraine Anderson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Cecil C. Anderson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19, 1894

8. AGE: Years	Months	Days	If less than one day
45 44	7	14	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name George W Truemah
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary A Braun
15. Birthplace Md

16 (a) Informant Cecil C Anderson
(b) Address Orchard Beach, A.A. Co.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6 1940 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave & Longwood St

18 (a) Funeral director Harry H Wiltshire
(b) Address 4101 Edmondson Ave

19 (a) MAR 4 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1940 at 5 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 13 1940 to Mar 3 1940, and that I last saw her alive on Mar 3 1940.

Immediate cause of death	Duration
Chronic pyelonephritis with uremia	16 years
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J M Collins M.D.
Address Bon Secours Hosp Date signed 3-7-40 M. D.

BALTIMORE CITY HEALTH DEPARTMENT 51746 F 56878

CERTIFICATE OF DEATH 48-a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 334 Marydell Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eleanora Seidel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Edward (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 7, 1882

8. AGE: Years 57 | Months 4 3 | Days 24 | If less than one day: hr. min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Charles Heck
13. Birthplace: Germany

MOTHER
14. Maiden Name: Eleanora Eversman
15. Birthplace: Md.

16 (a) Informant: Records
(b) Address: Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/40 (month) (day) (year)
(c) Cemetery or crematory: Loudon Pk
Location: 3801 Frederick Rd

18 (a) Funeral director: Harry H. Leitzke
(b) Address: 4101 E. Monument Ave

19 (a) MAR 4 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 - 1 1940, at 12:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-9 1940 to 3-1 1940, and that I last saw her alive on 3-1 1940.

Immediate cause of death: Carcinoma cervix with metastasis — Duration: D.

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: L. K. Woodward Jr. M. D.
Address: Balto. City Hosp. Date signed 3-1-40

VS 3

F 66879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-W

Registered No. 19

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1607 W. Lombard St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1607 W. Lombard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bertha Reninger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 11, 1856

8. AGE: Years 83 | Months 2 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Peter Reninger
13. Birthplace Bavaria Germany

MOTHER
14. Maiden Name Matilda Doppler
15. Birthplace Germany

16 (a) Informant George Reninger
(b) Address 1607 W. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 5 1940 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3901 Frederick Rd.

18 (a) Funeral director Harry H Wetzler
(b) Address 4104 Edmondson Ave

19 (a) MAR 4 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1940, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1939 to March 1 1940, and that I last saw h[er] alive on March 1 1940.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1 day
Due to Arterio sclerosis	10 years
Due to Chronic Interstitial Nephritis	10 years
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert F. Schellman M. D.
Address 6 East Biddle St. Date signed 3/4/40

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

66880 66880

CERTIFICATE OF DEATH

83-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1032 N. Calhoun St. 16-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary Strawder

If U. S. Veteran specify WAR .....

(a) Residence: No. 1032 N. Calhoun St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Strawder

6. DATE OF BIRTH (month, day, year) [redacted] 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm R. H. Lee

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME May Lee

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Daniel Strawder
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Burial Date 3/4/40 19
Piney Grove, Md.

19. UNDERTAKER Thomas E. Kelson
(Address) 1603 Pressman St.

FILED MAR 4 - 1940 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-29, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1940 to Feb 29, 1940

I last saw h alive on Feb. 29, 1940. Death is said to have occurred on the date stated above, at 4½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	?
Other contributory causes of importance:	
Arterio-Sclerosis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Edward J. Moseley M. D.

(Address) 1732 Edmondson Ave

N. B.—WRITE PLAINLY, with ink. All questions must be answered. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 66881

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-2

F 66881 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D. O. A. Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Towson (If outside city or town limits, write RURAL and give town)
(d) Street No. 205 W. Chesapeake Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Edward John Koerner

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-03-5482

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced S

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 21, 1916

8. AGE: Years 23 | Months 6 | Days 10 | If less than one day: hr min

9. Birthplace Ft. Louis, Mo (Town, county, and state)

10. Usual Occupation Mechanic

11. Industry or business Peters & Sprigg Works Williamsburg Corp. Independence

FATHER
12. Name Valentine J. Koerner
13. Birthplace Balto, Md

MOTHER
14. Maiden Name Florence Wastler
15. Birthplace Md

16 (a) Informant Father
(b) Address 205 W. Chesapeake Ave Towson Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 5, 1940 (month) (day) (year)

(c) Cemetery or crematory St. Johns Lutheran
Location Jacksonville, Md.

18 (a) Funeral director John Burns Sons
(b) Address Towson, Maryland

19 (a) MAR 4 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 2 1940 at 1145p M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon (Autopsy or Inquiry) and from the evidence obtained by said I. (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fractured skull
Cerebral Concussion
Due to Superficial Lacerations
Due to Fracture Pelvis
Due to —
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3/2/40
(c) Where did injury occur? York Rd near Glenco Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work? No
(e) Means of injury Ran in road - hit tree.

23. Signature H. W. Vandenhuff M.D. Medical Examiner.
Date signed 3/3/40

F 66882

F 66882

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1025 Baldwin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1025 S Baldwin St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

26 10

3 (a) FULL NAME Traffanny B Walston
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband or wife Luther Walston
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 27 - 1857

8. AGE: Years	Months	Days	If less than one day hr.	min.
82	10	20		

9. Birthplace Mary land (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

MOTHER / FATHER
12. Name Wesley Blake
13. Birthplace Maryland
14. Maiden Name Tyler
15. Birthplace Maryland

16 (a) Informant Taylor Walston
(b) Address 1 Baltimore
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5-40 (month) (day) (year)
(c) Cemetery or crematory Loudon P K
Location Frederick Rd
18 (a) Funeral director Edward Loudon
(b) Address 2309 Wash Blvd
19 MAR 4 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2nd 1940, at 11 55 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5th 1940, to March 2nd 1940 and that I last saw her alive on March 1st 1940.

Immediate cause of death	Duration
Due to Myocarditis	
Due to	
Other Conditions Senility	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Adam Tod. M.D.
Address 4616 Eastern Ave Date signed 3/4/40

VS 8

F 66883

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 66883 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 102 S. Chapel St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 102 S. Chapel St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Margaret Benzing

3 (b) If veteran, name war No
3 (c) Social Security Account No. No.

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife George
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 29 1853

8. AGE: Years 86 | Months 4 | Days 1 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation
11. Industry or business At Home

MOTHER / FATHER
12. Name Michael Welsch
13. Birthplace Germany
14. Maiden Name Margaret ?
15. Birthplace Germany

16 (a) Informant Margaret Dipp
(b) Address 102 S. Chapel St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (month) 5 (day) 40 (year)
(c) Cemetery or crematory Holy Redeemer
Location 4300 Belair Rd

18 (a) Funeral director Martin F. E. Dippel
(b) Address 37 S. Ann St.

19 MAR 4 1940 (Signature) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1940 at 12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to March 1 1940, and that I last saw him alive on March 1 1940.

Immediate cause of death	Duration
Arterio Sclerosis	
+ Broncho Pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. Ephraim M. D.
Address 1935 W. North Date signed 3-2-40

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66884

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137-a

F 66884 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Lynch Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1136 Sargent St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William R. Bailey.

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3rd 1875
8. AGE: Years 64 | Months 5 | Days 26 | If less than one day: hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Tobacco

FATHER
12. Name John H. Bailey
13. Birthplace Md

MOTHER
14. Maiden Name Rachel G. Sykes
15. Birthplace Md

16 (a) Informant John R. Bailey
(b) Address 1136 Sargent St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 5-1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Lot 16 Arbutus

18 (a) Funeral director Charles P. Towell
(b) Address 2427 Edmondson Ave

19 (Date rec'd by registrar) MAR 4-1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1940, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Febr. 19 1940 to March 2 1940, and that I last saw h[illegible] alive on March 2 1940.

Immediate cause of death: Terminal bronchopneumonia — Duration: 3 hrs.
Due to: Postop. to suprapubic cystotomy.
Due to: Benign Prostatic Hypertrophy.
Other Conditions: Chronic emphysema Arteriosclerotic C/V disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Benign Prostatic Hypertrophy.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (specify type of place) While at work?
(e) Means of injury

23. Signature: [signature]
Address 1136 Sargent St. Date signed M. D. 3/2/40.

VS 2

F 66885

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 66885

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 214 S Chester St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 214 S Chester St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

2nd 1

3 (a) FULL NAME FRANCES V. MAXWELL, MRS.

3 (b) If veteran, name war — No
3 (c) Social Security Account No. — NONE

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 13. 1855

8. AGE: Years 84 | Months 2 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation NONE
11. Industry or business

FATHER 12. Name Samuel Maxwell
13. Birthplace Unknown

MOTHER 14. Maiden Name Eliza Seward
15. Birthplace Md

16 (a) Informant Mary R. Ford
(b) Address 214 S. Chester St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 3 4 40 (month) (day) (year)

(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director Williams & Jones
(b) Address 1240 E. Fayette St

19 (a) MAR 4 - 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1940, at 6 15 A. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Coronary occlusion	sudden
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature S. E. Waldenmaier M.D.
Medical Examiner.

Date signed 3-2-40

VS 6

F 66886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C

F 66886 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1241 Fulton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Moore

3 (b) If veteran, name war —
3 (c) Social Security Account No. [illegible]

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed or divorced Married

6 (b) Name of ~~husband~~ or wife Florence

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9, 1892

8. AGE: Years 47 | Months 7 | Days 24 | If less than one day hr. min.

9. Birthplace Dorchester Co Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business City of Baltimore Employ

FATHER 12. Name Thomas L. Moore

13. Birthplace Dorchester Co Maryland

MOTHER 14. Maiden Name Ada Moore

15. Birthplace Dorchester Co Maryland

16 (a) Informant Mrs. T. H. Malone

(b) Address 1215 W. Fayette St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/6/40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto, Md.

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

MAR 4 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 3 1940, at 6:50 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said I find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Fracture 6-12 ribs, left
Rupture L. kidney
Due to Laceration L. spleen
Multiple fractures
Due to Cerebral Concussion

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3/2/40
(c) Where did injury occur? Monroe St near Harlem (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work? No
(e) Means of injury Pedestrian struck by autocar

23. Signature Wm. H. Vandeloft M.D. Medical Examiner.

Date signed

VS 6

66887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131-a F 66887

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3202 Auchentoroly Terrace St., Ward) 13-4

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. 6 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Thomas C Guyton

If U. S. Veteran specify WAR No

(a) Residence: No. 3202 Auchentoroly Terrace St., Ward. No. Social Security No.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida E Guyton

6. DATE OF BIRTH (month, day, year) July 29 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas L Guyton

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rachel A Keller

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ida E Guyton

(Address) 3202 Auchentoroly Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Mar 5 1940

19. UNDERTAKER Hutzler Bros Co

(Address) 12 W Lexington St

20. Filed MAR 4 - 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1940 to March 2, 1940

I last saw him alive on March 1, 1940 Death is said to have occurred on the date stated above, at 4:50 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred B Jewett M. D.

(Address) 267 E Lanvale

VS 3

66888

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66888

CERTIFICATE OF DEATH

93-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3314 N. Calvert St. St. 12-2 Ward)

Length of residence in city or town where death occurred 84 yrs. 2 mos. 26 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Laura J. Griffith

(a) Residence: No. 3314 N. Calvert St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 6, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James T. Griffith

14. BIRTHPLACE (city or town) (State or country) Phila. Pa.

MOTHER

15. MAIDEN NAME Maria Logan

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Dolly W. Griffith

(Address) 3314 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mch 5, 1940

19. UNDERTAKER George J. Smith

(Address) 1900 Eutaw Place

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1940

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to 3/2 19 40

I last saw her alive on 2/27/40 19 40. Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	Chronic
Other contributory causes of importance: Acute Myocardial Failure Sudden Death	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. J. McLean M. D.

(Address) Medical Arts Bldg.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

Mch 6 1940 Huntington Williams M.D.

66889

F 66889

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Md. General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore Co. (If outside city or town limits, write RURAL and give town)

(d) Street No. Calvert Court Apts (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Mary Louise Morgan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Gerard Morgan

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) May 1, 1891

8. AGE: Years 49 | Months | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Home duties

11. Industry or business Md

FATHER 12. Name ? Cochran

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant Gerard Morgan

(b) Address Calvert Court Apts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4/40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto Md

18 (a) Funeral director John Oursler Funeral Home

(b) Address 1900 Eutaw Place

19 (a) MAR 4 1940 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/2 1940 at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/29 1940 to 3/2 1940 and that I last saw h[illegible] alive on 3/2 1940

Immediate cause of death: Congestive heart failure — Duration

Due to: Chronic myocarditis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Bilateral pleural effusion

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Edward L. Glassman M. D.

Address Md. General Hospital Date signed

VS 3

66890

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-C Registered No. F 66890

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 523 Canal Alley
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town [redacted] Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 523 Canal Alley
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward D. Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Janitor (Part Time)

11. Industry or business Cathedral

FATHER
12. Name Unknown
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Maryland

16 (a) Informant Mr Smith (Cousin)
(b) Address 506 W. Biddle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Frederick Rd. Balto Co.

18 (a) Funeral director William E. Ghiste
(b) Address 1318 Light St. Baltimore, Md.

19 (a) MAR 4 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Bronchial asthma with bronchopneumonia — Duration
Due to heart & heart failure
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide N
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm Vandersall M.D. Medical Examiner.
Date signed 3/4/40

F 66891

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 66891 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2502 Loyola Southway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2502 Loyola Southway (If rural, give location)
(e) If foreign born, how long in U. S. A.? 28 years

3 (a) FULL NAME Thomas Heller

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Rena

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 15, 1895

8. AGE: Years 44 | Months 2 | Days 19 | If less than one day ... hr. ... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Dealer in Wiping Cloth

11. Industry or business

FATHER 12. Name Benj Heller

13. Birthplace Russia

MOTHER 14. Maiden Name Mary Olson

15. Birthplace Russia

16 (a) Informant Rena Heller

(b) Address 2502 Loyola Southway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-5-40 (month) (day) (year)

(c) Cemetery or crematory Rosedale

Location Pulaski Rd & Hamilton Ave

18 (a) Funeral director Jack Levin Inc.

(b) Address 1439 E. Balto St

MAR 4-1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-4-40 19.. at 9 30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to March 4-40 and that I last saw h alive on 3/4 1940.

Immediate cause of death: Coronary Thrombosis — Duration 3 days

Due to:

Due to:

Other Conditions: Cardiac - Renal — 2 years
Vascular disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benj. Sarubin M. D.

Address 2128 W. Fayette Ave signed

VS 3

66892

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 66892

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wilkens Ave.

(c) Hospital or institution: St Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and name of town)

(d) Street No. 1716 W. Lanvale St (If rural, give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph F Gisriel Sr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Frances M. Gisriel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 9 - 1868

8. AGE: Years	Months	Days	If less than one day
71	11	21	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation W.S.A. 2409 W Franklin St

11. Industry or business

FATHER 12. Name Jacob Gisriel

13. Birthplace Alsace Lorraine

MOTHER 14. Maiden Name Sarah Berger

15. Birthplace Bremen Germany

16 (a) Informant Mrs Joseph A Smith

(b) Address 611 Harwood Ave Govans

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/1940 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location

18 (a) Funeral director Chas. H. Sposs & Son Inc

(b) Address 118 W. Mt Royal Ave

19 (a) MAR 4 - 1940 (Date received by registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1940, at 5 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3 - 2 1940, to 3 - 2 1940, and that I last saw him alive on 3 - 2 1940.

Immediate cause of death Acute Cardiac Dilatation — Duration

Due to: Myocardial degeneration

Due to Arteriosclerosis

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Charles V. Leary M. D.

Address St Agnes Hosp Date signed 3-2-40

F 66893

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66893 Registered No. 94-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: M. E. R. Church Home Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 34 N. Luzerne (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Miller

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Not Living

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6, 1866

8. AGE: Years	Months	Days	If less than one day: hr.	min.
73	11	26		

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name John Praley
13. Birthplace Not Known

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Richard C. Miller
(b) Address 34 N. Luzerne Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Mar. 6, 1940 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Fredrick Rd

18 (a) Funeral director S. Walter Tracy
(b) Address 619 N. Bond St, Huntington Mansion, Apt

19 (a) (Date rec'd by registrar)
(b) Registrar

VS

MEDICAL CERTIFICATION 3:30 P

20. DATE OF DEATH March 2 1940 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Vandegrift M.D.
Medical Examiner.

Date signed 3/2/40

F 66894

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

Registered No. F 66894

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3901 JUNIPER ROAD
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3901 JUNIPER ROAD.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FANNIE M. BRAMBLE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) AUG 6-1874

8. AGE: Years	Months	Days	If less than one day
65	6	29	7 hr. min.

9. Birthplace BALTIMORE MARYLAND
(Town, county, and state)

10. Usual Occupation AT HOME

11. Industry or business

FATHER
12. Name WILLIAM E. BRAMBLE
13. Birthplace HARFORD COUNTY MD.

MOTHER
14. Maiden Name CAROLINE A. BRAMBLE
15. Birthplace HARFORD COUNTY MD.

16 (a) Informant FORREST BRAMBLE
(b) Address 3901 JUNIPER ROAD

17 (a) BURIAL (b) Date thereof MARCH 5-1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory DRUID RIDGE
Location BALTIMORE MD.

18 (a) Funeral director Charles G. Black
(b) Address 742 West North Ave: Huntington Williams, M.D.

19 (a) MAR 4 — 1940
(Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 3 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1936 to 2/5 1940.
and that I last saw h[illegible] alive on 2/3/40 19

Immediate cause of death Carcinoma Rectum — Duration 4 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Confirmation of Diagnosis Exp metastases
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M.D.
Address 140 S. Park Ave. Date signed 2/5/40

VS 8

F 66895

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164 Registered No. F 66895

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~1203~~
(c) Hospital or institution: City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1326 Hollins Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Butts

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Florence Butts
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24-1887

8. AGE: Years	Months	Days	If less than one day hr.	min.
53	11	9		

9. Birthplace Martinsburg W. Va (Town, county and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name John Butts
13. Birthplace West Va

MOTHER
14. Maiden Name Unknown
15. Birthplace West Va

16 (a) Informant Nellie Rice
(b) Address 224 Carlisle Ave York Pa

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof March 13 1940 (month) (day) (year)
(c) Cemetery or crematory Huscarora
Location Martinsburg W Va

18 (a) Funeral director William Cook
(b) Address 1217 S. Paca Street

19 (a) [illegible] (b) [illegible] Registrar

MAR 4 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-3- 1940, at 9:50 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] (Autopsy or Inquiry) thereon and from the evidence obtained by said [illegible] (Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

Immediate cause of death: Bronchitis & Broncho pneumonia and Influenza — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 3-3-40
(c) Where did injury occur? Apt - dwelling (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Self inflicted gun shot wound

23. Signature [illegible] M.D. Medical Examiner.

Date signed 3-4-40

F 66896

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-W Registered No. F 66896

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 932 Mason Street
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State — (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 932 Mason Street (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME John Devine

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	colored	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 1885

8. AGE: Years	Months	Days	If less than one day
54	2		hr. min.

9. Birthplace Alexander Va. (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business

FATHER 12. Name Henry Devine
13. Birthplace Va.

MOTHER 14. Maiden Name Martha
15. Birthplace Va.

16 (a) Informant Otis Devine
(b) Address 939 Brooks Lane.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-6-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Westport

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave.

19 (a) (Date received) 1940 (b) Huntington Ave Baptist Ch

MAR 4
VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1940, at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/3 1940, to 3/3 1940, and that I last saw h[illegible] alive on 3-3 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	—
Due to Hypertension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 514 Division Date signed 3/3/40

Howard Welsh M.D.
Chief Visiting Surgeon

66897

HEALTH DEPARTMENT—CITY OF BALTIMORE

66897

CERTIFICATE OF DEATH

83-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 27-12 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME John C. Louis

If U. S. Veteran specify WAR _____

(a) Residence: No. 203 Upnor Road St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine L. Louis.

6. DATE OF BIRTH (month, day, year) November 14, 1876

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
63	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractors

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Supplies.

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation. _____

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME Fred Louis,

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Elizabeth Frank.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mrs Katherine L. Louis,

(Address) 203 Upnor Road

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date 3-6-40 19

19. UNDERTAKER Robert S. Settle

(Address) 2700 Edmondson Ave.

20. MAR 4 - 1940 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 3rd, 1940 to March 3rd, 1940

I last saw him alive on March 3rd, 1940 Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-3-40
Other contributory causes of importance: Malignant Hypertension	1930 10 years.

Was an operation performed? No. Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Louis Cabin Garess, M. D.

(Address) University Hospital.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Social Security Account # 216-03-5474

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66898

CERTIFICATE OF DEATH

131-a F 66898

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1920-Kennedy Ave. St. 9-8 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Thomas P. Knox

If U. S. Veteran specify WAR no

(a) Residence: No. 1920-Kennedy Ave St., Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine F. (Murphy)

6. DATE OF BIRTH (month, day, year) 4/22/1871

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
68	10	9 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bartender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Richard T. Knox

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary (Flynn)

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Ann M. Knox
(Address) 1920-Kennedy Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 3/5/40 19

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1735-Harford Ave.

MAR 4 - 1940 Huntington Hall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1940 to March 2, 1940
I last saw him alive on March 2, 1940. Death is said to have occurred on the date stated above, at 4:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3-1-40
Other contributory causes of importance:	
Arteriosclerosis	1935.
Chronic Nephritis	"

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Edward J. Fitzgerald M. D.
(Address) 1613 E. North Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

37 F 66899

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

80-2 F 66899 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va. (b) County
(c) City or town Kanawha Head (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jean Curry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Bernice

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-3-11

8. AGE: Years	Months	Days	If less than one day
28	5	1	hr. min.

9. Birthplace W. Va. (Town, county, and state)

10. Usual Occupation fireman

11. Industry or business

FATHER
12. Name J. L. Curry
13. Birthplace W. Va.

MOTHER
14. Maiden Name Nellie Kincaid
15. Birthplace W. Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 6 1940 (month) (day) (year)
(c) Cemetery or crematory Rose Hill Cemetery
Location Buchanan West Virginia

18 (a) Funeral director Thos. A. Mitchell & Son
(b) Address 1900 Eutaw Place

19 (a) (Date received by registrar) (b) Huntington, West Virginia

MAR 6 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 4 1940 at 11 a.m. or p.m.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 1 1940 to Mar. 4 1940, and that I last saw h. in alive on Mar. 4 1940.

Immediate cause of death	Duration
Brain abscess	
Due to B. Necrophilus	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Brain abscess
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Burke E. Ireland M. D.
Address Johns Hopkins Hospital Date signed 3-4-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66900 — CERTIFICATE OF DEATH — 83-B F 66900

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2023-Kennedy Ave St. 9-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Dunn

If U. S. Veteran specify WAR No

(a) Residence: No. 2023-Kennedy Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael T. Dunn

6. DATE OF BIRTH (month, day, year) 7/18/1876

7. AGE Years	Months	Days	If LESS than 1 day XXXXXXXX or min.
63	7	13 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT William M. Dunn
(Address) 2023-Kennedy Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral C.M. 3/5/40 19

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1735-Harford Ave.

20. FILED MAR 4 — 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1-1940

22. I HEREBY CERTIFY, That I attended deceased from Oct 29 1939 to Mar 1 1940

I last saw h[illegible] alive on Mar 1 1940 Death is said to have occurred on the date stated above, at 11 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of Death
Fractured Femur (Broken pneumonia) ?	2/29/40
Arteriosclerosis	
Cerebral Thrombosis	2/1/40

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P. M. Was there an autopsy? No

20. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Dunn M. D.

(Address) 1 Mt E Ave

66901

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-B Registered No. F 66901

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens + Catan Ave
(c) Hospital or institution: St Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4011 Roland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Daniel Sullivan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary T. Sullivan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec-26-1876

8. AGE: Years	Months	Days	If less than one day
63	2	5/6	hr. min.

9. Birthplace Massachusetts (Town, county, and state)
10. Usual Occupation Lawyer
11. Industry or business

FATHER
12. Name Daniel Sullivan
13. Birthplace Ireland

MOTHER
14. Maiden Name Victoria C Stewart
15. Birthplace Scotland

16 (a) Informant Mary T. Sullivan
(b) Address 4011 Roland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/40 (month) (day) (year)
(c) Cemetery or crematory New Cath.
Location Old Frederick Rd.

18 (a) Funeral director John A. McGan
(b) Address 3000 E. Balto. St

19 MAR 4 1940 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-2 1940 at 8:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-1 1940 to 3-2 1940 and that I last saw him alive on 3-2 1940.

Immediate cause of death Hemorrhage - from internal tract.
Due to Probable duodenal ulcer
Due to
Other Conditions Cholangitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles J. Levin M. D.
Address St Agnes' Hospital Date signed 3-2-40

66902 52036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

Registered No. F 66902

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days, 1 Mth.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 526 N. Belnord Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary O'Hara

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married (Sep.)

6 (b) Name of husband or wife Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 22, 1892

8. AGE: Years	Months	Days	If less than one day
47	4	11	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER 12. Name William Bentz

13. Birthplace Md.

MOTHER 14. Maiden Name Carrie Young

15. Birthplace Md.

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 6 40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Road

18 (a) Funeral director Albert M. Bucy

(b) Address 440 E. 25th St. Huntington Williamsett, Md.

19 (a) MAR 4 1940 (Registration date) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-3 1940, at 9 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-18 1940, to 3-3 1940, and that I last saw her alive on 3-3 1940.

Immediate cause of death	Duration
Carcinoma of uterus with metastasis	over 2 years
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. K. Woodward Jr. M.D.
Address Balto city Hosp. Date signed 3-3-40

VS 8

66903 6510

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

7-66903

Registered No. [redacted]

PLEASE WRITE PLAINLY; WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 hr. 35 min.
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. no home (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 yrs. years

3 (a) FULL NAME Frank Piskin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/25/1855

8. AGE: Years 84 | Months 2 | Days 4 | If less than one day ... hr. ... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name Ignatius Piskin
13. Birthplace Russia

MOTHER
14. Maiden Name Josephine ?
15. Birthplace Russia

16 (a) Informant B. V. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/40 (month) (day) (year)
(c) Cemetery or crematory Samuel Beauchamp
Location Old Summers Hill Rd - Bytes Co

18 (a) Funeral director John J. Fahey & Sons
(b) Address 431 E. Fayette St.

19 (a) MAR 4 - 1940 (Registrar's signature) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 29 1940, at 12 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 28 1940, to Feb. 29 1940, and that I last saw him alive on Feb. 29 1940.

Immediate cause of death Lobar Pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Lobar Pneumonia

Duration [redacted]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. Neuwahrheistein M. D.
Address Balto City Hosp. Date signed 3-4-40

VS 8

Dr. Darby Med Arts Bldg Mu 4109 Z.62563

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66904

CERTIFICATE OF DEATH

46-B F 66904

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2642 Harford Rd St., 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs., mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William A. Tegeler

If U. S. Veteran specify WAR

(a) Residence: No. 2642 Harford Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Belle Tegeler

6. DATE OF BIRTH (month, day, year) Feb 23rd 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Belle Tegeler
(Address) 2642 Harford Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 3-5-40

19. UNDERTAKER William Cook
(Address) 817 St. Paul St

MAR 4 - 1940

Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 2nd, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 1939 to March 3 1940

I last saw h[im] alive on March 2, 1940. Death is said to have occurred on the date stated above, 12:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Other contributory causes of importance: Hypostatic Congestion	2 day

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X Ray & Physical Examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Darby, M. D.

(Address) Med Arts Bldg

VS 9

F 66905

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D

Registered No. F 66905

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1604 Guilford Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1604 Guilford Avenue
(If rural give location)
(e) If foreign born, how long in U. S, A.? years

3 (a) FULL NAME Louise Dietrich

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 20, 1869

8. AGE: Years 71 | Months 0 | Days 13 | If less than one day: hr. min.

9. Birthplace Rhode Island (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name William Dietrich
13. Birthplace Germany

MOTHER
14. Maiden Name Louise Scharr
15. Birthplace Germany

16 (a) Informant May D. Strickland
(b) Address 1658 Euclid St. N.W., Wash. D.C.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3/5/40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Greenmount Avenue

18 (a) Funeral director Wm. Cook
(b) Address 1217 St. Paul St.

19 (a) MAR 4 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-3- 1940, at 2½ P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to [illegible] death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Heart Disease	
Due to	
Due to	
Other Conditions Senility	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Andersen M.D.
Medical Examiner.
Date signed 3-4-40

VS 6

F 66906

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-3

Registered No. F 66906

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2836 Huntington Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2836 Huntington Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jacob Uhrig

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife: Katie Uhrig
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan. 26, 1871

8. AGE: Years	Months	Days	If less than one day
69	1	7	hr. min.

9. Birthplace: Germany (Town, county, and state)
10. Usual Occupation: Baker, retired
11. Industry or business

FATHER
12. Name: Johan A. Uhrig
13. Birthplace: Germany

MOTHER
14. Maiden Name: Elizabeth (Unknown)
15. Birthplace: Germany

16 (a) Informant: Carl C. Uhrig
(b) Address: 2836 Huntington Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/40 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn
Location: Parkville Md

18 (a) Funeral director: Wilson & Son
(b) Address: 1219 E. Fort Ave

19 (a) MAR 4 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-3- 1940, at 2 30 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry had that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Chronic Pulmonary Tuberculosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Masden M.D.
Medical Examiner.
Date signed 3-4-40

Autio

F 66907

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

169

Registered 66907

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Bay View Pennsylvania
(c) ~~Hospital or institution~~:
Railroad Yards
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 5 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Dale
(If outside city or town limits, write RURAL and give town)
(d) Street No. 800 So Ponca
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ensio Jack Autio

3 (b) If veteran, name war No

3 (c) Social Security Account No. 472-28-4567

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
M.	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1907

8. AGE: Years	Months	Days	If less than one day
33			hr. min

9. Birthplace Finland
(Town, county, and state)

10. Usual Occupation Tunnel Miner
11. Industry or business John Matriciannis

FATHER
12. Name Nels Autio
13. Birthplace Finland

MOTHER
14. Maiden Name ?
15. Birthplace Finland

16 (a) Informant Alf Johnson
(b) Address 800 Ponca St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 4 1940 (month) (day) (year)
(c) Cemetery or crematory Moose Lake
Location Minnesota

18 (a) Funeral director William Cook
(b) Address 1217 St Paul Street

19 MAR 4 — 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION 12 3/4

20. DATE OF DEATH Mar 3 1940 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said I find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Crushing injury of abdomen

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide? Accident
(b) Date of occurrence 3/3/40
(c) Where did injury occur? Bayview Yards P.R.R.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes
(Specify type of place)
(e) Means of injury Run over by box car

23. Signature Wyst Vandeskyff M.D.
Medical Examiner

Date signed 3/3/40

VS 6

66908

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-3 Registered No. F 66908

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 23 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
92-3
(d) Street No. 714 Melville Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick Henry DeBrodt

3 (b) If veteran, name war
3 (c) Social Security Account No. 218-09-7425

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Georgia F. Wiley
6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) Sept. 28, 1887

8. AGE: Years	Months	Days	If less than one day
52	5	4	hr. min.

9. Birthplace New York, New York
(Town, county, and state)
10. Usual Occupation Frankford Distillary Guard
11. Industry or business

FATHER
12. Name Emil DeBrodt
13. Birthplace Germany

MOTHER
14. Maiden Name Henrietta Bringmann
15. Birthplace Germany

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 5th 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Baltimore Maryland

18 (a) Funeral director Frederick Edgerton Sons
(b) Address 7401 Belair Road

MAR 4 - 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2, 1940 at 11:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 26, 1940 to March 2, 1940 and that I last saw him alive on March 2, 1940.

	Duration
Immediate cause of death Congestive heart failure	6 days
Due to Mitral and aortic stenosis, adhesive pericarditis	3 yrs
Due to Rheumatic fever	30 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. Mal. Au clerc.
Address U.S.Marine Hospital, Baltimore, Maryland. Date signed 3/4/40 M.D.

66909

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-N

Registered No. F 66909

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1822 Harford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
Street No. 1822 Harford Ave
(If rural give location)
(f) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Francesco Lusimano

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 22nd 1868

8. AGE: Years	Months	Days	If less than one day
71	5	9	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Wholesale Fruits
11. Industry or business

FATHER
12. Name Anthony Lusimano
13. Birthplace Italy

MOTHER
14. Maiden Name Deca. Re.
15. Birthplace Italy

16 (a) Informant Joseph Lusimano
(b) Address 1822 Harford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Leo G. Crook
(b) Address 1701-03 N. Patt Point Ave

19 (a) MAR 4 1940 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-1-1940, at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-9 1940 to 3-1 1940 and that I last saw h[illegible] alive on 3-1 1940.

Immediate cause of death Cerebral Hemorrhage — Duration 22 days

Due to Hypertension + arteriosclerosis — Duration yrs.

Due to — Duration

Other Conditions Hypostatic pneumonia — Duration 4 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Ormando M. D.
Address [illegible] Date signed 3-4-40

F 66910

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 66910 Registered No. 58-9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument and Rutland
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1618 N Smallwood St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sylvia Ribakow

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Milton

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 21, 1915

8. AGE: Years 24 | Months 3 | Days 12 | If less than one day ... hr. ... min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business House Work

FATHER
12. Name Frank Urbany
13. Birthplace Russia

MOTHER
14. Maiden Name Mollie Goldman
15. Birthplace Balto Md

16 (a) Informant Milton Ribakow
(b) Address 1618 N Smallwood St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 5 40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt Carmel
Location O'donnell St

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W Baltimore

19 (a) (b)

Date received by registrar MAR 5 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4, 1940 at 5 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-28 19... to 3-4 1940, and that I last saw her alive on 3-3 1940.

	Duration
Immediate cause of death: Cardiac failure	8 days
Due to: rheumatic heart disease	17 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy Confirmed clinical impression

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Arbelis, M.D.
Address Sinai Hospital Date signed 3-7-40

F 66911

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 66911 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1200 Valley Street

(c) Hospital or institution: Little Sisters of the Poor

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 1200 Valley St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Rollins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Charles Rollins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
80			hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Thomas Murphy

13. Birthplace ?

MOTHER 14. Maiden Name Ellen Mussey

15. Birthplace ?

16 (a) Informant Little Sisters of the Poo

(b) Address 1200 Valley Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-40 (month) (day) (year)

(c) Cemetery or crematory Cathedral Cem

Location Edmondson Ave

18 (a) Funeral director Rita Wiedefeld

(b) Address 914 Greenmount Ave

MAR 5 - 1940 (Date filed by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3, 1940 19 , at 8 p.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 - 1940, to Feb 3 - 1940. and that I last saw her alive on Mch 2 - 1940

Immediate cause of death	Duration
Edema of Lungs	1 day
Due to Chronic myocarditis	6 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature E. Gill Hall M. D.

Address 1631 E North Ave Date signed 3/4/40

VS 3

F 66912

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 66912 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 173 da
(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4210 Clarkdale Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mamie McDorman (47462)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ----------

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 2, 1873

8. AGE: Years	Months	Days	If less than one day
66	7	1	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James T. McDorman
13. Birthplace Md., Somerset Co.

MOTHER
14. Maiden Name Helen White
15. Birthplace Md. Somerset Co.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/40 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues,

MAR 5 - 1940 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3, 1940 at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 14 1939 to Mar. 3, 1940 and that I last saw her alive on Mar. 3, 1940

Immediate cause of death Tuberculosis of the lungs — Duration Jan 1939

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy amyloidosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address Baltimore City Hospitals Date signed 3/4/40 M. D.

66913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 66913 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address. 612 N. Hilton Street
(c) Hospital or institution: -
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 612 N. Hilton Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maud Collins Dodson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband James Edward Dodson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19, 1875

8. AGE: Years	Months	Days	If less than one day
64	8	15	hr. min.

9. Birthplace Easton, Maryland (Town, county, and state)
10. Usual Occupation Clerk - St. Dept. Welfare
11. Industry or business

FATHER
12. Name Garrison Collins
13. Birthplace Maryland

MOTHER
14. Maiden Name Eugenia Merrick
15. Birthplace Trappe, Maryland

16 (a) Informant Mrs. James Edw. Dodson
(b) Address 612 N. Hilton Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 6, 40 (month) (day) (year)
(c) Cemetery or crematory
Location Easton, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Pa. Avenues

MAR 5 - 1940 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4, 1940, at 5:15A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 8th 1940 to Mar 4 1940, and that I last saw h[illegible] alive on Mar 3 1940.

Immediate cause of death Cerebral haemorrhage — Duration 3 weeks.
Due to Generalized arteriosclerosis — Duration Several Yrs.
Chronic hypertension
Due to
Other Conditions Arteriosclerotic heart disease.
(Include pregnancy within 3 months of death)

Major findings:
Of operations -
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address 290 Edmonds Date signed

VS 3

66914 LB 35776

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66914 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 mth. 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs. 8 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 815 N. Dallas (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Melissa Harris

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Allen Harris

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 4/1870

8. AGE: Years 70? 69 | Months ?6 | Days 29? | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation unknown House Wife

11. Industry or business

FATHER
12. Name Allen Harris
13. Birthplace Va.

MOTHER
14. Maiden Name Lucy ?
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 6, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location a. a Co.
(d) Funeral director Rayner & Sanders
(e) Address 1412 E Preston St.

19 (a) MAR 5 1940 (Date rec'd by registrar) (b) Registrar

VS 3 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1940, at 10 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 2 1938, to March 3 1940, and that I last saw h.e. alive on March 3 1940.

Immediate cause of death: Pernicious Anemia — Duration unknown

Due to

Due to

Other Conditions Terminal Bronchopneumonia — Duration 4 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 3-3-40

66915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

F 66915
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. THE correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00 1
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 725 Harlem Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WOODWARD MITCHELL

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-03-7066

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife Bertha Mitchell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day hr.	min
35				

9. Birthplace N C (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown, N C
13. Birthplace

MOTHER
14. Maiden Name Unknown, N C
15. Birthplace

16 (a) Informant Bertha Mitchell
(b) Address 782 T. St N. W. Washington D C

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location D. C.

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

19 (a) MAR 5 - 1940 (Date received by registrar) (b) Registrar Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1st 19 40 at 7 40 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Hemorrhage, pulmonary	sudden
Due to Bullet wound of heart and lungs	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence March 1st 1940
(c) Where did injury occur? 725 Harlem Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury, 32 Cal bullet automatic revolver

23. Signature H. X. Wollenmaier M.D.
Asst Medical Examiner.

Date signed 3-1-40

66916

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66916 Registered No. 94 w

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 404 So Gilmore St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 404 So. Gilmore St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas E. McCauley

3 (b) If veteran, name war –

3 (c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Cora F. McCauley
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) April 20, 1870

8. AGE: Years	Months	Days	If less than one day
69	10	12 13	hr. min.

9. Birthplace Elkridge, Md.
(Town, county, and state)
10. Usual Occupation retired
11. Industry or business B.& O. R.R.

FATHER
12. Name John McCauley
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Bush
15. Birthplace Maryland

16 (a) Informant Mrs. Cora F. McCauley
(b) Address 404 S. Gilmor St.

17 (a) burial (b) Date thereof 3/6/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3800 Frederick Avenue

18 (a) Funeral director John J. Co[illegible] & Son
(b) Address 901 Hollins St.

19 (a) MAR 5 - 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1940, at 10 am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide –
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Vanderhoff M.D.
Medical Examiner.
Date signed 3/4/40

66917 F 707 F 66917

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 46 S. Poppleton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 46 S. Poppleton St (If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Magdalena M. Pecker

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Infant

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/18/40

8. AGE: Years | Months | Days 15/16 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Fred. Pecker
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Augusta Welkynson
15. Birthplace Balto Md

16 (a) Informant Mrs Augusta Pecker
(b) Address 46 S Poppleton

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd.

18 (a) Funeral director John Rowan Sons
(b) Address 901 Hollins St

3/4/40 (Date rec'd by registrar) (b) Huntington Nill Registrar

VS 2 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1940, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 18 1940 to Mar 4 1940, and that I last saw h alive on 19

Immediate cause of death Premature Birth — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Glassman M. D.
Address 753 W Fayette St Date signed

F 66918

LB 53337

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-T

F 66918

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 min.

(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1019 Race St. (If rural give location)

23-1

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John L. Rustin

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-872

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	married

6 (b) Name of husband or wife Svebelia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 15, 1898

8. AGE: Years	Months	Days	If less than one day
41	4	14	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER

12. Name John

13. Birthplace Va.

MOTHER

14. Maiden Name ?

15. Birthplace Va.

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 - 5 - 40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Ct

Location Baltimore City

18 (a) Funeral director Isaiah L. Brown & Son

(b) Address 108 N Montgomery St

MAR 5 - 1940 (Date rec'd by registrar)

(b) [illegible]

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 29 1940, at 2.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 29 1940, to Feb. 29 1940, and that I last saw him alive on Feb. 29 1940.

Immediate cause of death	Duration
Cerebral hemorrhage	8 hours
Due to	
Due to	
Other Conditions Hypertensive cardiovascular disease	unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy not completed

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. Murray Steinwachs M. D.

Address Balto City Hosp. Date signed 3-1-40

66919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F-66919

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 829 E. 34th St.

(c) Hospital or institution —

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 829 E. 34th St. (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mrs. Maria L. France

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Adam L. France

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 16- 1853

8. AGE: Years	Months	Days	If less than one day
86	5	16	hr. min.

9. Birthplace Reisterstown Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER — 12. Name	Silas L. Stocksdale
FATHER — 13. Birthplace	Maryland
MOTHER — 14. Maiden Name	Sarah Jane Fisher
MOTHER — 15. Birthplace	Maryland

16 (a) Informant Miss Laura L. Stocksdale

(b) Address 1404 N. Eutaw St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 5-1940 (month) (day) (year)

(c) Cemetery or crematory Asbury

Location Reisterstown Md.

18 (a) Funeral director Horace F. Burgee

(b) Address 3631 Falls Road

19 (a) MAR 5- 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2- 1940, at 2:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 26 1939 to March 2 1940, and that I last saw h e alive on March 1 1940.

Immediate cause of death	Duration
Chronic myocarditis	4 mo.
Due to	
Due to Senile Cy	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature John A Evans M. D.

Address 602 N 40 Date signed

VS 8

66920

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No. F 66920

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2942 Huntingdon Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 82 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2942 Huntingdon Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Emma Catherine Berry

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife George Berry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20-1857

8. AGE: Years	Months	Days	If less than one day: hr.	min.
82	9	13		

9. Birthplace Baltimore Co. Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business —

FATHER
12. Name William Shauck
13. Birthplace Maryland

MOTHER
14. Maiden Name Rosena Myers
15. Birthplace Maryland

16 (a) Informant Mrs. Orville Stambaugh
(b) Address 2942 Huntingdon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 6-1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 (a) (Date rec'd by registrar) (b) Washington Pittsburgh

1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3- 1940, at 5.45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1940 to Mar 3 1940, and that I last saw h[illegible] alive on Mar 3 1940.

Immediate cause of death

Cerebral Hem., — Duration 2 mos

Due to Arterio sclerosis — Duration 4 yrs

Due to

Other Conditions Rectal Polyp, Removal

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible], M. D.
Address 1020 N. Charles Date signed 3/4/40

66921

53233 - MB

F 66921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 115 W. Hughes St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Gray

3 (b) If veteran, name war

3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	~~Married~~ or widowed

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? ?

8. AGE: Years	Months	Days	If less than one day
70 ?	?	?	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name Thomas Gray (dead)
13. Birthplace Maryland

MOTHER
14. Maiden Name Maria ?
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Balto. City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 3 7 40 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet Cem.
Location Baltimore, Md.

(a) Funeral director Walter B. Suggs
(b) Address 1334 Hamilton St.

19 (a) (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/2/40 19 , at 12:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/26 19 40 , to 3/2 19 40 , and that I last saw him alive on 3/2 19 40 .

Immediate cause of death

	Duration
Bronchopneumonia	3 days
generalized Arteriosclerosis	8
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address Balto City Hosp. Date signed

F 66922

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5328 F 66922 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 10 Temple St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Anderson

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-16-6150

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-8-1892

8. AGE: Years	Months	Days	If less than one day
47 48	2	20	hr. min.

9. Birthplace Tenn.
(Town, county, and state)

10. Usual Occupation Junk Man

11. Industry or business

FATHER 12. Name Robert Anderson

13. Birthplace Tenn.

MOTHER 14. Maiden Name Katie williams

15. Birthplace N.C.

16 (a) Informant records

(b) Address ~~Baltimore City Hospitals~~

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 6 (month) (day) 40 (year)

(c) Cemetery or crematory Mt Auburn Cemet

Location Mt Winans

18 (a) Funeral director E Roy A Wilson

(b) Address 1000 Bkantley Av

19 (a) [illegible] Registrar (Date rec'd by registrar) MAR 5 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-28 1940 at 4:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-27 1940 to 2-28 1940.
and that I last saw him alive on 2-28 1940.

Immediate cause of death pulmonary tuberculosis — Duration 8-9 mo

Due to

Due to

Other Conditions malnutrition,
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp. Date signed

F 66923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66923 Registered No. 83-W

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 632 N. Gilmor St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 632 N. Gilmor St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Helen F. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Aaron V. Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 1878

8. AGE: Years 62 | Months | Days | If less than one day hr. min.

9. Birthplace Essex Co. Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Roy Pratt

13. Birthplace Essex, Va

MOTHER 14. Maiden Name Unknown

15. Birthplace Essex Va

16 (a) Informant Violet Tindle

(b) Address 632 N. Gilmor St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 6-40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Tom N. Chase Jr.

(b) Address 638 N. Gilmor St

19 (a) (Date rec'd by Registrar) (b) Thomas Tom Williams M.D. Registrar

MAR 5 1940 VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Mch 4, 1940, at 1:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/31 1940 to 3/4 1940, and that I last saw h[illegible] alive on 3/4 1940

Immediate cause of death: Cerebral Hemorrhage — Duration 8 hrs

Due to Ar

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter D. Taylor M.D.

Address 1522 Harlem Ave Date signed 3/4/40

66924

HEALTH DEPARTMENT—CITY OF BALTIMORE 66924

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 N. Bond St. St. 8-16 Ward)

about 70Yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret G. Olert

If U. S. Veteran specify WAR

(a) Residence: No. 1617 N. Bond St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) not known

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 83Yrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Olert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Kunigunda Hagen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Clara Eckhardt

(Address) 1617 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem. March-6-1940

Place ... Date ... 19...

19. UNDERTAKER Henry Hoeck & Sons Inc.

(Address) 1301 E. Eager St.

20. FILED MAR 5 1940

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March-2-1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13 1940 to March 2 1940

I last saw her alive on March 2 1940 Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Michael J. Dorsch M. D.

(Address) 2530 E. Baltimore St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 66925

CCK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

113

156 F 66925

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimora Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1930

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 109 Aisquith St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME
Thomas Bynum

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Nattie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-26-1873

8. AGE: Years	Months	Days	If less than one day
66	7	6	hr. min.

9. Birthplace Ga.
(Town, county, and state)
10. Usual Occupation Butcher
11. Industry or business

FATHER
12. Name Church
13. Birthplace Ga.

MOTHER
14. Maiden Name Martha Brantzy
15. Birthplace Ga.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof Mar. 5 '40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Matthews
Location O'Donnell St.

18 (a) Funeral director John A. Miller
(b) Address 1334 Jefferson St.

MAR 5 1940 Huntington Williams
(Date rec'd) (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1940, at 1:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 10 1936 to March 2 1940, and that I last saw him alive on March 2 1940.

Immediate cause of death
Pulmonary emphysema
Due to
Due to
Other Conditions Generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Duration between onset and death

Major findings:
Of operations
Of autopsy Emphysema, Cor pulmonale, arteriosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 3-2-'40

F 66926

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 66926

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6420 Reisterstown Rd.

(c) Hospital or institution: Mount Hope Retreat

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 - 10 - 15

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 407 South Paca (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Sherlock

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Margaret

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 6 - 1898

8. AGE: Years	Months	Days	If less than one day
41	3	12	hr. min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER

12. Name Simon Sherlock

13. Birthplace Lithuania (Russia)

MOTHER

14. Maiden Name Azyza ?

15. Birthplace Lithuania Russia

16 (a) Informant Mrs Dorothy Welsh

(b) Address 750 Washington Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 7 40 (month) (day) (year)

(c) Cemetery or crematory St Stanislaus Cem

Location Eastern ave Dundalk

Funeral director Joseph Kaminskas Mar 5-40

(b) Address 60 1/2 Washington Blvd

19 (a) (Date received by registrar) (b) Hunter for Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1940, at 9:15 a M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1934 to Mar 4 1940, and that I last saw him alive on Mar 4 1940.

Immediate cause of death	Duration
Post-encephalitic rigidity with Parkinsonian Syndrome	16 yrs
Due to Myocardial Degeneration	2 wks
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Thomas J. Hogan M. D.

Address 3236 Fulton Ave Date signed

F 66927

F 66927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: 636 Bruce St.
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 636 Bruce St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Shaw

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-7777

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Eleanor Shaw

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 50 | Months | Days | If less than one day: hr. min.

9. Birthplace: Shady Side Md. (Town, county, and state)

10. Usual Occupation: Laborer.

11. Industry or business: Cooperative U. S. Fertilizer

FATHER
12. Name: John Shaw
13. Birthplace: Shady Side Md.

MOTHER
14. Maiden Name: Sarah ?
15. Birthplace: Shady Side Md.

16 (a) Informant: Maggie Scott
(b) Address: West River Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof: Mar 6, 1940 (month) (day) (year)
(c) Cemetery or crematory: Mt. Lion
Location

18 (a) Funeral director: Mrs Kate R Williams
(b) Address: 322 N Aisquith St Huntington Williams, M.D.

19 (a) (Date received by Registrar) (b) Registrar

MAR 5 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1940, at 39 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/1 1940 to Mar-3 1940 and that I last saw h[illegible] alive on 3/3 1940

Immediate cause of death: Cerebral Hemorrhage — Duration: 3 hours

Due to: Cardio-Renal Vascular Disease - — Duration: ?

Due to: —

Other Conditions: —

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: —
(b) Date of occurrence: —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury:

23. Signature: C. J. Pigott M. D.
Address 1536 W Lemmon St Date signed 3/4/40

F 66928 HEALTH DEPARTMENT—CITY OF BALTIMORE F 66928

CERTIFICATE OF DEATH

13B

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 15-9 St. Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Edward James Norris

If U. S. Veteran specify WAR _____

(a) Residence: No. 2510 Talbot Road St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Bell Norris.

6. DATE OF BIRTH (month, day, year) April 3, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Randalltown Md.

FATHER

13. NAME Charles Norris.

14. BIRTHPLACE (city or town) (State or country) Randalltown Md.

MOTHER

15. MAIDEN NAME Violet

16. BIRTHPLACE (city or town) (State or country) Randalltown Md. Md.

17. INFORMANT Elizabeth Bell Norris.
(Address) 2510 Talbot Road

18. BURIAL, CREMATION, OR REMOVAL
Place St. Thomas Date Mar 6, 1940

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 E Lafayette Ave

20. FILED MAR 5 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-2, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1940 to March 2, 1940

I last saw him alive on March 2, 1940. Death is said to have occurred on the date stated above, at 12:46 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus Type I Septicaemia.	2/23/40
Possible broncho-pneumonia, bt.	2/20/40?

Other contributory causes of importance:

Bilateral apical Fibrous Tuberculosis	

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) W. E. T. Lyons M. D.
(Address) University Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 66929

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 66929 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1610 W Lexington St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1610 W Lexington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM B HENSON (Henderson)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Fannie Henson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 22, 1875

8. AGE: Years 64 (was 75) | Months 4 | Days 9 | If less than one day hr. min.

9. Birthplace Calvert Co Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Wm Henson (Henderson)
(b) Address 2420 Druid Hill Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof Mar 5, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 (a) MAR 5 1940 (b) Huntington Williams, M.D. Registrar

(Date received by Local Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 5th 1940, at 2:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Arteriosclerotic heart disease — Duration: two hours

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Williams M.D.
Medical Examiner.

Date signed 3-4-40

66930 F 66930

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 195-E Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2425 McCulloh St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EDNA SMITH

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Carroll Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 13 - 1895

8. AGE: Years 45 | Months 46 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housemaid

11. Industry or business —

FATHER 12. Name Thomas Ransom
13. Birthplace Essex Co Va.

MOTHER 14. Maiden Name Rosanna Jackson
15. Birthplace Essex Co Va.

16 (a) Informant Mamie Briscoe Leyton
(b) Address 2425 McCulloh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 5 - 1940 (month) (day) (year)

(c) Cemetery or crematory Oak Grove Cemetery
Location Essex Co Va

18 (a) Funeral director Va Brooks
(b) Address 1463 N Pennsylvania Ave Baltimore Md

19 (a) MAR 5 1940 (Date rec'd by registrar) (b) Hunter Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1940, at 8 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Hemorrhage	unknown
Due to Varicose ulcer R left leg, bleeding	
Due to	
Other Conditions Varicose veins Valvular Anemia (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 1st or 2nd. 1940
(c) Where did injury occur? 2425 McCulloh St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? —
(e) Means of injury struck leg against a stove

23. Signature H. L. Wallenmeyer M.D. Asst. Medical Examiner.
Signed 3-2-40

VS 6

266931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 56931

48-N Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2806 Hillcrest Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? - - - years

3 (a) FULL NAME Fredericka Sellers (FREDERICKA KATHERINE SELLERS)

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none
4. Sex: F
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Wilbur W. Sellers
6 (c) If alive, give age - years
7. Birth date of deceased (mo., day, yr.): Oct. 28, 1893
8. AGE: Years 46 | Months 4 | Days 2 | If less than one day: hr. min.
9. Birthplace: Baltimore Md. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Adam Miller
13. Birthplace: Germany

MOTHER
14. Maiden Name: Elizabeth Rose
15. Birthplace: Germany

16 (a) Informant: Mrs. Henry Koenig (Sister)
(b) Address: 4101 Wentworth Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 5. 1940 (month) (day) (year)
(c) Cemetery or crematory: Parkwood Cem.
Location: Baltimore Md.
18 (a) Funeral director: HENRY SANDER & SONS. INC.
(b) Address: Baltimore & Broadway.
19 MAR 5 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 2 1940, at 3:20 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Dec 26 1939 to Mar 2 1940 and that I last saw her alive on Mar 2 1940.

Immediate cause of death: Carcinoma cervix uteri — Duration: 2 months.
Due to: vesico vaginal fistula
Due to: Hemorrhage from vagina and pulmonary
Other Conditions: exhaustion
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Biopsy - Carcinoma of cervix
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: J. M. Collins M.D. M. D.
Address: Bon Secours Hospital Date signed 3-5-40

F 66932

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

45-E Registered No. F 66932

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U.S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 44 days
(e) Length of stay in Baltimore (yrs., mos., or days) 44 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Carroll
(c) City or town Manchester, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. Bank of Manchester
(If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years years

3 (a) FULL NAME Noel Mack Bush

3 (b) If veteran, name war: WW
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Edith G. Rogers
6 (c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): Dec. 25, 1876

8. AGE: Years	Months	Days	If less than one day
63	2	9	hr. min.

9. Birthplace: Lima, Peru (Town, county, and state)
10. Usual Occupation: Horticulturist
11. Industry or business

FATHER
12. Name: William Mack Bush,
13. Birthplace: Rochester, New York.

MOTHER
14. Maiden Name: Euphemia Faulkner,
15. Birthplace: New Town, Long Island, N.Y.

16 (a) Informant: Records-U. S. Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 5 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ National
Location: Arlington, Va.

18 (a) Funeral director: John O. Mitchell & Sons Inc
(b) Address: 1940 Eutaw Place, Baltimore, Md.

19 MAR 5 - 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4, 1940 W, at 8:03 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 18, 1940 to March 4, 1940. and that I last saw him alive on March 4, 1940.

	Duration
Immediate cause of death: Infection of neck, left side.	19 days
Due to: Dissection of neck	33 days
Due to: Metastasis from previously existing carcinoma of the buccal mucosa, left	1-4-40
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Resection of glands, radical, left neck.
Of autopsy: Same as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: T. M. H. a deceased. M. D.
Address: U.S. Marine Hospital, Baltimore, Maryland. Date signed 3/4/40

VS 2

F 66933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 66933 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1505 Hanover st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1505 Hanover st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ruey Clayton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Irvin C

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5 1911

8. AGE: Years	Months	Days	If less than one day
28	9	26	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation House work at home

11. Industry or business

FATHER 12. Name Stephen Lynch

13. Birthplace Md

MOTHER 14. Maiden Name Jessie Knapp

15. Birthplace Md

16 (a) Informant Irvin C Clayton

(b) Address 1505 Hanover st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 6 1940 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Brooklyn Md

18 (a) Funeral director William M Mareck

(b) Address 716 Light St

19 (a) MAR 5 - 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1940 at 10 50 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Bronchial asthma — Lobular pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm B Wandell Jr M.D. Medical Examiner.

Date signed 3/4/40

VS 6

F 66934 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 66934

CERTIFICATE OF DEATH X 83-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 10 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Solomon M Johnson

If U. S. Veteran specify WAR

(a) Residence: No. Bar Harbor A & C Co Md St., Ward. S S 213-03-0617

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rhoda V Johnson

6. DATE OF BIRTH (month, day, year) July 15 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	7	17 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder & Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tolley A & C Md

FATHER

13. NAME Solomon H Johnson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Adeline Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Rhoda V Johnson

(Address) Bar Harbor A & C Md

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Mar 6 19 40

19. UNDERTAKER William M Mareck

(Address) 715 Light St

20. FILED MAR 5 - 1940 Registrar. Initials for Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3rd 19 40

22. I HEREBY CERTIFY, That I attended deceased from Feb 23rd 19 40 to March 3rd 19 40

I last saw him alive on March 3rd 19 40 Death is said to have occurred on the date stated above, at 11.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	2-23-40
Arteriosclerosis (Generalized)	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? None

Name of operation

What test confirmed diagnosis? Path. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Louis C. Graves M. D.

(Address) University Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 66935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

111-B

F 66935 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Pratt and Eutaw Sts.
(c) Hospital or institution: Hotel Herman
(d) Length of stay in hospital or inst. (yrs., mos., or days) no
(e) Length of stay in Baltimore (yrs., mos., or days) 1da

2. USUAL RESIDENCE OF DECEASED:
(a) State South Carolina (b) County
(c) City or town Raleigh
(If outside city or town limits, write RURAL and give town)
(d) Street No. 420 W Penn St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME OSCAR LEONARD STROTHER

3 (b) If veteran, name war no.

3 (c) Social Security Account No. 240-07-4630

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	S

6 (b) Name of husband or wife ———

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr) Dec 23, 1901

8. AGE: Years	Months	Days	If less than one day
38	2	7 11	hr min

9. Birthplace Raleigh North Carolina
(Town, county, and state)

10. Usual Occupation Extra operator-telegraph

11. Industry or business Baltimore & Ohio Railroad

FATHER
12. Name William O Strother
13. Birthplace Randolph Cty. N. C.

MOTHER
14. Maiden Name Nona Arnold
15. Birthplace Wake Cty. N. C.

16 (a) Informant Mrs J. K. Weeks (sister)
(b) Address Raleigh N.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 7 1940 (month) (day) (year)

(c) Cemetery or crematory
Location Raleigh, N.C.

(d) Funeral director Frederick & Rolfe

(e) Address 1200 W Lombard St

MAR 5 1940

19 (a) ——— (Date rec'd by registrar) (b) Huntington Williamsburg, W. Va.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4, 1940, at 9 12 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or inquest) thereon and from the evidence obtained by said autopsy (Autopsy or inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death: Edema, pulmonary, acute

Due to: Cause undetermined

Due to: ———

Other Conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy as above

Duration
sudden

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide pending investigation
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. T. Wolfe Medical Examiner, M.D.
Date signed March 6 1940

over

F 66936

F 66936 37 1/29 1939

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 148-B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 917 S. Baylis (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANNA Scott

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-9-24

8. AGE: Years	Months	Days	If less than one day
15	10	23	hr. min.

9. Birthplace VA (Town, county, and state)
10. Usual Occupation School
11. Industry or business

FATHER
12. Name George Scott
13. Birthplace VA

MOTHER
14. Maiden Name MARY VAUGHN
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Robert F. Williams
(b) Address 1515 N. Ellwood Ave

19 (a) MAR 5 1940 (Date rec'd by registrar) (b) Huntington W. Jenkins, M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR-2 1940, at 5:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 24 1940, to MAR 2 1940, and that I last saw her alive on MAR 2 1940.

Immediate cause of death	Duration
Malignant Hypertension	
Due to ? Leukemia of Pregnancy	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Glomerulo-Nephritis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. M. Welty M. D.
Address Johns Hopkins Hosp. Date signed 3-3-40

F 66937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-B

✓ F 66937 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 605 N Caroline St (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E Hughlett

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John Hughlett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years 58 | Months | Days | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jesse Wilson
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary Evans
15. Birthplace Virginia

16 (a) Informant John Hughlett
(b) Address 605 N Caroline St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location A. A. Co. Md.

18 (a) Funeral director Robert E Williams
(b) Address 1515 McElderry St

19 (a) (Date rec'd by registrar) (b) Registrar

VR 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/2/ 1940. at 11 35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/1/ 1940. to 3/2/ 1940.
and that I last saw her alive at 11 A.M. 3/2/40

Immediate cause of death	Duration
Acute Toxemia	
Due to Intestinal Obstruction (Strangulated)	12 hr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: Of operations Strangulated Intestines Gangrenous lower ileum
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Adelcome M. D.
Address Provident Hosp. Date signed 3/2/40

F 66938

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 66938 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4668 York Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4668 York Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary G. Gallagher

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife John J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1863

8. AGE: Years 76 | Months 7 | Days | If less than one day hr. min.

9. Birthplace Balto. City Md. (Town, county, and state)

10. Usual Occupation Home

11. Industry or business

FATHER 12. Name Henry Gorman
13. Birthplace Ireland

MOTHER 14. Maiden Name Margaret O'Brien
15. Birthplace Ireland

16 (a) Informant Mrs. Catherine Smith
(b) Address 4668 York Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Cathedral
Location Balto. Md.

18 (a) Funeral director J. J. Regan
(b) Address 4201 York Rd.

19 (a) Date rec'd by registrar MAR 5 1940 (b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/3/1940, at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1940 to March 3 1940 and that I last saw h alive on March 3 1940.

Immediate cause of death
Acute Cardiac Dilatation
Pneumonia Commencing

Due to

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration 1 day 4 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. G. Shannon M.D.
Address 1800 N. Charles St Date signed 3/4/40

F 66939

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 ✓ Registered No. F 66939

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 406 N. Wolfe St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clarence Camper ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.
World	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11 9 1888

8. AGE: Years	Months	Days	If less than one day
51	4	-	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name George Camper
13. Birthplace Maryland

MOTHER
14. Maiden Name Annie Bailey
15. Birthplace Maryland

16 (a) Informant Sarah Randall
(b) Address 1029 N. Caroline St

17 (a) (Burial, cremation, or removal) (b) Date thereof 3 7 1940 (month) (day) (year)
(c) Cemetery or crematory Bells, National, Cemetery
Location

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

MAR 5 - 1940 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 - 3 - 1940, at 5 20 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said autopsy find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death	Duration
Lobar Pneumonia.	
Due to	
Due to	

Other Conditions Aortic Aneurysm Syphilitic Aortitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Moeller M.D. Medical Examiner.
Date signed 3-4-40

VS 6

F 66940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 66940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MORGUE

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 903 N. Spring St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 903 N. Spring St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Bell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 45 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name
13. Birthplace

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAR 5 - 1940

18 (a) [redacted] eral director Commissioner of Health
(b) Address Per H. A. Moore

MAR 5-1940 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION 6-30 P

20. DATE OF DEATH Feb 28 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquery (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death — Duration
Coronary occlusion
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. T. Vandegrift M.D. Medical Examiner
(Date signed) 2/29/40

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

66941 **CERTIFICATE OF DEATH** 46-D F 66941

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 954 Forrest St. St. 17-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Robert Allen
If U. S. Veteran specify WAR
(a) Residence: No. Md. Penitentiary St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Rayburn Allen

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	10	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Portland (State or country) Oregon

FATHER
13. NAME George Riley
14. BIRTHPLACE (city or town) Portland (State or country) Oregon

MOTHER
15. MAIDEN NAME Georgia Mae Riley
16. BIRTHPLACE (city or town) New Orleans (State or country) La.

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 5 - 1940

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore
20. FILED MAR 5 - 1940 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26, 1940

I HEREBY CERTIFY, That I attended deceased from February 14 1939 to February 26 1940
I last saw him alive on February 26, 1940 Death is said to have occurred on the date stated above at 4:06 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum with metastasis to the liver.	
Other contributory causes of importance:	

Was an operation performed? Yes Date of? Feb. 1, 1940
For what disease or injury? Epithelioma of rectum
Name of operation Colostomy, permanent
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Howard J. Corcoran M. D.
(Address) 34th and Guilford Ave.

VS 8

5128

Howard J. Corcoran M.D.
Asst. Medical Examiner

B 66942 7

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 F 66942 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 7 N Eden (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida B. Spence

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Willy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 45 | Months | Days | If less than one day: hr. min.

9. Birthplace: N.C (Town, county, and state)

10. Usual Occupation: H.W.

11. Industry or business

FATHER 12. Name: Daniel Tillett

13. Birthplace: N.C.

MOTHER 14. Maiden Name: Harriet Ferbee

15. Birthplace: N.C

16 (a) Informant: Records

(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-1940 (month) (day) (year)

(c) Cemetery or crematory: Mt Calvery Cem.

Location: Brooklyn a. a. Co. Md

18 (a) Funeral director: Byron & Jamie W. Knight

(b) Address: 1218 McElderry St

19 (a) (Date rec'd by registrar) Huntington Williams Registrar

MAR 5 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR. 3 1940, at 12.50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 29 1940, to MAR 3 1940, and that I last saw her alive on MAR 3 1940.

Immediate cause of death: Infection of foot, finger and Duration
diabetes 18 yrs.
acidosis 2 days

Due to

Due to

Other Conditions: Chronic nephritis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy: Confirmatory

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: WB McAllister Jr M. D.

Address Date signed 3-4-40

F 66943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No. F 66943

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 936 N. Castle St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 936 N. Castle Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 yrs. years

3 (a) FULL NAME Vincent Vlk

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Marie Vlk
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11, 1884

8. AGE: Years	Months	Days	If less than one day
55	10	22 23	hr. min.

9. Birthplace Czeckoslovakia (Town, county, and state)
10. Usual Occupation City Employment
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Wife
(b) Address 936 N. Castle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balair Road

18 (a) Funeral director C. E. Schimunek.
(b) Address 2601-03 E. Madison St.

19 MAR 5 - 1940 (Date received by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1940 at 6.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1939 to Mch 4 1940 and that I last saw h[illegible] alive on Mch 3. 1940

Immediate cause of death ~~Apl Pneumonia~~ Hypertrophied and Dilated Heart

Due to Art. Sclerosis. Nephritis

Due to

Other Conditions High Blood Pressure

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. J. Costello, M.D.
Address 335 E. 31 St. Date signed 3-31-40. M. D.

VS 3

F 66944

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

Registered No. F 66944

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 5 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5117 Liberty Heights (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Alexander Yockel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Ella R. Yockel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Apl 24/1859

8. AGE: Years: 80 | Months: 10 | Days: 9/10 | If less than one day: hr. min.

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual Occupation: asst Material Distributor (Retired)

11. Industry or business: B&ORR

FATHER
12. Name: Alexander F. Yockel
13. Birthplace: Germany

MOTHER
14. Maiden Name: Margarite Kuhn
15. Birthplace: Unknown

16 (a) Informant: Henry J. Yockel
(b) Address: 119 S. Wickham Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar 7/1940 (month) (day) (year)
(c) Cemetery or crematory: Lorraine Cemetery
Location: Baltimore Md.

18 (a) Funeral director: Harry A. Annacost
(b) Address: 4204 Ridgewood Ave Huntington Williams, M.D.

19 (Date received by reg.) MAR 5-1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 4, 1940, at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 27 1940 to March 4 1940, and that I last saw him alive on March 4, 1940.

Immediate cause of death	Duration
Bronchial Pneumonia	
Due to	
Due to	
Other Conditions: Fracture of Left Femur	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: no autopsy performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Accident
(b) Date of occurrence: 1/27/40
(c) Where did injury occur? Near his Home (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work?
(e) Means of injury: slipped on ice & fell.

23. Signature: Isadore Scher M.D.
Address: West Balto. Gen. Hospital Date signed: 3/7/40

VS 3

F 66945

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 66945 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Sydenham

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½ days

(e) Length of stay in Baltimore (yrs., mos., or days) 3½ days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Anne Arundel Co

(c) City or town Barbersville

(If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Grimes, Josephine Ethel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 8, 1939

8. AGE: Years	Months	Days	If less than one day
	2	25	hr. min.

9. Birthplace Barbersville, Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER

12. Name Grimes, John M.

13. Birthplace Finksburg, Md.

MOTHER

14. Maiden Name Baell, Macellene Burton

15. Birthplace Bartonsville, Md.

16 (a) Informant Mother

(b) Address Above.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/40 (month) (day) (year)

(c) Cemetery or crematory Ivy Hill

Location Laurel Md

18 (a) Funeral director The W C Hutchins Co.

(b) Address Laurel Md.

19 (a) MAR 5 – 1940 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1940, at HSA M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1940 to March 5 1940, and that I last saw her alive on March 5 1940.

Immediate cause of death Pneumonia — Duration 6 days

Due to Pertussis — 3 wks.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Jacob L. Light, M.D.

Address Sydenham Hosp. Date signed 3-5-40

66946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 66946

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3108 Northern Parkway

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

Street No. 3130 Harford Road. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frances M Rath

3 (b) If veteran, name war	3 (c) Social Security Account No.
✓	✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Henry Rath

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-8-1864

8. AGE: Years	Months	Days	If less than one day
75	11	25	hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business House Wife

FATHER 12. Name Henry H. Kaufman

13. Birthplace Md.

MOTHER 14. Maiden Name Mary Bumbhoff.

15. Birthplace Md.

16 (a) Informant James Knight

(b) Address 3108 Northern Parkway.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location

18 (a) Funeral director Leonard J Buck

Address 5305 Harford Road

19 (a) MAR 5 1940 (Date rec'd by registrar) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 3, 1940, at 8.25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 23, 1939, to Mar 3, 1940, and that I last saw her alive on Mar 2 1940.

Immediate cause of death Coronary Thrombosis — Duration 2 hrs, 10 hrs

Due to Arteriosclerosis — 2 y

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Eugene L. Cesarone M. D.

Address 514 Druid Lane Date signed 3/4/40

F 66947

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

9

Registered No. F 66947

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland ward, J. L.

(b) Street address ~~6704 Railway Ave.~~

(c) Hospital or institution: Sparrows Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County BALTO.

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 6704 Railway Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Merritt, Donald Lewis

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	SINGLE

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 9, 1939

8. AGE: Years	Months	Days	If less than one day
	8	24	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER 12. Name Merritt, Russell C.

13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Pfisterer, Anna M.

15. Birthplace Baltimore

16 (a) Informant Mother

(b) Address Above.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR 6/40 (month) (day) (year)

(c) Cemetery or crematory OAK LAWN

Location EASTERN AVE EXT.

18 (a) Funeral director Lilly J Zerbe

(b) Address 1010 S. WOLFE ST.

19 (a) MAR 5-1940 (Date rec'd by registrar) (b) Huntingdon Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1940 at 8:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1940, to March 4 1940, and that I last saw h alive on Mar 4 1940.

Immediate cause of death Bronchopneumonia — Duration not known

Due to PNEUMOCOCCUS Type XVIII + B. HEMOLYTIC STREPTOCOCCUS

Due to .....

Other Conditions PERTUSSIS — 1 MONTH

PNEUMOTHORAX

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy BRONCHO PNEUMONIA

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)

(e) Means of injury .....

23. Signature Jacob L. Light

Address Sparrows Hospital Date signed 3-4-40

VS 3

F 66948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ Registered No. F 66948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 407 S Duncan St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 407 S. DUNCAN ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles M Hartman

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife JOSPHINE HARTMAN
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) AUG. 21 1882

8. AGE: Years	Months	Days	If less than one day
58 57	6	12	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation PRODUCE DEALER
11. Industry or business FOR SELF

FATHER
12. Name FRANCIS HARTMAN
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name PAULINE NOHR
15. Birthplace BALTO. MD.

16 (a) Informant JOSPHINE HARTMAN WIFE
(b) Address 407 S. DUNCAN ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 7/40 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly & Zeiler
(b) Address 403 S. WOLFE ST.

19 (a) MAR 5 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1940, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 29 1940, to Mar. 3 1940, and that I last saw him alive on Mar 2 1940.

Immediate cause of death
ac. cardiac failure - from
Chronic myocarditis
Due to La Grippe

Duration
5 yrs
2 days

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George D. Lipsey M. D.
Address 432 S. Patterson Park Date signed 3/4/40

VS 3

F 66949

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 66949

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3505 FOSTER AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3505 FOSTER AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

264

3 (a) FULL NAME FRED J. HEIMBACH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB. 2 1898

8. AGE: Years	Months	Days	If less than one day
42	1	0	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation GROCERY STORE CLERK.

11. Industry or business

FATHER 12. Name CONRAD HEIMBACH
13. Birthplace GERMANY

MOTHER 14. Maiden Name MARY MUTH
15. Birthplace GERMANY

16 (a) Informant LAWERNCE HEIMBACH BROTHER
(b) Address 430 S. CORNWALL ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 6/40 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly J. Zeiler & Son
(b) Address 403 S. WOLFE ST.

19 (a) MAR 5 - 1940 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR. 2 1940 at 7/30 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 30 1940 to March 2 1940, and that I last saw him alive on March 2 1940.

	Duration
Immediate cause of death Aortic Cardiac Dilatation	1/2 hours
Due to Bronchial Pneumonia	30 days.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. J. Dawson M. D.
Address 3228 Eastern ave Date signed 3-5-40

VS 3

F 66950 49209

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B

Registered No. F 66950

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days 1 mth.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1535 W. Fayette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Effie Curtis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband or wife Cornelius (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 4 1878

8. AGE: Years	Months	Days	If less than one day
61	11	29	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name Simon Brown
13. Birthplace Va.

MOTHER
14. Maiden Name Sallie Mundie
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 6 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3301 Frederick Ave

18 (a) Funeral director Harry A Wolfe
Address 4101 Edmondson Ave

19 (a) MAR 5 1940 (Date rec'd by Registrar) (b) Huntington Mill Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1940, at 7:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 14 1939, to March 3 1940, and that I last saw h[illegible] alive on March 3 1940.

	Duration
Immediate cause of death: Cerebral Hemorrhage	5 months
Due to: Arteriosclerosis	unknown
Due to:	
Other Conditions: Pelvic abscess	3 months

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murray Hutchison M. D.
Address 1501 Eutaw Pl. Date signed 3-3-40

F 66951

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 66951

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1730 McKean Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1730 McKean Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daisy A. Haire

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Alva [illegible] Haire

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 5 1880

8. AGE: Years	Months	Days	If less than one day
59 56	6	29	hr. min.

9. Birthplace New Castel Indiana (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Zadock Griffith
13. Birthplace unknown

MOTHER
14. Maiden Name Mary Conklin
15. Birthplace unknown

16 (a) Informant Mrs. Stella Jennings
(b) Address 1730 McKean Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-7-40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md.

18 (a) Funeral director Frederick A. Cole
(b) Address 1200 W Lombard St.

19 MAR 5 - 1940 Registered by [illegible] Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4th 1940, at. 30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 3 1940, to March 4 1940, and that I last saw her alive on March 4 1940.

Immediate cause of death Infarction of myocardium, due to coronary thrombosis — Duration 2 days

Due to Hypertensive cardio-vascular disease — 2 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Kardie Wallace M. D.
Address 2331 Walbrook Ave. Date signed

F 66952

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

73-W

Registered No. F 66952

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 112 South Augusta Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ~~Intake~~
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)
20-8
(d) Street No. 112 S. Augusta Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME MISS. MARY SOPHIA HAHN

3 (b) If veteran, name war: No..
3 (c) Social Security Account No. Noo

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ----------
6 (c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1859

8. AGE: Years	Months	Days	If less than one day
81	-	19 20	---hr.------min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business At Home

FATHER
12. Name Henry J. Hahn Sr.
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Marie Shaefer
15. Birthplace Germany

16 (a) Informant Mr. Henry J. Hahn Jr
(b) Address 112 S. Augusta Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 5. 40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Maryland

18 (a) Funeral director J. D. Tippett & Son
(b) Address 1300 EUTAW PLACE. . . C

19 Filed by MAR 5 1940 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4, 1940, at 5:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May. 2. 1932 to March 4 1940 and that I last saw her alive on March. 3 1940.

Immediate cause of death Pernicious Anemia — Duration 10.yr

Due to — Duration 10.yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. Lloyd Johnson M. D.
Address Catonsville Date signed 3/14/40

Dr. Johnson 610 Frederick Road

F 66953

Larrimore

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45-D

F 66953 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Md. General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 48

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 1513 E. 28th Street (If rural give location)

9-7

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daniel C. Larrimore

3 (b) If veteran, name war: W

3 (c) Social Security Account No. NONE

4. Sex: Male | 5. Color or race: White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband or~~ wife Annie E. Larrimore

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Oct 15th 1866

8. AGE: Years 73 | Months 4 | Days 25 | If less than one day: hr. min.

9. Birthplace St. Michaels Md (Town, county, and state)

10. Usual Occupation Paper Hanger & Painter

11. Industry or business self

FATHER

12. Name Lewis Larrimore

13. Birthplace Oxford Md.

MOTHER

14. Maiden Name Mary Bridges

15. Birthplace Oxford Md

16 (a) Informant Annie E. Larrimore

(b) Address 1513 E. 28th St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/9/40 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Balto

Location Balto. Md.

18 (a) Funeral director Wm Cook

(b) Address 1217 St. Paul St

19 (a) MAR 9 1940 (Date rec'd by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1940, at 7:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/14/ 1940 to 3-5 1940 and that I last saw him alive on March 5 1940.

Immediate cause of death: Carcinoma of Jaw — Duration

Due to

Due to

Other Conditions Circulatory Collapse (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William R. Tompkin M. D.

Address Md. General Hosp. Date signed 3/5/40

F 66954

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 66954

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 d.

(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street 1609 Eutaw Place (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Willard E. Bailey S. S. # 218-05-9389

3 (b) If veteran, name war Not Known

3 (c) Social Security Account No. 218-00-9389

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Major

6 (b) Name of husband or wife Margaret Bailey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years About 58 | Months | Days | If less than one day hr. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual Occupation Manager Apt House

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Robert L. Watkins

(b) Address 702 Courtland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-40 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Parkwood Md.

18 (a) Funeral director J. Pickhum Co.

(b) Address 2911 Eutaw Pl.

MAR 6 — 1940 (Date rec'd by Registrar) By Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 3 1940 at 10:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 3 1940, to Mar. 3 1940 and that I last saw him alive on Mar. 3 1940.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Arteriosclerotic Heart Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature William F. Pearce M. D.

Address Union Memorial Hosp. Date signed May 3

F 66955

Neave

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 131-a

F 66955 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2828 Rosalie Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) f
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2828 Rosalie Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME STEWART NEAVE

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-10-5096

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Cora L Neave

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) June 20 1874

8. AGE: Years 65 | Months 8 | Days 14 | If less than one day hr. min.

9. Birthplace Scotland (Town, county, and state)

10. Usual Occupation Supt. Cemetery

11. Industry or business Mt. Olivet

FATHER 12. Name Anthony Neave

13. Birthplace Scotland

MOTHER 14. Maiden Name Unknown

15. Birthplace Scotland

16 (a) Informant Cora L Neave

(b) Address 2828 Rosalie Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/40 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cem

Location Catonsville Md

18 (a) Funeral director Wm Cook

(b) Address 1217 E Fayette St

MAR 6 - 1940 (Date rec'd by registrar)

Huntington Williams, M.D. Registrar

VS 6.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1940, at 11:15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Cardiovascular-renal disease — Duration 3 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Coroner Medical Examiner.

Date signed Mar 5, 1940

55275 - KB

F 66956

F 66956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B

Registered No. F 66956

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1207 Aisquith St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

10

3 (a) FULL NAME George Rinehart

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Laura
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/20/1856

8. AGE: Years 83 | Months 6 | Days 13 | If less than one day ... hr. ... min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Unknown

FATHER
12. Name George Rinehart (dead)
13. Birthplace Maryland

MOTHER
14. Maiden Name Alverta Morgan (dead)
15. Birthplace Maryland (?)

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Wilhelm Co
(b) Address 1217 E. Lombard St.

(a) MAR 6 — 1940 (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1940, at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 27 1940, to March 3 1940, and that I last saw him alive on March 3 1940.

	Duration
Immediate cause of death: Cerebral Hemorrhage	5 days
Due to:	
Due to:	
Other Conditions: Terminal bronchopneumonia	3 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 3-5-40

F 66957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 66957 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2476 Shirley Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3702 Liberty Heights Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

5 44

3 (a) FULL NAME Gita Gaffin

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Joshua Falk

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1854

8. AGE: Years	Months	Days	If less than one day
86			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business None

FATHER
12. Name Shopsa David Moskewitz
13. Birthplace Russia

MOTHER
14. Maiden Name Faga ?
15. Birthplace Russia

16 (a) Informant Mrs Rosa R. Yoffe
(b) Address 3702 Liberty Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 6, 40 (month) (day) (year)
(c) Cemetery or crematory Bnai Israel Cemetery
Location Southern Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W. North ave

19 MAR 6 - 1940 (Date rec'd by Registrar) (b) Thursday (c) Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5, 1940, at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/2 1940, to 3/5 1940, and that I last saw h[illegible] alive on 3/5 1940.

Immediate cause of death	Duration
Acute Cerebral Hemorrhage	
Due to Ch arteriosclerosis	
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. L. Hornstein M. D.
Address 733 Augusta St Date signed 3/6/40

VS 3

F 66958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 66958 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2914 Woodland Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 53-

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2914 woodland Av (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME George T. Plowman

3 (b) If veteran, name war: —

3 (c) Social Security Account No. 212-07-6576

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Ella F. Plowman

6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Apr. 7-1886

8. AGE: Years	Months	Days	If less than one day
53	10	27	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business Auto Bus.

FATHER — 12. Name John A. Plowman
13. Birthplace Maryland

MOTHER — 14. Maiden Name Clara Stanley
15. Birthplace Maryland

16 (a) Informant Mrs. Ted. Plowman
(b) Address 2914 woodland ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 7 40 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn Md

18 (a) Funeral director Wm J. Dickner & Sons
(b) Address North & Pa Ave

MAR 6 — 1940 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1940, at 8.35 A.M. X

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 27 1940 to May 4 1940 and that I last saw h alive on Mar 4 1940

Immediate cause of death
Lobar Pneumonia — Duration 3/0/40
Due to
Due to Renal Calculi — 1930
Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Brown M.D.
Address 1663 N Monta Ave Date signed 5/6/40

Carry

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66959 — 45-a F 66959

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 15-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 6 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie Carr Berry

If U. S. Veteran specify WAR

(a) Residence: No. 2300 Garrison Blvd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herbert L. Berry

6. DATE OF BIRTH (month, day, year) Aug 31st 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James E. Carr

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Amanda Wright

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr. Herbert L. Carry

(Address) 2300 Garrison Boul

18. BURIAL, CREMATION, REMOVAL.

Place Greenmount Date March 9th, 1940

19. UNDERTAKER Wm. J. Tickner & Sons.

(Address) North & Penna Aves.,

20. FILED , 19 Registrar.

MAR 6 - 1940 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1940 to March 4, 1940

I last saw her alive on March 4, 1940 Death is said to have occurred on the date stated above, at 11:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcinoma of life with generalized metastases & cachexia	Dec, 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William L. Miller M. D.

(Address) University Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 66960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 66960 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2414 Calverton Hgts Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2414 Calverton Hgts Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Layfield Mauldin

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-0517

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Addie M

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19 1873

8. AGE: Years	Months	Days	If less than one day
66	7	14	hr. min.

9. Birthplace Cecil Co. Md (Town, county, and state)

10. Usual Occupation Conductor

11. Industry or business Baltimore Transit Co

FATHER 12. Name Benjamin Mauldin

13. Birthplace Cecil Co. Md.

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant Mr. Harry E. Mauldin

(b) Address 3213 Berkshire Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 6 1940 (month) (day) (year)

(c) Cemetery or crematory Baker Cemetery

Location Aberdeen Md.

18 (a) Funeral director William J. Tickner & Sons

(b) Address North & Pennsylvania Aves

19 (a) (Date received by registrar) (b) Registrar

MAR 6 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1940, at 8:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 28 1938, to March 3 1940, and that I last saw him alive on March 2 1940.

Immediate cause of death	Duration
Cardiac Insufficiency	
Due to Hypertension Arteriosclerosis	
Due to	
Other Conditions Cerebral Hemorrhage - left (Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Daniel J. Schwartz M. D.

Address 2301 Harlem Ave Date signed 3/7/40

F 66961

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13-B

Registered No. F 66961

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3427 Ravenwood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40/0/16

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3427 Ravenwood Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FREDERICK W. STROHL

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-01-7313

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elizabeth Strohl
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 18, 1900

8. AGE: Years	Months	Days	If less than one day
40	0	16	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Receiving clerk
11. Industry or business Clothing factory

FATHER
12. Name Charles Strohl
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Marshall
15. Birthplace Maryland

16 (a) Informant Mrs. Elizabeth Strohl
(b) Address 3427 Ravenwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 7, 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location East North Ave., Baltimore, Md.

18 (a) Funeral director John Ullrich
(b) Address 2008 Orleans St.

MAR 6 1940

(Filing Officer) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1940, at 7A M

21. I certify that death occurred on the date above stated; that I attended deceased from February 8 1940 to March 4 1940 and that I last saw h-- alive on March 3 1940.

Immediate cause of death	Duration
Pulmonary Tuberculosis	6 months
Due to Bacillus Tuberculosis	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert Eisenberg M. D.
Address 2025 E. North Ave Date signed 3/5/40

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66962

CERTIFICATE OF DEATH

83-a F 66962

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2506 Francis St. 13-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosa Lee Riefsnider

If U. S. Veteran specify WAR .....

(a) Residence: No. 2506 Francis St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank

6. DATE OF BIRTH (month, day, year) Jan 11 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm Imel

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Mrs Annie Kifer
(Address) Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL
Place Burial Kingsville Md Date Mar 8 1940

19. UNDERTAKER 60 Russ Ave
(Address) Towsontown Md

20. MAR 6 - 1940 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 3 1940 to March 5 1940

I last saw her alive on March 5 1940 Death is said to have occurred on the date stated above, at 8:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Left Hemiplegia	3-3-40
Arteriosclerosis	1930

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Chas E Singewald M. D.

(Address) 1813 E. North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vs a

66963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

55-E

P 66963

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward) 6

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Celina Gaither

If U. S. Veteran specify WAR .....

(a) Residence: No. Lafayette Rd. Sykesville Md. (Usual place of abode) Carroll Co. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female.	Black.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
86			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME York — Holland

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME York.

16. BIRTHPLACE (city or town) (State or country) York.

17. INFORMANT Celina Gaither (Address) Sykesville Md.

18. BURIAL, CREMATION, OR REMOVAL Place Howard Chapel Date 3-8 1940

19. UNDERTAKER Harry Weer (Address) Sykesville Md.

20. MAR 6 - 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 5 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9 1940 to Mar. 5 1940.

I last saw h.. alive on Mar 5 1940 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset (approximate)
Multiple Myeloma	
Other contributory causes of importance: Pathological Fracture Left humerus.	Feb. 1.

Was an operation performed? ... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Bence Jones Protein Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L B Stevens M. D.

(Address) University Hospital

V9 5

A. B.—WHILE FILLING OUT THIS BLANK IN A PERMANENT RECORD, every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

F 66964 Shindledecker

CERTIFICATE OF DEATH

93-D

Reg. Dist. No. F 66964

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 1138 E 23rd St
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in this community (yrs., mos., or days) 2 mo 5 da

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Thurmont Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. 968
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** Emma Catherine Shindledecker

3 (b) If veteran, name war —
3 (c) Social Security No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Peter Shindledecker
6. (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Dec. 1st 1871
8. AGE: Years 69 | Months 2 | Days 4 | If less than one day ____hr. ____min.
9. Birthplace Frederick Co. Md
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Housework

FATHER
12. Name Peter Stranahan
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Stonesifer
15. Birthplace Maryland

16 (a) Informant Rose Shindledecker
(b) Address 1138 E 23rd Balto

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Mar 9 1940 (month) (day) (year)
(c) Cemetery or ~~crematory~~ U. B. Cemetery
Location Thurmont Md

18 (a) Funeral director Hilbrich & Krieger
(b) Address Thurmont Md

19 (a) Filed MAR 6 1940 (Registrar's signature) (b) Registrar Huntington Williamsport

MEDICAL CERTIFICATION

20. Date of death March 5 1940 at 8:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 13 1940 to March 5 1940 and that I last saw him alive on March 5 1940

Immediate cause of death: Acute Cardiac Syncope — Duration: 12 hours
Due to —
Due to —
Other conditions — Duration: over 1 year
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Jack J. Singer M.D. (M. D. or other)
Address 506 E. North Ave Date signed 3/6/40

corrected age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. W. H. Woody 1405 Park Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66965

CERTIFICATE OF DEATH

93-D

F 66965

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 N. Calvert St. 12-5 Ward)

Length of residence in city or town where death occurred 40 yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

If U. S. Veteran specify WAR ____

2. FULL NAME Robert G. Loy

(a) Residence: No. 1706 N. Calvert St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary L. Loy

6. DATE OF BIRTH (month, day, year): Oct. 14, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	66	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): Mar 1940

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Irvin Loy

14. BIRTHPLACE (city or town) (State or country): Frederick Co Md.

MOTHER

15. MAIDEN NAME: Elizabeth Matthias

16. BIRTHPLACE (city or town) (State or country): Frederick Co Md

17. INFORMANT: Thomas Loy

(Address): 1706 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place: United Brethren Cem'l Tool Date: Mar. 7 19 40

19. UNDERTAKER: Chas. M. Blacky

(Address): 742 W. North Ave

20. FILED ____ 19 ____ Registrar.

MAR 6 – 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 5th, 1940

22. I HEREBY CERTIFY, That I attended deceased from July, 1939 to 3/5/40, 19__

I last saw him alive on 3/5/40, 19__ Death is said to have occurred on the date stated above, at 2:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Contd
Hypertension	
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? no Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, how? ____

(Signed) W. H. Woody M. D.

(Address) 1402 Park Ave.

N. B.—WRITE PLAINLY WITH INK OR INDELIBLE PENCIL. PHYSICIANS should be careful to see that information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66966

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. F 66966

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 136 North Exeter St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 136 North Exeter St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Rabbi MOSES LEIB RABINOWITZ

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Esther

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Rabbi

11. Industry or business

FATHER
12. Name Shina Rabinowitz
13. Birthplace Russia

MOTHER
14. Maiden Name Chia Sarah
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-40 (month) (day) (year)
(c) Cemetery or crematory Ohel Jakob
Location Herring Run

18 (a) Funeral director Post Davis Inc
(b) Address 1439 E. Baltimore St

19 (a) [illegible] (b) Huntington Williams Registrar

MAR 8 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 5th 1940, at 9:30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquest) thereon and from the evidence obtained by said inquest (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hypertensive heart disease	10 yrs
Due to	
Due to	
Other Conditions Diabetes mellitus	10 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Williams M.D.
Medical Examiner.
Date signed Mar. 5, 1940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 66967

F 66967

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 226 S. Caroline St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 226 S. Caroline St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3-1

3 (a) FULL NAME MOSES WARD

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col.	married separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Junk wagon
11. Industry or business own business

FATHER
12. Name John Ward
13. Birthplace Maryland

MOTHER
14. Maiden Name Harriet Parker
15. Birthplace Maryland

16 (a) Informant Mrs Charles Jones
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 6 40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Mt Wernan

18 (a) Funeral director T. G. Wilson
(b) Address 1000 Granby St.

19 (a) MAR 6 1940 Huntington-Wilkinson Funeral Home

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4, 1940, at 4 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Tuberculosis, pulmonary — Duration unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. T. Wilkinson Jr. M.D. Medical Examiner.
Date signed 3-6-40

VS 6

BE MORGUE
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 66968

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-2 Registered No. F 66968

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 736 Saratoga
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 736 Saratoga
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Angelina McGowan

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife Dwyer McGowan
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 18-1871

8. AGE: Years	Months	Days	If less than one day
68 68	10	15	hr. min.

9. Birthplace Greenville S. C.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business Household (Domestic)

FATHER
12. Name Laurance S
13. Birthplace S. Carolina

MOTHER
14. Maiden Name Malinda Duckworth
15. Birthplace South Carolina

16 (a) Informant Sarah Mack
(b) Address 736 Saratoga St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cemet
Location Mt Winans

18 (a) Funeral director Elroy O Wilson
(b) Address 400 N Broadway

19 (a) Huntington Williams, M.D.
(Date received by registrar) Registrar
MAR 6 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1940. at 2.35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 19 1939. to Mch 3 1940. and that I last saw her alive on Mch 2 1940.

Immediate cause of death	Duration
Bronchitis Acute	1 yr -
Due to Chronic Nephritis	1
Due to Arteriosclerosis	3 yrs -
Other Conditions Pyorrhea	3 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hunt N. Wright M. D.
Address 120 W Preston Date signed 3/5. 40

F 66969

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82156 MD F 66969

Registered No. 931

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County BALTO.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1124 Leadenhall Street (If rural give location)
23 1
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME James Melvin Sill (James Melvin Sill.

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NONE

4. Sex: M
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Marie SILL
6 (c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): Aug. 27, 1886

8. AGE: Years 53 | Months 6 | Days 7 | If less than one day: ____ hr. ____ min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual Occupation: Laborer
11. Industry or business: City Street Cleaning

FATHER
12. Name: Gurden (d) SILL
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Nora Curry (d)
15. Birthplace: Maryland

16 (a) Informant: records
(b) Address: Baltimore City Hospitals

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 8/40 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART CEM.
Location GERMAN HILL ROAD

18 (a) Funeral director Lillig & Teiler INC.
(b) Address 403 S. WOLFE ST.

MAR 6 1940 (Date rec'd by registrar)
(b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1940, at 9:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 22 1940, to March 4 1940, and that I last saw h[illegible] alive on March 4 1940.

Immediate cause of death: Hypertensive Cardiovascular disease — Duration unknown

Due to: ____

Due to: ____

Other Conditions: ____ (Include pregnancy within 3 months of death)

Major findings:
Of operations: ____
Of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: ____
(b) Date of occurrence: ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury: ____

23. Signature: J. Milton Hubeler M. D.
Address: Balto. City Hosp. Date signed 5-4-40

F 66970

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. F 66970

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 669 Pura St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 669 Pura St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

1961

3 (a) FULL NAME Isaac T. Blake

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-5566

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	M

6 (b) Name of husband or wife Madeline

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20, 85

8. AGE: Years	Months	Days	If less than one day
54	9	14	hr. min.

9. Birthplace Eastern Shore, Md
(Town, county, and state)

10. Usual Occupation Steward

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Isaac T. Blake, Son
(b) Address 669 Pura St

17 (a) Burial (b) Date thereof 3 8 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location West Port Md

18 (a) Funeral director William A. Jackson
(b) Address 916 Penna ave

MAR 6 - 1940
(Date rec'd by registrar)

(b) Hunting Tower, Williamsport P.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 5 1940, at 9 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Handelsman M.D.
Medical Examiner.

Date signed 3/6/40

F 66971

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91-a Registered No. F 66971

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Maryland General Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 36

(e) Length of stay in Baltimore (yrs., mos., or days).

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 600 Edgevale Rd (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louise Kloman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: white

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Dr Erasmus H

6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Aug 31, 1889

8. AGE: Years 50 | Months 6 | Days 5 | If less than one day: hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Templeton Shepherd

13. Birthplace Bedford, Pa

MOTHER 14. Maiden Name Cora Wickard

15. Birthplace Cumberland, Md

16 (a) Informant Erasmus H. Kloman

(b) Address 600 Edgevale Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 7 1940 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville

18 (a) Funeral director Harry H Withe

(b) Address 4101 Edmondson Ave

19 (a) Huntington Williams M.D. (Date received by registrar) Registrar

MAR 5 - 1940 VSA

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1940, at 2 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-30 1940 to 3-5 1940, and that I last saw her alive on 3-5 1940.

Immediate cause of death: Pulmonary edema — Duration: 1 day

Due to Cardiac decompensation — 3 weeks

Due to Pulmonary thrombosis — 2 weeks

Due to Subacute bacterial endocarditis. — 1 year

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Dr WK Manofield

Address Md. Gen Hosp Date signed 3-5-40

F 66972

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 66972 Registered No. 94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied.—The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Catonsville
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 Y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 414 Lyndhurst St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Jane Lambert Emma Jane Lambert

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name ~~of husband or~~ wife Mrs. Joseph B. Lambert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 12, 1863

8. AGE: Years 76 | Months 10 | Days 22 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER
12. Name William Paynter
13. Birthplace London England

MOTHER
14. Maiden Name Sidney Haynes
15. Birthplace Md.

16 (a) Informant Jos. B. Lambert Sr.
(b) Address 414 Lyndhurst St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/40. (month) (day) (year)
(c) Cemetery or crematory Lorraine Pk.
Location Woodlawn, Md.

18 (a) Funeral director Harry H. Smith
(b) Address 4101 Edmondson Ave.

19 (a) Huntington Williams M.D. Registrar

MAR 6 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 - 4 1940, at 12:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2 - 1 1940, to 3 - 4 1940, and that I last saw h[illegible] alive on 3 - 4 1940.

Immediate cause of death Cardiac failure — Duration

Due to Coronary thrombosis

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles N. Levin M. D.
Address 500 Park Ave. Date signed 3-4-40

F 66973

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

Registered No. F 66973

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: St. Agnes Hospital
(a) Baltimore City, Maryland
(b) Street address Wilkens ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) mos 1-6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. Beechwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mollie J Winkelman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 2 1921

8. AGE: Years	Months	Days	If less than one day
18	11	3	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation School

11. Industry or business

FATHER
12. Name
13. Birthplace Md

MOTHER
14. Maiden Name Mollie Winkelman
15. Birthplace Md

16 (a) Informant Wm M. Winkelman
(b) Address 5 Beechwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-7-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director George A Farley
(b) Address Fulton & Fayette

MAR 6 1940 (Local Registrar) (b) Huntingtown, Calvert, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1940, at 1:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1940 to March 5 1940, and that I last saw h alive on March 4 1940.

Immediate cause of death Peritonitis — Duration

Due to Appendicitis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Appendicitis

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Max S Sadove
Address St Agnes Date signed 4/5/40 M.D.

66974

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 66974
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 724 S. Ann St.
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 Mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 724 S Ann st (If rural give location)
Hamburg New York
(e) If foreign born, how long in U. S. A. 36 Yrs years

3 (a) FULL NAME Sister M. Kunilana

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 29-1891

8. AGE: Years 49 | Months 1 | Days 4 5 | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Teacher-nun

11. Industry or business

FATHER 12. Name? Peter Mitus

13. Birthplace? Poland.

MOTHER 14. Maiden Name? Anna?

15. Birthplace? Poland.

16 (a) Informant Sr. M. Celsa

(b) Address 724 S Ann st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-7-40 (month) (day) (year)

(c) Cemetery or crematory St Stanislaus

Location Baltimore md

18 (a) Funeral director George A Weber

(b) Address 705 S Ann st

19 (a) (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1940, at 8:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1939 to March 4 1940 and that I last saw h alive on March 4 1940

Immediate cause of death Cerebral Hemorrhage — Duration 1 day

Due to

Due to

Other Conditions Bronchopneumonia — 1 wk.
Influenza
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jos L. Kubacki M. D.

Address 126 S. Pattonson Pk. Date signed 3/4/40

F 66975

375714

F 66975

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3019 Garrison Blvd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Susan C. Hutchins

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-17-74

8. AGE: Years 66 | Months 1 | Days 16 | If less than one day hr. min.

9. Birthplace Pikesville, Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name William H Hutchins
13. Birthplace Md

MOTHER 14. Maiden Name Mary Clarke
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 7. 40 (month) (day) (year)
(c) Cemetery or crematory Presbyterian Cemetery
Location Govans, Md.

18 (a) Funeral director Ellis D. White
(b) Address 3410 W. Cold Spring Lane

19 MAR 6 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1940, at 9:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 16. 1940. to Mar 4 1940. and that I last saw her alive on Mar 4 1940.

	Duration
Immediate cause of death: cerebral accident	5 mins
Due to: arteriosclerosis	
Due to: hypertension	3 yrs
Other Conditions: heart failure	5 mos.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy confirmed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney Krieger, Jr. M. D.
Address Baltimore Date signed 3/5/40

66976

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 66976

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2110 Chelsea Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2110 Chelsea Terrace (If rural give location) Ave
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Thomas J. DeKalb

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	widowed

6 (b) Name of husband or wife Elizabeth Poisal

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1866

8. AGE: Years	Months	Days	If less than one day
73	6	20 21	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Manufacturers

11. Industry or business Broker

FATHER
12. Name Samuel J. Dekalb
13. Birthplace Virginia

MOTHER
14. Maiden Name Lydia Vincel
15. Birthplace Virginia

16 (a) Informant William F. DeKalb
(b) Address 2110 Chelsea Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/40 (month) (day) (year)
(c) Cemetery or crematory ~~Woodlawn~~ Lorraine Cemetery
Location ~~Woodlawn~~

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place, Balto.

(a) Date received (month) (day) (year) (b) Registrar

MAR 6 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1940 at 430 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Vandegrift Medical Examiner. M.D.

Date signed 3/6/40

M. D. B. 1208-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

66977

CERTIFICATE OF DEATH

33-a F 66977

1. PLACE OF DEATH Monastery of St. Mary Magdalen — Registered No. .....

CITY OF BALTIMORE: (No. 15 South Mount St. 14th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sr. Magdalen of the Precious Blood (Cornelia Brown)

(a) Residence: No. 15 S. Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 13, 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53 53		23 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Designer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Montgomery, Ala.

FATHER

13. NAME Alexander Brown

14. BIRTHPLACE (city or town) (State or country) Ala.

MOTHER

15. MAIDEN NAME Josephine Berton

16. BIRTHPLACE (city or town) (State or country) Ala.

17. INFORMANT Sisters of Good Shepherd
(Address) 15 S. Mount St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 3/7 1940

19. UNDERTAKER Joseph J. Fahey & Son
(Address) 1 W. Mt. St.

20. FILED MAR 6 1940 H. Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/6 1940

22. I HEREBY CERTIFY, That I attended deceased from March 1st 1940 to March 6th 1940.

I last saw h— alive on March 5th 1940. Death is said to have occurred on the date stated above, at 1a m.

The principal cause of death and related causes of importance were as follows:

a Lobar Pneumonia — Date of onset March 1st

b Influenza — Feb 28th

c

d

Other contributory causes of importance:

Name of operation u Date of —

What test confirmed diagnosis? X-Ray Was there an autopsy? u

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? u If so, specify ...

(Signed) J. A. Cleaver M. D.

(Address) 1300 N. Calvert St. Mount

F 66978

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 66978

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3405 Greenway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3405 Greenway (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

12

3 (a) FULL NAME Oliver Carroll Zell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Alverta Caughy
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 2, 1865

8. AGE: Years	Months	Days	If less than one day: hr.	min.
75	2	3		

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Oliver Carroll Zell
13. Birthplace ----- Maryland

MOTHER
14. Maiden Name Fannie Rosalie Selby
15. Birthplace ----- Maryland

16 (a) Informant Oliver Carroll Zell Jr.
(b) Address 517 N. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Old Frederick Road

18 (a) Funeral director H W Mears and Son
(b) Address 805 North Calvert Street

19 (a) MAR 6 - 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1940, to March 5 1940, and that I last saw h-- alive on March 4 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 days
Due to Coronary Thrombosis	4 mos
Due to Arteriosclerosis	years
Other Conditions Diabetes mellitus 1½ yrs.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carroll Zell Jr.
Address 3408 N. Charles Date signed March 6 40

VS 3

F 66979

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

Registered No. F 66979

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3437 Piedmont Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County -----

(c) City or town Balti ore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3437 Piedmont Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Isabella T. McCaulley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Robert L. McCaulley

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 11, 1860

8. AGE: Years	Months	Days	If less than one day
79	6	22 24	hr. ..... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Francis P. Jordan

13. Birthplace Baltimore, Maryland

MOTHER

14. Maiden Name Isabella V. Schreck

15. Birthplace ----- Maryland

16 (a) Informant Joseph A. Wherrett

(b) Address 4200 Fernhill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/40 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cemetery

Location Woodlawn, Maryland

18 (a) Funeral director H W Means & Son

(b) Address 805 N. Calvert St.

19 (a) MAR 6 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mch - 5 - 1940, 12.02 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov - 1 1939 to 3 - 5 - 1940 and that I last saw h alive on 3 - 4 - 1940

Immediate cause of death: Coronary Thrombosis of Colon with Metastases of Lungs

Duration 5 mo

Due to Liver.

Due to .....

Other Conditions Arteriosclerosis & Oedema of Legs. (Include pregnancy within 3 months of death)

Duration 2 days.

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)

(e) Means of injury .....

23. Signature Martin Ed Shook, M.D.

Address 6064 Gultan Ave Date signed 3.6.40

VS 3

F 66980

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56-D Registered No. F 66980

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State S. C. (b) County
(c) City or town Duncan Rt 1 (If outside city or town limits, write RURAL and give town)
(d) Street No. 795 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert L. Wilson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12, 1878

8. AGE: Years	Months	Days	If less than one day
61	8	24	3 hr. min.

9. Birthplace S. C. (Town, county, and state)
10. Usual Occupation Farming
11. Industry or business

FATHER 12. Name Marion Wilson
13. Birthplace S. C.

MOTHER 14. Maiden Name Mary Smith
15. Birthplace S. C.

16 (a) Informant Ricard
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (b) Date thereof March 6 1940 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greer S. C.
Location South Carolina

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St Balto

19 (a) (Date rec'd by registrar) (b) Huntington Williams Md. Registrar

VS 2 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1940 at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-24 1940, to 3-5 1940, and that I last saw h[illegible] alive on 3-5 1940.

Immediate cause of death	Duration
Pneumonia	days
Due to Staphylococcus ??	
Due to	
Other Conditions Acoustic neurinoma - post-op. (Include pregnancy within 3 months of death)	
Major findings: Of operations Acoustic neurinoma	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles E. Ireland M. D.
Address Johns Hopkins Hospital Date signed 3-5-40

F 66981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X V F 66981

121 Registered No. 88366

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied—correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: St. Agnes Hospital
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens Aves
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Catonsville Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 48 Ridge Road
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Weber

3 (b) If veteran, name war No

3 (c) Social Security Account No. none

4. Sex male | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Anna L Weber

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Aug 25-1886

8. AGE: Years 53 | Months 6 | Days 10 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Mechanic

11. Industry or business Internal Revenue Service

FATHER
12. Name George Weber
13. Birthplace Germany

MOTHER
14. Maiden Name Louise Schott
15. Birthplace Md

16 (a) Informant Burnett Engle
(b) Address 43 Bloomsbury Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Pulliam Bros
(b) Address 1217 E Fayette

19 (a) MAR 6 - 1940 (Date received by Registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/5/ 1940, at 12½ M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/27 1940, to 3/5 1940, and that I last saw him alive on 3/5 1940

Immediate cause of death Acute appendicitis with perforation & peritonitis

Duration 7 days

Due to Pneumonia Secondary & localized

Due to Abscesses

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations Peritonitis
Of autopsy Peritonitis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury —

23. Signature Janet La Dennee
Address St Agnes Hospital Date signed 3/5/40 M. D.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66982 — CERTIFICATE OF DEATH — 13-B — F 66982

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3113 Belvedere Ave Ward) 27 47

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Agnes Madeira

If U. S. Veteran specify WAR

(a) Residence: No. 3113 Belvedere Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Paul A. Madeira

6. DATE OF BIRTH (month, day, year): May 23rd 1893

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
47	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Jamaica N.Y.

FATHER

13. NAME: Michael T. Walsh

14. BIRTHPLACE (city or town) (State or country): Richmond Hill N.Y.

MOTHER

15. MAIDEN NAME: Catherine Burke

16. BIRTHPLACE (city or town) (State or country): Penna

17. INFORMANT: Paul A. Madeira

(Address) 3113 Belvedere Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date: Mar 7th 1940

19. UNDERTAKER: Wm Cook

(Address) 1217 St. Paul St

20. DATE RECEIVED BY REGISTRAR: MAR 6 - 1940 19. Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 5th, 1940

22. I HEREBY CERTIFY, That I attended deceased from March, 1937 to March 5, 1940

I last saw her alive on March 5, 1940 Death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Pulmonary Tuberculosis	3/1/37
Other contributory causes of importance:	
—	
—	

Was an operation performed? NO Date of —

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? X-Ray Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Kenneth B. Boyd M. D.

(Address) 1044 W. Madison St

N. B.—WRITE PLAINLY, WITH PENCIL OR PEN—THIS IS A LEGAL DOCUMENT. ALL ITEMS OF information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

376417
F 66983 67183

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 149-B

Registered No. F 66983

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 602 Prescott Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thelma F. Barbon

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Eugene
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-12-19

8. AGE: Years 20 | Months 8 | Days 17 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER 12. Name John Ford
13. Birthplace Md.

MOTHER 14. Maiden Name Dorothy Edwards
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-7-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Anne Arundel Co.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1636 Druid Hill Ave

19 (a) MAR 6-1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 4 1940, at 4 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 3 1940 to Mar 4 1940, and that I last saw her alive on Mar 4 1940.

Immediate cause of death: Cardio-respiratory collapse — Duration: 5 min.

Due to: Anaesthesia

Due to: Caudal anaesthesia with accidental introduction into sub-arachnoid space.

Other Conditions: Orw

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. W. Overstreet, M.D. M. D.
Address Johns Hopkins Hosp. Date signed 3-5-40

VS 3

F 66984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-a

Registered No. F 66984

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 5 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 34 Overbrook Road (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME George Pfetzing

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Rena E. Pfetzing
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) September 18, 1891

8. AGE: Years	Months	Days	If less than one day
48	5	15	hr. ... min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Groceryman -
11. Industry or business

FATHER
12. Name: William P. Pfetzing
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Dorothea Schultz
15. Birthplace: Baltimore, Md.

16 (a) Informant: Mrs. Rena E. Pfetzing
(b) Address: 34 Overbrook Road, Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 6, 1940 (month) (day) (year)
(c) Cemetery or crematory: London Park Cemetery
Location: Baltimore, Md.

18 (a) Funeral director: [signature]
(b) Address: 1005 N. Baltimore St.

19 (a) MAR 5 1940 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3, 1940, at 7:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 3, 1940, to March 3, 1940, and that I last saw him alive on March 3, 1940.

Immediate cause of death	Duration
Acute Cardiac Dilatation	
Due to Congestive heart failure	
Due to Cirrhosis, hypertrophic	
Other Conditions Hypostatic pneumonia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations -
Of autopsy -

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Charles V. Lewis M. D.
Address St. Agnes' Hospital Date signed 3-3-40

VS 3

66985

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 133-B

F 66985

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Mem. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 45 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Cecil
(c) City or town North East (If outside city or town limits, write RURAL and give town)
(d) Street No. Route # 1. (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME William J. Murray

3 (b) If veteran, name war: Not a Veteran
3 (c) Social Security Account No. None 205-09-7353

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mary Murray
6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.): July 26, 1904

8. AGE: Years: 35 | Months: 7 | Days: 10 | If less than one day: hr. min.

9. Birthplace: Philadelphia, Penna. (Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business: B. & O. R. R.

FATHER
12. Name: Lindley C. Murray
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Annie Benson
15. Birthplace: England.

16 (a) Informant: Sister
(b) Address: North East, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-9-40 (month) (day) (year)
(c) Cemetery or crematory: Rose Hill Cem.
Location: Cecilton

18 (a) Funeral director: Joseph P. Brown
(b) Address: North East, Md.

19 (d) 3-7-40 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1940, at 11:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 22 1940, to March 6 1940, and that I last saw him alive on March 6 1940.

Immediate cause of death: Peripheral vascular failure — Duration: 4 hrs.

Due to: Hydronephrosis, left; stricture of ureter, right

~~Due to~~ followed by nephrectomy, left; & plastic on ureter, right — Duration: ?

Other Conditions: Draining wounds, infection, cachexia
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Hydronephrosis, left, stricture of ureter, right
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hammond J. Bryan

Address: Union Memorial Hosp. Date signed: 3/7/40

66086

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 H

F 66986 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 709 S. GRUNDY ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE, MD.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 709 S. GRUNDY ST.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HELENA J. BOEREN

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife WILHELMUS BOEREN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAR. 25-1858

8. AGE: Years	Months	Days	If less than one day
82	11	11	hr. min.

9. Birthplace Holland (Town, county, and state)
10. Usual Occupation HOUSE WORK
11. Industry or business AT HOME

FATHER
12. Name ALBERT MOSMAN
13. Birthplace HOLLAND

MOTHER
14. Maiden Name ANNA GRAF
15. Birthplace HOLLAND

16 (a) Informant JOHN BOEREN (SON)
(b) Address 709 S. GRUNDY ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 5-40 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN.
Location EASTERN AVE ROAD

18 (a) Funeral director Lilly & Leiter INC.
(b) Address 709 S. GRUNDY ST.

19 (a) MAR 6 1940 (Date received by registrar) Huntington Williams, MD Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR. 4/40 19 , at 1/30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/7/40 19 to 3/4 19 40, and that I last saw h alive on 3/2 1940.

Immediate cause of death	Duration
Chronic Hypertrophic Chronic interstitial Nephritis	
Due to Arteriosclerosis, Coronary	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify) While at work?
(e) Means of injury

23. Signature [signature] M.D.
Address 733 S. Linwood Ave Date signed 3/6/40

66987 ✓ F 66987

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

N. B.—WRITE PLAINLY, WITH INPADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 530 E. North Ave. St., 9-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Nock

If U. S. Veteran specify WAR .....

(a) Residence: No. 530 E. North Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
[redacted] of
(or) WIFE of Rev. George H. Nock

6. DATE OF BIRTH (month, day, year) March 15, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Hagerstown, Md.

FATHER

13. NAME Jacob Brown Schleigh

14. BIRTHPLACE (city or town) (State or country) Hagerstown, Md.

MOTHER

15. MAIDEN NAME Sarah Ann Cramer

16. BIRTHPLACE (city or town) (State or country) Hagerstown, Md.

17. INFORMANT Margaret Nock
(Address) 530 East North Ave.,

18. BURIAL, CREMATION, OR REMOVAL
Rose Hill Cemetery
Hagerstown, Md.
Date March 7 40

19. UNDERTAKER Chas. C. Black
(Address) 742 W. North Ave.

MAR 6 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 28 1940 to March 6 1940

I last saw h[redacted] alive on March 6 1940 Death is said to have occurred on the date stated above, at 8.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardio-Vascular disease	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Emmett R. Cohen M. D.

(Address) 735 Poplar Gr. St.

F 66988

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93-D

F 66988

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
County Baltimore
City or town Baltimore
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 5138 Belair Road.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 3 1/2 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Baltimore
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 5138 Belair Road
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Elizabeth Sinnott

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	widowed.

6 (b) Name of husband or wife John Sinnott
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14 1872

8. AGE: Years	Months	Days	If less than one day: hrs	min
68		27		

9. Birthplace Maryland.
(Town, county, and state)
10. Usual occupation Housewife.
11. Industry or business

FATHER 12. Name Clarence Mobedy.
13. Birthplace Maryland.

MOTHER 14. Maiden name Myra Lakins
15. Birthplace Virginia.

16. Informant Laura Stewart
Address 5138 Belair Road Balt Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 9 1940 (month) May (year)
Cemetery or crematory Brunswick Md
Location Brunswick Md

18. Funeral director C. H. Fuller Bro
Address Brunswick Md
Huntington Williams, M.D.

19. Mar 6 1940 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1940 at 1:45 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Feb 29 1940 to March 6 1940 and that I last saw h alive on March 6 1940.

Immediate cause of death Hypertension
Due to Arteriosclerosis
Myocarditis.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Bf operations
Bf autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Richard J. Gronfield M.D.
M. D. or other
Address 5402 Belair Rd Date signed 3-6-40.

F 66989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C

F 66989 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1207 N Milton ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 58 years

3 (a) FULL NAME Peter Saltysiak

3 (b) If veteran, name war

(c) Social Security Account No. 216-12-2722

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Antoinette Saltysiak
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 30 1869

8. AGE: Years	Months	Days	If less than one day
70 71	5	3	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Frank Saltysiak
13. Birthplace Poland

MOTHER
14. Maiden Name Mary ?
15. Birthplace Poland

16 (a) Informant Mrs Cecilia Pondo
(b) Address 1207 N Milton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 7 40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Balto County

18 (a) Funeral director John M Welsh
(b) Address 401 S Chester st

19 (a) MAR 6-1940 (Date received by registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-3-1940, at 9 35 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Shock:	
Extra-Thoracic Hemorrhage	
Due to Multiple fractures	
of ribs, arm-leg.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide. Accident
(b) Date of occurrence 3-3-40
(c) Where did injury occur? Baltimore (City or town) Maryland (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Hit and run auto, struck by auto. Chevrolet Coupe

23. Signature Howard J Madden M.D. Medical Examiner.
Date signed 3-4-40

F 66990

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-B Registered No. F 66990

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 221 S. Ann Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 221 S. Ann Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 44 years

3 (a) FULL NAME Heromin Ogar

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Mary Ogar
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr) 1875

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Martin Ogar
13. Birthplace poland

MOTHER
14. Maiden Name Mary ?
15. Birthplace Poland

16 (a) Informant Mrs Mary Ogar
(b) Address 221 S. Ann Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore County

18 (a) Funeral director John M Weber
(b) Address 401 S. Chester Street

19 (a) MAR 6 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1940 at 3:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1939 to Mar. 4 1940, and that I last saw him alive on Mar. 4 1940.

Immediate cause of death	Duration
Respiratory failure	
Due to Bronchial asthma	2 yrs.
Due to Chronic bronchitis associated with	3 yrs.
Other Conditions Pulmonary fibrosis. (Include pregnancy within 3 months of death)	

over

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Joseph Drozd
Address 240 S. Ann St. Date signed 3/6/40

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66991

CERTIFICATE OF DEATH

93-D F 66991

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 326 Baylor Rd St. 27-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Oscar Strohmeyer

If U. S. Veteran specify WAR

(a) Residence: No. 326 Baylor Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Helen Davis Strohmeyer

6. DATE OF BIRTH (month, day, year): Feb. 21-1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	0	14 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bedding

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Geo. L. Strohmeyer

14. BIRTHPLACE (city or town) (State or country): Balto, Md.

MOTHER

15. MAIDEN NAME: Mary A. Kiel

16. BIRTHPLACE (city or town) (State or country): Balto. Md

17. INFORMANT: G. Henry Strohmeyer

(Address) 2201 Ballgrove Ave - Mt Washington

18. BURIAL, CREMATION, OR REMOVAL

Place: Forest Ridge Date: March 7th 1940

19. UNDERTAKER: Geo. Weber & Son

(Address) 2503 Edmondson Ave.

20. MAR 6 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 5th 1940

22. I HEREBY CERTIFY, That I attended deceased from January 31 1940 to March 5 1940

I last saw him alive on March 5 1940. Death is said to have occurred on the date stated above, at 6.05 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration of exist
Myocarditis —	?
Coronary Disease —	?
Coronary Occlusion	3/5/40

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wesley Edel M. D.

(Address) 3403 Garrison Blvd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE 66992

F 66992

CERTIFICATE OF DEATH

93-2

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5515 Edna Ave St. 27-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Howard M. Somers

If U. S. Veteran specify WAR

(a) Residence: No. 5515 Edna Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Julia S.

6. DATE OF BIRTH (month, day, year): Apr 16-1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Oyster Packer

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): New Haven Conn.

FATHER

13. NAME: John M. Somers

14. BIRTHPLACE (city or town) (State or country): Conn.

MOTHER

15. MAIDEN NAME: Sarah J. Hine

16. BIRTHPLACE (city or town) (State or country): Conn.

17. INFORMANT: Julian C Somers

(Address) 5515 Edna Ave

18. BURIAL, CREMATION, ~~OR REMOVAL~~

Place: Parkwood Cem. Date: Mar 8- 1940

19. UNDERTAKER: Wm Cook

(Address) 1617 St Paul St

20. FILED MAR 7- 1940 by Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/6-40 1940

22. I HEREBY CERTIFY, That I attended deceased from 4/4/39 19 to 3/6/40 19

I last saw alive on 3/6/40 19 Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis (Infectious)	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hyland Fallaw M. D.

(Address) 5703 Harford Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

F 66993

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66993

CERTIFICATE OF DEATH

131-B

1. PLACE OF DEATH Home for the Aged M. E. Church — Registered No.

CITY OF BALTIMORE: (No. 2211 Rogers Ave St. 21-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ca Rebekah Merryhew — If U. S. Veteran specify WAR

(a) Residence: No. 2211 Rogers Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 6 1808

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOME

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn Cranberry Co Pa

FATHER

13. NAME James S Merryhew

14. BIRTHPLACE (city or town) (State or country) U S A Co Md

MOTHER

15. MAIDEN NAME Mary Wondrickson

16. BIRTHPLACE (city or town) (State or country) Cumberland Co Pa

17. INFORMANT Ethel M Jackson

(Address) Washington D C

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 3/8 1940

19. UNDERTAKER Nelson Coe

(Address) 217 E Centre St

20. FILED MAR 7 - 1940 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 5, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1940 to Mar 5 1940

I last saw her alive on Mar 5 1940 Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis	
Bilateral Hypostatic Pneumonia	

Other contributory causes of importance:

Was an operation performed? none Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George E. Shannon M. D.

(Address) 700 N Fulton Ave 3/6/40

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 66994

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 92-B

F 66994 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Boring (If outside city or town limits, write RURAL and give town)
(d) Street No. 143 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick C. Hundertmark

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: M. May

6 (c) If alive, give age: 56 years

7. Birth date of deceased (mo., day, yr.): Dec 7, 1878

8. AGE: Years: 61 | Months: 2 | Days: 30 | If less than one day: hr. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation: Farmer

11. Industry or business

FATHER
12. Name: Frederick Hundertmark
13. Birthplace: Maryland.

MOTHER
14. Maiden Name: Mac allman.
15. Birthplace: Maryland

16 (a) Informant: Mrs M May Hundertmark
(b) Address: Reisterstown, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar 9/40 (month) (day) (year)
(c) Cemetery or crematory: St Paul's
Location: Arcadia Md

18 (a) Funeral director: Edw C Tipton
(b) Address: Hampstead Md

19 (a) Date received by Registrar: MAR 7 1940 Registrar: Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6, 1940, at 7:58 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 5 1940, to March 6 1940, and that I last saw h(im) alive on March 6 1940.

Immediate cause of death Circulatory Collapse — Duration

Due to Cardiac Decompensation
Generalized arterial & valvular
~~Due to~~ sclerosis, Mitral insufficiency
& stenosis, C.P.C. of Lungs & Liver

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Wallace C. Tompson M. D.
Address: Md. Gen. Hosp. Date signed

F 66995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

128

Registered No. F 66995

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Finksburg (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Raymond E. Herring

3 (b) If veteran, name war — No
3 (c) Social Security Account No. none

4. Sex: Male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Lillian M. Herring
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19, 1905
8. AGE: Years 34 | Months 8 | Days 16? | If less than one day hr. min.
9. Birthplace Maryland. (Town, county, and state)
10. Usual Occupation Huckster
11. Industry or business

FATHER
12. Name Howard Herring
13. Birthplace Maryland.

MOTHER
14. Maiden Name Irene Klausman
15. Birthplace Md.

16 (a) Informant Mrs. Lillian M. Herring
(b) Address 2141 Kirk Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 9, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Frederick Road.

18 (a) Funeral director Howard M. Blight & Son
(b) Address 4914 Belair Road.

19 (a) (Date rec'd by Registrar) (b) [illegible] Registrar

MAR 7 1940
VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-6-40 19 , at 7½ M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-29 1940 to 3-6 1940 and that I last saw him alive on 3-6-40

Immediate cause of death: Acute hemorrhagic Pancreatitis — Duration: 2-25-40
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy acute hem. pancreatitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm Manofield M. D.
Address Md. Gen Hosp Date signed 9-7-40

LF 66996

HEALTH DEPARTMENT—CITY OF BALTIMORE

LF 66996

CERTIFICATE OF DEATH

131-a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1203 Park Av St. 11-K Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph S Thomas

If U. S. Veteran specify WAR

(a) Residence: No. 1203 Park Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Sarah S. Thomas

6. DATE OF BIRTH (month, day, year): 1857

7. AGE: Years 83 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Waiter-Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): "

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: James Thomas
(Address) 36 W. 119 St. New York. N.Y.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Zion Cem. Date: 3-8 19 40

19. UNDERTAKER: Mrs Francis A. Kemsley
(Address) 528 W. Saratoga St.

FILED MAR 7 - 1940 Helen for Williams HB Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-5-40 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1940 to March 5, 1940

I last saw h alive on March 4, 1940. Death is said to have occurred on the date stated above, at 12:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	2-15-40
Chr. Interstitial Nephritis	9-1-39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Urinary & Chemical Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. S. McKee M. D.

(Address) 1126 Druid Hill Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

66997

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159-B

66997 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1505 N. Pulaski St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1505 N. Pulaski St (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME FANNYE WURTZBURGER

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Julius Wurtzburger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years	Months	Days	If less than one day
49			hr. min.

9. Birthplace Balto., Md. (Town, county and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Damon Jacobson
13. Birthplace Russia

MOTHER
14. Maiden Name Minnie —
15. Birthplace Russia

16 (a) Informant Julius Wurtzburger
(b) Address 1505 N. Pulaski St

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 3-8-40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto. St

18 (a) Funeral director Sol Levin Inc
(b) Address 1439 E. Balto. St

19 (a) Date received MAR 7 1940 (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-6- 1940, at 3A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1929, to March 5 1940, and that I last saw her alive on 3/5 1940.

Immediate cause of death: acute Cardiac dilatation — Duration 9 hrs
Due to acute Coronary infct — 1 day
Due to
Other Conditions Chronic multiple arterial arthritis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S C Feldman M. D.
Address 1440 E Balto St Date signed 3/6/40

F 66998

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

F 66998

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1921 N. Castle
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Meyer {Stewart}

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Mar

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-6-1939

8. AGE: Years	Months	Days	If less than one day
	8	29	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Joseph Stewart
13. Birthplace Va.

MOTHER
14. Maiden Name Bagel Lusk
15. Birthplace Balto Md

16 (a) Informant Mother
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-7-40 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Mt Carmel

18 (a) Funeral director Jos Louis Lee
(b) Address 1439 E. Balto St

19 (a) (Date rec'd by registrar) (b) Registrar

MAR 7 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-5-40 19 , at 1 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-4- 1940 to 3-5 1940, and that I last saw h/ alive on 3-5 1940.

Immediate cause of death
Bronchopneumonia
Tracheo-bronchitis

Duration 2 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above Syncytium

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Elliott King M.D.
Address Sinai Hospital Date signed 3/6/40

F 66999

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No.

F 66999

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital, Balto., Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 43

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 39 N. Patterson Park Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 43 years

3 (a) FULL NAME Mrs. Mary Hilgner
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: David
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1876
8. AGE: Years 64 | Months | Days | If less than one day ____ hr. ____ min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Conf. Store
11. Industry or business

FATHER
12. Name Ellis
13. Birthplace Russia

MOTHER
14. Maiden Name Zelda
15. Birthplace Russia

16 (a) Informant Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-7-40 (month) (day) (year)
(c) Cemetery or crematory Wash. Rd.
Location Wash. Blvd.
18 (a) Funeral director Jack Levin Inc.
(b) Address 1439 E. Biddle St.
19 (a) MAR 7 1940 (Date rec'd by Registrar) (b) Registrar
Huntington Milliken, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1940 8 P. M.
21. I certify that death occurred on the date above stated; that I attended deceased from 2/12 1940 to 3/6 1940 and that I last saw h alive on 3/6 1940

Immediate cause of death: Coronary thrombosis — Duration: 2 weeks
Due to: Generalized arterio-sclerosis. — 5 yrs?
Due to:
Other Conditions: Emphysema pseudo-lobar asthma. — 1 week
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold A. Grott M. D.
Address Sinai Hosp. Date signed 3/6/40

F 67000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 67000 Registered No. 94-w

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2027 Annapolis Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2027 Annapolis Ave (If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles W. Wheeler

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife Ida May Franklin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Laborer

FATHER
12. Name Robert Wheeler
13. Birthplace Baltimore, Maryland.

MOTHER
14. Maiden Name Margaret Hunter
15. Birthplace Baltimore, Maryland.

16 (a) Informant Mrs. Mary L. Flech
(b) Address 1227 Washington Boulevard

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/40 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location 3001 Edmondson Avenue

18 (a) Funeral director John J. Cowan & Son
(b) Address 901 Hollins Street

MAR 7 - 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1940; at 3 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. W. Vanderhoff M.D. Medical Examiner.
Date signed 3/6/40

F 67001

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 67001

PLEASE WRITE PLAINLY, WITH UNFADING INK. ... correct age is especially important. Physicians: please ... the causes of ... clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 108 W. Hill St

(c) Hospital or institution: ✓

(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓

(e) Length of stay in Baltimore (yrs., mos., or days) 55 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 108 W. Hill St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hanson Gates

3 (b) If veteran, name war: —

3 (c) Social Security Account No. 700-05-3619

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Emma Gates

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years 67 | Months | Days | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business B. & O. R. R.

FATHER 12. Name Samuel Gates

13. Birthplace Md

MOTHER 14. Maiden Name Rachel —

15. Birthplace Md.

16 (a) Informant Eliza Gates

(b) Address 718 Grindall

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-9-1940 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem

Location a a. co. Md

18 (a) Funeral director James Addams

(b) Address 142 Wales

19 (a) (Signature of registrar) (b) Huntington Williams M.D.

MAR 7 - 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1940 at 7:30 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Aug 10 1939 to March 5 1940, and that I last saw h[illegible] alive on March 4 1940.

Immediate cause of death: Endocarditis & Nephritis — Duration

Due to: ✓

Due to: ✓

Other Conditions: Hypertension & Senility

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature James A. Carter M. D.

Address 1016 E. Eager St Date signed 3-6-40

F 67002

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

Registered No. F 67002

THE MORGUE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 428 - Moore st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 428 Moore st (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

11-2

3 (a) FULL NAME FREDERICK WALKER X

3 (b) If veteran, name war Stated Wars.

3 (c) Social Security Account No.

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years 41 | Months | Days | If less than one day: hr. min.

9. Birthplace Unknown Franklin Va (Town, county, and state)

10. Usual Occupation Furnace

11. Industry or business 2241 Eutaw Place

MOTHER
12. Name Unknown
13. Birthplace

FATHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Samuel Attaway friend
(b) Address 428 Moore St

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-7-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn

18 (a) Funeral director A. Halstead
(b) Address 916 Druid Hill Ave

19 (a) (Date received by Registrar) (b) Filing by Williams, M.D. Registrar

MAR 7 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1941, at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Tuberculosis, pulmonary — Duration: over 1 yr

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmaier M.D.
Medical Examiner.

Date signed 3-7-41

F 67003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 67003

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1832 Larman st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Henson HINTON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25, 1919

8. AGE: Years	Months	Days	If less than one day
20	11	9	hr. min.

9. Birthplace Raleigh N. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Lewis Hinton
13. Birthplace N. C.

MOTHER
14. Maiden Name Callie Miles
15. Birthplace N. C.

16 (a) Informant Lewis Hinton
(b) Address 1831 Larmon st.

17 (a) (Burial, cremation, or removal) (b) Date thereof May 7 40 (month) (day) (year)

(c) Cemetery or crematory Arbutus Cemetery
Location

18 (a) Funeral director R. Halstead Dunkley
(b) Address 2 W Preston st

(a) MAR 7 - 1940 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-4- 1940, at 12.10 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bullet wounds of chest abdomen, resulting	
Due to Rt lung & liver	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 3-2-40
(c) Where did injury occur? City. Cor. Madison & Parrish Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury as above (Gun shot)

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 3-4-40

VS 6

F 67004

LB 55285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193-D Registered No. F 67004

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1844 Spring St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Georgia Brown

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	widowed

6 (b) Name of husband or wife unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? 1895

8. AGE: Years	Months	Days	If less than one day
44? 45 ?	?	?	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Ho. We.
11. Industry or business

FATHER
12. Name unknown (d)
13. Birthplace Md.

MOTHER
14. Maiden Name Maggie (d)
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 6th 40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Mt Lubinas

18 (a) Funeral director E O Wilson
(b) Address 1000 Brantley Ave

19 (a) (Date rec'd by registrar) (b) Huntingtons Williamsport, Md.

MAR 7 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1940, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 27 1940, to March 5 1940, and that I last saw her alive on March 5 1940.

Immediate cause of death	Duration
Cerebral hemorrhage	2 days.
Due to	
Due to	
Other Conditions Hypertensive cardiovascular disease	unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Wyphabler M. D.
Address Balto City Hosp. Date signed 3-5-40

67005

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 67005 Registered No. 119a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Washington
(c) City or town Hagerstown (If outside city or town limits, write RURAL and give town)
(d) Street No. 715 Potomac Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Frederick Memzek (Memzek)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1940

8. AGE: Years	Months	Days	If less than one day hr.	min.
		25/21		

9. Birthplace Hagerstown, Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Eric Memzek
13. Birthplace Germany
MOTHER 14. Maiden Name Mary Katherine Lloyd
15. Birthplace Lancaster, Pa

16 (a) Informant [illegible] Eric Memzek.
(b) Address 76 W. Johnson Ave Rosedale) Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 7 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd

18 (a) Funeral director Harry A Wiltshe
(b) Address 4101 Edmondson Ave

19 (a) Date received MAR 7 1940 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-5-40 19 at 2:45 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-4-40 19 to 3-5-40 19 and that I last saw him alive on 3-5-40 19

Immediate cause of death	Duration
Infectious gastro-enteritis - organism unknown -	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Kalmenson M. D.
Address St. Josephs Date signed 3-6-40

F 67006

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 67006 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Street age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2401 E. Preston St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2401 E. Preston St (If rural give location)
(e) If foreign born, how long in U. S. A.? 29 years

3 (a) FULL NAME Lena Bookoff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Abraham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business House Wife

FATHER
12. Name Samuel Wax
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah Dove
15. Birthplace Russia

16 (a) Informant Rose Bookoff
(b) Address 2401 E Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 7, 40 (month) (day) (year)
(c) Cemetery or crematory Workmen Circle Cemetery
Location German Hill Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W. North Ave

19 (a) MAR 7 1940 (Date registered) (b) Huntingfield Wilkinson, M.D. (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6, 1940, 8.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 16 1937 to Mar 6 1940 and that I last saw h er alive on Mar 6 1940.

Immediate cause of death	Duration
Acute Coronary	Minutes
Due to	
Due to	
Other Conditions Hypertensive Cardiovascular disease	15 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. J. Sinigan M. D.
Address 506 E. North Ave Date signed M. 3 D. 7 40

F 67007

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

74a

F 67007

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Information required for statistical purposes only.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Church Home & Infirmary Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3903 Forrester Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

71

J

3 (a) **FULL NAME** John F Hommes

3 (b) If veteran, name war — | 3 (c) Social Security Account No. 215-03-8726

4. Sex: male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of ~~husband~~ or wife Eunice R Hommes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18, 1890

8. AGE: Years 49 | Months 8 7 | Days 1617 | If less than one day hr. min.

9. Birthplace Baltimore Maryland (Town, county and state)

10. Usual Occupation Manager of Grocery Store

11. Industry or business American Stores

FATHER 12. Name John Hommes

FATHER 13. Birthplace Balto Md

MOTHER 14. Maiden Name Anna L Depro

MOTHER 15. Birthplace Balto Md

16 (a) Informant Mrs Eunice R Hommes

(b) Address 3903 Forrester Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 8/1940 (month) (day) (year)

(c) Cemetery or crematory Parkwood Cemetery

Location Taylor Ave Balto Md

18 (a) Funeral director Albert L Hilt Jr

(b) Address 1611 Chester Street

19 MAR 7 - 1940 (Date rec'd by Registrar) (S) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1940 at 8:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 24 1940, to March 6 1940, and that I last saw h/M. alive on March 6 1940.

Immediate cause of death Acute Myeloid Leukemia — Duration Feb 14, 1940

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Lobar Pneumonia Diffuse Hemorrhages

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature John F. Cookahan M. D.

Address Church Home & Inf. Date signed 3-2-40

VS 3

F 67008

Alberta Browne

F 67008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1610 E Lombard St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 1

(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:

(a) State md (b) County .....

(c) City or town Balto. md

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1610 E Lombard St

(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Alberta Browne ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Widow

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) —

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Richard Brisco

FATHER 13. Birthplace Virginia

MOTHER 14. Maiden Name Rachel Dorsey

MOTHER 15. Birthplace St Marys Co, Md

16 (a) Informant Viola Johnson Daughter

(b) Address 1610 E Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 10th 40 (month) (day) (year)

(c) Cemetery or crematory Mt Calvery

Location Baltimore

18 (a) Funeral director E O Wilson

(b) Address 100 N Bradley Ave

19 (a) Huntington Williams, M.D. (b) Registrar

(Date received by registrar) MAR 7 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6, 1940, at 7:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-16- 1940, to 3-6- 1940, and that I last saw h ✓ alive on 3-5- 1940.

Immediate cause of death Bronchopneumonia — Duration 2 wks

Due to Influenza

Due to .....

Other Conditions Hypertension 2

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury .....

23. Signature Maurice Adams M. D.

Address 32 E Madison St Date signed .....

67009

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 67009

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct and is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2708 Lauretta Ave,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 36 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2708 Lauretta Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William A.Guba,

3 (b) If veteran, name war

3 (c) Social Security Account No. 165-03-2247

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Jane M.Guba,
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Sept.22.1879

8. AGE: Years	Months	Days	If less than one day
60	5	14 12	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Pipe Fitter,
11. Industry or business

FATHER
12. Name Gallus Guba,
13. Birthplace Austria

MOTHER
14. Maiden Name Mary Bruery,
15. Birthplace Pennsylvania

16 (a) Informant Mrs Jane M.Guba,
(b) Address 2708 Lauretta Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore City

18 (a) Funeral director Sam H. Little
(b) Address 2700 Edmondson Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6.1940 19 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 5 19 40 to Mar. 6 1940.
and that I last saw him alive on Mar. 6 19 40

Immediate cause of death
(a) Hypostasis, chr. myocarditis
Chr. interstitial nephritis, Data insufficient
Due to
Due to Pulmonary edema
Other Conditions bl Cancer
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
Hypostasis
None
2 dy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following.
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify home or place) While at work?
(e) Means of injury

23. Signature Hubert H. Slee M. D.
Address Date signed 3/6/40

MAR 3 1940

F 67010

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 67010 Registered No. 131-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct use is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1430 Holbrook St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1430 Holbrook St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Joseph Frank Obert

3 (b) If veteran, name war — no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Mar 24, 1901

8. AGE: Years	Months	Days	If less than one day
38	11	13	hr. ..... min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name George J. Obert
13. Birthplace Balto

MOTHER
14. Maiden Name Mary Streb
15. Birthplace Balto, Md

16 (a) Informant Thomas J. Obert, Brother
(b) Address 1430 Holbrook St

17 (a) burial (Burial, cremation, or removal) (b) Date thereof March 8-1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd.

18 (a) Funeral director Henry Wocher Sons Inc
(b) Address 1301 E. Eager St.

19 (a) MAR 7-1940 (Date received by registrar) (b) Certificate No. William Hyde

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1940 at 9 32 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said ..... (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Cardiovascular renal disease — Duration .....
Due to .....
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature W. Wade Groft Medical Examiner. M.D.
Date signed 3/6/40

F 67011

COK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

5550 F 67011 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2123 E. Pratt St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 27 years

3 (a) FULL NAME Eva Vatapsky

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Simon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 57 | Months | Days | If less than one day hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Relief

11. Industry or business

FATHER
12. Name Simon
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 Burial (Burial, cremation, or removal) (b) Date thereof 3-7-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location B. H. E. B. Society

18 (a) Funeral director Jos. Lewis & Son
Address 1437 E. Pratt St.

19 (a) MAR 7 1940 (Date rec'd by registrar) Huntington Williams Md. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1940, at 5:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 6 1940 to March 6 1940, and that I last saw her alive on March 6 1940

Immediate cause of death: Pulmonary Edema — Duration: 1 day

Due to: Arteriosclerotic Heart Disease — 10 years.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address Baltimore City Hospitals Date signed 3-7-40

F 67012 53547-FD

F 6730

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

159

F 67012

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2hr. 24min.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 Laurens St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Jones

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-29-40

8. AGE: Years	Months	Days	If less than one day
--			2 hr. 24 min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Herman Jones
13. Birthplace Md.

MOTHER
14. Maiden Name DeBarco Johnston
15. Birthplace Md.

16 (a) Informant B.V.H. Records
(b) Address

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3-6-40 (month) (day) (year)
(c) Cemetery or crematory Balto. City Hosps.
Location 4940 Eastern Ave.

18 (a) Funeral director
(b) Address

19 (a) MAR 7 - 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 29 1940 at 7.58 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 29 19 40 to Feb 29 19 40 and that I last saw h-- alive on Feb 29 19 40.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions Atelectasis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Thomas Dunn M.D.
Address Balto City Hosp. Date signed 3-6-40

F 67013

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 192-D

F 67013 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1004 Fedenhall St
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 70 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street and No. 1004 Fedenhall St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

23

3 (a) FULL NAME Rachel Kane

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. none

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Levran Kane

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years 70 | Months — | Days — | If less than one day — hr. — min.

9. Birthplace Md. (Town, county and state)

10. Usual Occupation Housekeeper

11. Industry or business ✓

FATHER
12. Name Levin Kearney
13. Birthplace Md.

MOTHER
14. Maiden Name Mahoney
15. Birthplace Md.

16 (a) Informant Cora Kane
(b) Address 1004 Fedenhall St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-7-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Ct
Location Balto city

18 (a) Funeral director David L. Brown & Son
(b) Address 108 W Montgomery

19 (a) MAR 7 - 1940 (Date rec'd by registrar) Huntington W. Miller, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 4 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1940 to March 4 1940 and that I last saw h.r alive on March 4 1940.

Immediate cause of death Endocarditis

Due to Age

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

Duration: Unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James C Cooper M. D.

Address 1016 Druid Pk. Dr. Date signed

VS 8

F 67014

F 67014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1108

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 817 W Ostend St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 817 W Ostend St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James allen Palmer X

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex male

5. Color or race Col

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug - 8 1938

8. AGE: Years 1 | Months 6 | Days 2 8 9 | If less than one day hr. min.

9. Birthplace Princess Anne Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name James allen Palmer
13. Birthplace Eastern Shore Va

MOTHER 14. Maiden Name Mary Lee Savage
15. Birthplace Wallace N.C.

16 (a) Informant Mary Lee Palmer
(b) Address 817 W Ostend St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-7-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Ct
Location Balto City

18 (a) Funeral director Sarah P. Brown & Son
(b) Address 108 W Montgomery St

MAR 7 - 1940 (Date rec'd by Registrar) Hunter Tom Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/5 1940 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/4 1940 to 3/5 1940 and that I last saw h[illegible] alive on 3/5 1940

Immediate cause of death acute Lobar Pneumonia (Primary) — Duration 4 Days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Trawler M.D.

Address 1111 Fee Date signed 3/6/40

VS 3

F 67015

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 194-a

F 67015 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5308 Denmore Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5308 Denmore Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lily E. Bryant

3 (b) If veteran, name war none | 3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	M

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace St Marys Co Md (Town, county and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Charles Hally
13. Birthplace Unknown

MOTHER
14. Maiden Name Demetta ?
15. Birthplace St Marys Co Md

16 (a) Informant Lily Bryant
(b) Address 5308 Denmore Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/40 (month) (day) (year)
(c) Cemetery or crematory St Thomas Cemetery
Location Liberty Heights Ave Md

18 (a) Funeral director Robert Williams
(b) Address 1515 McElderry St

19 (a) Date rec'd MAR 7 1940 (b) Registrar's No. Signature of Registrar Wm. H. Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 3 1940. at 2 am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. H. Claude Swift M.D. Medical Examiner
Date signed 3/3/40

F 67016 53494--FU

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 67016 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7hr. 25min.
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 616 S. Chapel St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ? years

3 (a) FULL NAME John Jonczak

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Louise
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
? 55			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name Casimer
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Balto. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch. 9—40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Ozmanski
(b) Address 4930 Eastern Ave

MAR 7-1940 (Date rec'd by registrar)

(b) Huntington, West Virginia

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1940, at 3:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 5 1940, to March 6 1940, and that I last saw him alive on March 6 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	24 hours
Due to	
Due to	
Other Conditions Hypertensive cardiovascular disease (Include pregnancy within 3 months of death)	unknown

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Wroblewski M. D.
Address Balto City Hosp. Date signed 3-6-40

67017

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-1

Registered No. E 67017

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver St.
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Charles St. & Cold Spring Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 Years years

7-11

3 (a) FULL NAME Mr. Augustus Fremgen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife ------
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Sept. 8, 1880

8. AGE: Years	Months	Days	If less than one day
59	5	27	hr. --- min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Catholic Priest
11. Industry or business Professor of Greek Literature

FATHER
12. Name Jacob Fremgen
13. Birthplace Germany

MOTHER
14. Maiden Name Theresa Koenig
15. Birthplace Germany

16 (a) Informant Rev. Geo. E. Kelly S. J.
(b) Address Loyola College, Evergreen

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/40 (month) (day) (year)
(c) Cemetery or crematory Woodstock College
Location Maryland

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

19 (a) 3-7-1940 (Date rec'd by registrar) (b) Huntington Mitchell Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-5-1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN. 30 1940 to MARCH 5 1940. and that I last saw him alive on MARCH 5 1940.

	Duration
Immediate cause of death: Pneumococcus Meningitis	5 days
Due to Pneumonia (Admission)	7 days
Due to Bacteremia	8 days
Due to Endocarditis	
Other Conditions Coronary Pathology	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mary Kelmenson M. D.
Address St. Joseph's Hosp Date signed 3-5-40

F 67018

67018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 211 E. Grendall St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 211 E Grendall
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Dorothy A. Moran

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife G Robert Moran

6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) March 7, 1916

8. AGE: Years 23 | Months 11 | Days 29 | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER 12. Name William Boisbois

13. Birthplace Michigan

MOTHER 14. Maiden Name Bessie allen

15. Birthplace Va.

16 (a) Informant G Robert Moran

(b) Address 211 E Grendall St

17 (a) Cedar Hill (Burial, cremation, or removal) (b) Date thereof March 9, 1940 (month) (day) (year)

(c) Cemetery or Crematory Cedar Hill

Location A. C. 6

18 (a) Funeral director A. Haywood Evans

(b) Address 1400 W. Baltimore St

19 (a) MAR 10 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1940 12:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 4 1940 to March 6 1940 and that I last saw h[illegible] alive on March 6 1940.

Immediate cause of death Lobar Pneumonia — Duration 5 days

Due to Influenza — 2 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leo J Mello, M. D.

Address 1279 Williams St Date signed 3/10/40

F 67019

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33-a

F 67019 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1114 William St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto City
(c) City or town Balto.
(If outside city or town limits write RURAL and give town)
(d) Street No. 1114 William St
(If rural give location)
(e) If foreign born, how long in U. S. A.) ..... years

3 (a) FULL NAME Shirley M. Elliott

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 7 1923

8. AGE: Years	Months	Days	If less than one day
16	7	28	..... hr. ..... min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Andrew S. Elliott
13. Birthplace Broome Island Md.

MOTHER
14. Maiden Name Laura G. Jessueen
15. Birthplace Balto. Md

16 (a) Informant Andrew S. Elliott
(b) Address 1114 William St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 5 1940 (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director H. Vaughan Evans
(b) Address 1600 W. Lafayette Ave

19 (a) ..... (b) ..... Registrar
(Date received by registrar)

MAR 7 - 1940
VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1940, at 3.50 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 26 1940 to March 5 1940 and that I last saw h[illegible] alive on March 5 1940

Immediate cause of death: Lobar Pneumonia — Duration 8 days
Due to Influenza — 2 days
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature [illegible] M.D.
Address 1274 William St Date signed 3/6/40

F 67020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 94a

F 67020

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Park Hgts. Ave. & Shelburne Rd.

(c) Hospital or institution: Green Spring Manor Apts.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 20

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Green Spring Manor Apts. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BIRDIE WILFSON COHN.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Herman M. Cohn

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Dec. 12, 1880

8. AGE: Years	Months	Days	If less than one day
59	2	23	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name David Wilfson,

13. Birthplace Germany.

MOTHER

14. Maiden Name Esther Berney,

15. Birthplace Germany.

16 (a) Informant Mr. Herman M. Cohn,

(b) Address Green Spring Manor Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/40. (month) (day) (year)

(c) Cemetery ~~or crematory~~ Hebrew Friendship

Location Baltimore, Md.

18 (a) Funeral director David Goodman & Son

(b) Address 1902 Eutaw Place.

19 (a) Filed MAR 7 1940 (b) Registrar Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6th. 1940, at 4 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 16 1929 to March 6 1940 and that I last saw h alive on March 5 1940.

Immediate cause of death	Duration
Coronary thrombosis	Sudden
Due to	
Due to	
Other Conditions Hypertension (Include pregnancy within 3 months of death)	1925

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Samuel Hollander M. D.

Address 1820 Eutaw Place. Date signed

F 67021

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 67021 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway
(c) Hospital or institution:
Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days) 22

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Sparrows Point
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1012 F. Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mrs. Delia A. Ross (DELIA AMBROSE RAP ROSS)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Harry H Ross
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) June 22, 1889

8. AGE: Years	Months	Days	If less than one day
50	8	13th	hr. min.

9. Birthplace Canada
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James Ambrose
13. Birthplace Balt. County, Maryland

MOTHER
14. Maiden Name Sally Howen
15. Birthplace York Co., Penn.

16 (a) Informant Harry Ross - (husband)
(b) Address 1012 F Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 9-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. Woodes Suc.) 100 W. North Avenue

19 (a) MAR 7 - 1940 (Date rec'd by registrar) (b) Huntington Hill Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-6-40 19 . at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-12-1919 to 3-6-40 19 , and that I last saw h alive on 19 .

Immediate cause of death Pulmonary Embolism (?) — Duration ?

Due to

Due to

Other Conditions Lobar pneumonia - Septicemia — 24 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Harry Ross

Address Church Home & Infirmary Date signed 3/6/40 M. D.

F 67022

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

57-E

Registered No. F 67022

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 453 N. Robinson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 453 N. Robinson St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Hardesty (Infant)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6, 1940

8. AGE: Years	Months	Days	If less than one day
8 Hours			[redacted] hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George Hardesty
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Becker
15. Birthplace Baltimore, Md.

16 (a) Informant M Father
(b) Address 453 N. Robinson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd.

18 (a) Funeral director C. E. Schimunek.
(b) Address 2601-03 E. Madison St.

19 (a) (Date received by Registrar) (b) [illegible]

MAR 7 1940

VS-3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-6 1940 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-6-1940 to 3-6-1940 and that I last saw h[illegible] alive on 3-6-1940

Immediate cause of death Anamoly of Failure of Closure of the Septum overall

Due to

Due to Anamoly of the Heart

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration 6 hrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Reed Murphy M. D.
Address [illegible] Date signed 3-8-40

F 67023

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67023

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2809 Miller Ave St., 12-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William A. Baker.

If U. S. Veteran specify WAR

(a) Residence: No. 2809 Miller Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Montgomery A. Baker

6. DATE OF BIRTH (month, day, year) Jan 6, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stationary Fireman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME George Baker.

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Montgomery A. Baker.
(Address) 2809 Miller Ave.

18. BURIAL, CREMATION, OR REMOVAL Pt
Meadowridge Memorial Date Mar 8, 19 40

19. UNDERTAKER Ehrenwerth & Donovan
(Address) 3615-17 Eastern Ave.

20. FILED 19 Registrar.

MAR 7 - 1940

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 19 40

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 19 40 to March 6, 19 40

That I last saw him alive on March 5, 19 40 Death is said to have occurred on the date stated above, at 2 0 m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Coronary Thrombosis	
Scleroderma Nephritis	
Other contributory causes of importance: Hypertensive Congestive	2 day

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. H. Daly M. D.

(Address) Medical Arts Bldg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Any false information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 67024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166 Registered No. F 67024

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Pier 6, Locust Point
(c) Hospital or institution: Finnish Steamship Co - Got

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State — (b) County —
(c) City or town Hango (If outside city or town limits, write RURAL and give town)
(d) Street No. Finland (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thure Henrik Backman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
26			hr. min.

9. Birthplace Finland (Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 7. 40 (month) (day) (year)

(c) Cemetery or crematory Maryland Pk.

Location

18 (a) Funeral director Leonard D. Luck

(b) Address 5305 Harford Rd.

19 (a) Filed MAR 7 - 1940 (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION 3 am

20. DATE OF DEATH Mar 3 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Bullet Wound 7 Abdominal aorta	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 3/3/40
(c) Where did injury occur? Pier, Locust Point (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? On ship (Specify type of place) While at work? Yes
(e) Means of injury Shot by 25 cal auto mater while fighting

23. Signature Wm. D. Underwood M.D. Medical Examiner.
Date signed 3/3/40

67025

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B Registered No. 67025

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5001 Gwynn Oak Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5001 Gwynn Oak Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Paul P. Gross

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Divorced

6 (b) Name of husband or wife Agnes Millard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 4-1898

8. AGE: Years	Months	Days	If less than one day
42	1	—	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER
12. Name Christian W.
13. Birthplace Germany

MOTHER
14. Maiden Name Mary L. Horning
15. Birthplace Germany

16 (a) Informant Christian W. Gross
(b) Address 5001 Gwynn Oak Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 7/40 (month) (day) (year)
(c) Cemetery or crematory Catholic
Location

18 (a) Funeral director Leonard J. Fowle
(b) Address 5305 Harford Rd.

19 (a) MAR 7-1940 (Number'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 4 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1939 to Mar 4 1939, and that I last saw h[illegible] alive on Mar 4 1940.

Immediate cause of death: Mitral insufficiency — mitral stenosis — Duration: ?

Due to: ?

Due to:

Other Conditions: cardiac decompensation — Duration: 4 mos

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature J. T. Lyon M. D.
Address 3321 Frisk Ave Date signed 3-5-40

VS 3

375 F 67026

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 67026 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1502 McElderry (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Duncan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Sep

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18 1876

8. AGE: Years	Months	Days	If less than one day hr.	min.
63	7	10		

9. Birthplace VA (Town, county, and state)

10. Usual Occupation HANDY MAN

11. Industry or business

FATHER 12. Name George Duncan
13. Birthplace VA

MOTHER 14. Maiden Name Drusilla
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL MAR 7 - 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) (Date rec'd by Registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28 1940, at 7.10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1940, to Feb 28 1940, and that I last saw him alive on Feb 28 1940.

Immediate cause of death Cardiac failure — Duration 2 hrs.

Due to ? Coronary occlusion.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Coronary sclerosis, amyloid disease

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature WB Mcallister Jr M. D.
Address Date signed 3-4-40

F 67027 F 5899

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

160-a

F 67027 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address The Johns Hopkins Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 10min

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1006 North Bethel St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Infant Hahn

3 (b) If veteran, name war ———
3 (c) Social Security Account No. ———

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	single

6 (b) Name of husband or wife single
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 13, 1940

8. AGE: Years	Months	Days	If less than one day
			8 hr. 10 min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Paul Hahn
13. Birthplace Maryland

MOTHER
14. Maiden Name Abbie Cox
15. Birthplace Maryland

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) JOHNS HOPKINS MEDICAL SCHOOL MAR 7 - 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13 1940, at 1:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 13 1940, to Feb. 13 1940, and that I last saw her alive on Feb. 13 1940.

Immediate cause of death	Duration
Intracranial hemorrhage	1 day
Due to Prematurity	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. W. Overstreet M. D.
Address Johns Hopkins Hospital Date signed 3-6-40

VS 3

F 67028 F 513 ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161-C

F 67028 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Johns Hopkins Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 10 mnn

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1638 Gilmore St. (If rural give location)
15
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Infant Hawkins

3 (b) If veteran, name war ———
3 (c) Social Security Account No. ———

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife Single
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 21, 1940

8. AGE: Years	Months	Days	If less than one day
		1	26 hr. 10 min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name William Hawkins
13. Birthplace Maryland

MOTHER
14. Maiden Name May Elizabeth Holland
15. Birthplace Maryland

16 (a) Informant
(b) Address

17 (a) ——— (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or Crematory JOHNS HOPKINS MEDICAL SCHOOL MAR 7 - 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) MAR 7 - 1940 (Date rec'd by registrar) (b) Filed by ——— Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 23 1940, at 7:38 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 21 1940, to Jan. 23 1940, and that I last saw him alive on Jan. 23 1940.

Immediate cause of death	Duration
Sub-dural hemorrhage	2 days
Due to hemorrhagic disease of the newborn	2 days.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. W. Overstreet M. D.
Address Johns Hopkins Hospital Date signed 3-6-40

VS 3

F 67023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a ✓ Registered No. E 67029

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5110 Richard Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 5110 Richard Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles M Schulz

3 (b) If veteran, name war

3 (c) Social Security Account No. 210-05-6681

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Anna D. Schulz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 17th 1901

8. AGE: Years	Months	Days	If less than one day
39	1	18th	hr. min.

9. Birthplace Balto. City Md. (Town, county, and state)
10. Usual Occupation Purchasing agent
11. Industry or business Gas + Electric Co.

FATHER
12. Name Chas Schulz
13. Birthplace Balto. City Md

MOTHER
14. Maiden Name Louisa List
15. Birthplace Balto Co. Md.

16 (a) Informant A. A. Kinstendorf
(b) Address 2913 Echodale Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 9, 40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location City

18 (a) Funeral director F. Lassahn & Son
(b) Address 740 Park Ave. R.C.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MAR 7 – 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1940, at 6 20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 5 1940, to March 6 1940, and that I last saw him alive on March 5th 1940.

Immediate cause of death	Duration
Coronary Thrombosis	1 day
Due to	
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature H. A. Gundy M.D.
Address 5706 Harford Rd Date signed 3-7-40

67030

HEALTH DEPARTMENT—CITY OF BALTIMORE 67030

CERTIFICATE OF DEATH

83-6

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. University Hospital St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Sundermeyer

If U. S. Veteran specify WAR —

(a) Residence: No. 804 N. Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — None

6. DATE OF BIRTH (month, day, year) 2/19/1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65 65	—	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R. Laborer

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Sundermeyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Schwartz

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Frank Schwartz

(Address) 1103 Homewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cemetery Date 3/8/40 19

19. UNDERTAKER George J. Smith & Son

(Address) 1735 Harlem Lane

20. FILED MAR 7 1940 19 Henry L. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6th. 1940

22. I HEREBY CERTIFY, That I attended deceased from March 2nd. 1940. to March 6th. 1940.

I last saw him alive on March 6th. 1940. Death is said to have occurred on the date stated above, at 4:20 A.m. (4:20 A.M.)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage with Paraplegia	3-2-40
Other contributory causes of importance: Bilateral Broncho Pneumonia. (Terminal)	3-6-40

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Louis Calvin Garcia M. D.

(Address) University Hospital

67031

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67031

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2245 Eastern Ave. St., 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME BERTHA VIRGINIA KREBS

If U. S. Veteran specify WAR

(a) Residence: No. 2245 Eastern Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lewis R. Krebs

6. DATE OF BIRTH (month, day, year) Nov. 22. 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York County Penna.

FATHER

13. NAME John Brillhart

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Mr. Hall B. Krebs (Son)

(Address) 2245 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Mar. 9. 1940

19. UNDERTAKER HENRY SANDER & SONS. INC.

(Address) Baltimore & Broadway.

20. Date received MAR 7 1940 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 7. 1940. 19

22. I HEREBY CERTIFY, That I attended deceased from March 7 1940 to March 7 1940

I last saw her alive on March 7, 1940. Death is said to have occurred on the date stated above, at 2.00 A. M.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Myocardial Degeneration (Chronic)	1 yr
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. K. Johnson M. D.

(Address) 403 Medical Arts Bldg

Howard J. Malbin M.D.
Chief Medical Examiner per B. Kilgus

VS 8

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 67032

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 67032 Registered No. 927

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Mercy Hosp

(c) Hospital or institution: Balt Md

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town Catonsville

(If outside city or town limits, write RURAL and give town)

(d) Street No. 6304 Frederick Ave.

(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mrs Nellie Young.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F.

5. Color or race Wh

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Joseph Young

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) November 25, 1880

8. AGE: Years 69 | Months 3 | Days 11 | If less than one day: hr. ..... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Fr. Henry Vahle

13. Birthplace Germany

MOTHER 14. Maiden Name Mary Decker

15. Birthplace Baltimore, Maryland

16 (a) Informant Mr. Vahle

(b) Address 2843 Lake Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/40 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Baltimore County

18 (a) Funeral director Wm. J. Tickner & Sons

(b) Address North & Penna. Avenues

19 (a) Date received by registrar MAR 7 1940 (b) Registrar Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-6-40 19.... at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-26 1940, to 3-6 1940 and that I last saw her alive on 3-6 1940.

	Duration
Immediate cause of death: Pulmonary Heart Disease	2 wks
Due to:	
Due to:	
Other Conditions: Asthmatic Bronchitis. (Include pregnancy within 3 months of death)	20 yrs

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature C. J. Mundelein

Address Mercy Hosp Date signed 3-6-40 M. D.

F 67033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

169

Registered No. F 67033

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore & Ohio R.R.
(c) Hospital or institution: trackhead Camden Sta. University Hosp. D. & R.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Annapolis Junction
(If outside city or town limits, write RURAL and give town)
(d) Street No. 89 Market Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Francis Sibert King

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife Marie King
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) About 1870

8. AGE: Years	Months	Days	If less than one day
About 70			hr. min.

9. Birthplace Annapolis Junction, Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Geo. W. King.
13. Birthplace Unknown

MOTHER
14. Maiden Name Susan Danlett
15. Birthplace Unknown

16 (a) Informant Mrs. Marie King.
(b) Address 2811 Mosher Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/40 (month) (day) (year)
(c) Cemetery or crematory Kings Burial Grounds
Location Anne Arundel County, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Pennsylvania Avenues

MAR 7 - 1940 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 6 1940, at 12:45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said find that said deceased came (Autopsy or Inquiry)
to [illegible] death on the day stated above.

Immediate cause of death	Duration
Crushing injury of chest	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident 22-2
(b) Date of occurrence 3/6/40
(c) Where did injury occur? B.&O.R.R. trackhead Hamilton Station Howard Co. Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes
(Specify type of place)
(e) Means of injury Walking on track - struck by engine

23. Signature [illegible] M.D.
Medical Examiner.

Date signed 3/6/40

VS 6

F 67034 HEALTH DEPARTMENT—CITY OF BALTIMORE F 67034

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 607 Kimbridge Rd. (St.) 7th (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Agnes M. Yost

If U. S. Veteran specify WAR

(a) Residence: No. 607 Kimbridge Rd. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Wm N. Yost

6. DATE OF BIRTH (month, day, year) Nov. 9, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Brannaman

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Wesley J. Yost (Address) 607 Kimbridge Rd.

18. BURIAL, CREMATION OR REMOVAL Place Govans Presb. Date Mar 9 1940

19. UNDERTAKER Wm. H. Pickup Sons (Address) York & Ridgewood Aves.

20. FILED 19 Registrar.

MAR 7 - 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 6, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1939 to March 6, 1940

I last saw him alive on March 5, 1940 Death is said to have occurred on the date stated above, at 11.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal Vascular	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Fred B Jewett M. D.

(Address) 2516 Penna. Ave.

INSTRUCTIONS: Please answer questions fully and accurately. Every item is important. Any information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 67035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 67035 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3402 Menlo Drive

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-20

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3402 Menlo Drive (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gladys Marie Moody.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married.

6 (b) Name of husband or wife Charles M

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 30 1887

8. AGE: Years 52, Months 3, Days 6, If less than one day hr. min.

9. Birthplace New York City (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Geo. A Ryhon

13. Birthplace New York City.

MOTHER 14. Maiden Name Mary Garland Bulan

15. Birthplace S. C.

16 (a) Informant Mr Charles M Moody

(b) Address 3402 Menlo Drive

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof March 8 1940 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md

18 (a) Funeral director William J Tehon & Sons

(b) Address Work - Pelham Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MAR 7 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1940 at 1230 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1938 to Mar 6 1940. and that I last saw her alive on 3/5 1940.

Immediate cause of death Metastases of Cancerous Infiltrant of breast of spread rites — Duration 4 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Henry Russell

Address 3902 Garland Date signed 3/9/1940

F 67036

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67036

CERTIFICATE OF DEATH

1. PLACE OF DEATH Church Home + Infirmary 46-E

CITY OF BALTIMORE: (No. 6 St. 5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Allen L. Marsinger Macsinger

If U. S. Veteran specify WAR

(a) Residence: No. 109 W. Elm St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Ada Marsinger

6. DATE OF BIRTH (month, day, year) Dec 7 1863

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
76	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (about nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cabinet Furniture

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glen Rock Penn

FATHER

13. NAME Adam

14. BIRTHPLACE (city or town) (State or country) Glen Rock Pa.

MOTHER

15. MAIDEN NAME ? Shenglet

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT Laurence L. Marsinger

(Address) 109 W Elm and Orchard

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Hull Date March 8, 1940

Glen Rock Penn

19. UNDERTAKER Frazier Payne & Dippel

(Address) 3440 Reisters Pl.

20. MAR 7 - 1940 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1940 to March 6, 1940

I last saw him alive on March 5, 1940 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Gen. arteriosclerosis	
Carcinoma sigmoid	
Other contributory causes of importance:	
Art. sclerosis	

Was an operation performed? yes Date of 2/22/40

For what disease or injury? Carcinoma sigmoid

Name of operation Resection of sigmoid

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. D. Mason Kimpton M. D.

(Address) Church Home + Inf

VS 8

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

67037 — 124-B — Registered No. F 67037

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State S. C. (b) County
(c) City or town Manning (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillian Mack

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
Female	col.	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years	Months	Days	If less than one day
41			hr. min.

9. Birthplace Manning, S. C. (Town, county, and state)
10. Usual Occupation Teacher
11. Industry or business

FATHER
12. Name Clinton J. Catchill
13. Birthplace S. C.

MOTHER
14. Maiden Name Caroline Collins
15. Birthplace S. C.

16 (a) Informant Marie Edwards
(b) Address 1721 W. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 7, 1940 (month) (day) (year)
(c) Cemetery or crematory Sumter, S. C.
Location Sumter, S. C.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) MAR 7 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-4-1940, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 2 1940, to March 4 1940, and that I last saw her alive on March 4 1940.

Immediate cause of death: Cancer of Liver — Duration: 3

Due to — Duration: over

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Cancer of Liver

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. O. Higgins M.D.
Address 2243 Madison Ave. Date signed 3-7-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67038 — CERTIFICATE OF DEATH — 117-a — F 67038

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Alexander Reitz — If U. S. Veteran specify WAR

(a) Residence: No. 9th Ave. Dundalk St., ... Ward. a a Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jennie Reitz

6. DATE OF BIRTH (month, day, year) October 17, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Peter Reitz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Ida J. Reitz

(Address) Green Haven Pasadena, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cemt. Date Mar. 9 19 40

19. UNDERTAKER Clarence F. Hoffman

(Address) 2723 E. Preston St.

20. DATE RECEIVED MAR 7 - 1940 19 ... Harrington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 29, 1940 to March 6, 1940

I last saw him alive on March 6, 1940 Death is said to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, bilateral basilar	March

Other contributory causes of importance: Arteriosclerosis, Post Operative debility

Was an operation performed? Yes Date of Feb 29, 1940

For what disease or injury? Perforated gastric ulcer

Name of operation Gastric resection. Polya anastomosis

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Stephen Lee Maguire M. D.

(Address) University Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V0 8

67039 ✓ F 67039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, even age if especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 917 Harlem Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Charles Nichols

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	widower

6 (b) Name of husband or wife Elizabeth Nichols
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-12

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Cambridge, Md (Town, county, and state)
10. Usual Occupation Oyster Shucker
11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name Julia Nichols
15. Birthplace Cambridge, Md

16 (a) Informant Virgil Nichols (nephew)
(b) Address 917 Harlem Ave

17 (a) Cambridge, Md (b) Date thereof Mar 8 1940 (burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Christ Rock
Location Cambridge, Md.

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 E. Schroeder St

19 MAR 7 1940 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-6-1940 at 2.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-18-1940 to 3-6-1940 and that I last saw h[illegible] alive on 3-6-1940

Immediate cause of death	Duration
Cerebral Hemorrhage with Right side	
Due to Hemiplegia	18 days
Due to	
Other Conditions Senility.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. F. Maloney M. D.
Address Provident Hospital Date signed 3/6/40

VS 1

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67040 F 6078 CERTIFICATE OF DEATH 159 F 67040

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St. 13 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Cawley

If U. S. Veteran specify WAR .....

(a) Residence: No. 2429 Foster ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-7-40

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country)

FATHER

13. NAME George Cawley

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Marie Contini

16. BIRTHPLACE (city or town) Italy (State or country)

17. INFORMANT mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 7 - 1940

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED MAR 7 - 1940 The Registrar. Registrar.

54370

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 2 1940 to March 6 1940

I last saw her alive on March 6 1940. Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Baby born after 34 wks gestation. Lived 3 wks	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Thomas A Scott M. D.

(Address) Maternity Hospital

V0 5

INSTRUCTIONS: Write plainly with indelible pencil or pen and ink. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

67041 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 F 67041

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St. 25-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Lansbury

If U. S. Veteran specify WAR ...

(a) Residence: No. 2413 Annapolis Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-4-40

7. AGE	Years	Months	Days	If LESS than 1 day 17 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) ...

FATHER

13. NAME James Lansbury

14. BIRTHPLACE (city or town) Balto. Md.
(State or country)

MOTHER

15. MAIDEN NAME Catherine Strait

16. BIRTHPLACE (city or town) 2
(State or country)

17. INFORMANT father
(Address) about

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 7 - 1940

19. UNDERTAKER Commissioner of Health
(Address) By H. A. Moore

20. FILED MAR 7 - 1940 Registrar Livingston Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from 3-4-40 6PM, 19..., to 3-4-40 9PM, 19...

I last saw her alive on 3-4-40 9PM, 19... Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
6 mos Gestation	
wt. 1# 9 oz	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) R A Brady M. D.

(Address) University Hospital

VS 8

5436

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67042

CERTIFICATE OF DEATH

81-a F 67042

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St. 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Mc Daniels

If U. S. Veteran specify WAR

(a) Residence: No. 800 George St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	B	

8a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/23/39

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

FATHER

13. NAME James Mc Daniels

14. BIRTHPLACE (city or town) Wash. D.C.
(State or country)

MOTHER

15. MAIDEN NAME Alice Moore

16. BIRTHPLACE (city or town) Pa.
(State or country)

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 7 - 1940 19

19. UNDERTAKER Commissioner of Health
(Address)

20. FILED MAR 7 - 1940 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-6, 1940

22. I HEREBY CERTIFY, That I attended deceased from 3-4, 1940 to 3-6, 1940

I last saw h/m alive on 3-6, 1940 Death is said to have occurred on the date stated above, at 7 50 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Pneumococcic meningitis	Est. 2
Septicemia	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Lumbar

What test confirmed diagnosis? there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Raymond M. Cunningham M.D.

(Address) Asst. Hosp. Balt. Md.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V0 9

15438

F 67043

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 6599

CERTIFICATE OF DEATH

157-E F 67043

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1510 N. Fremont St. 15th Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Elizabeth Reed

If U. S. Veteran specify WAR _____

(a) Residence: No. 1510 N. Fremont St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 24th 1940

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
			11 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Samuel Reed

14. BIRTHPLACE (city or town) Virginia (State or country)

MOTHER

15. MAIDEN NAME Grace Curry

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Mother
(Address) 1510 N. Fremont

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 7 - 1940 19

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. MAR 7 - 1940 19 Registrar Hattie Lee Wilkerson, M.D.

5-1-40

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 5th, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 24th, 1940, to Mar 5th, 1940

I last saw her alive on Mar, 1940. Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	Feb 24th

Other contributory causes of importance:

Purulent Bronchitis

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) J. King B. E. Logan, Jr. M. D.

(Address) University Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

Rev.—9-39—A. & Co.—200 Blks.

F 67044 HEALTH DEPARTMENT—CITY OF BALTIMORE F 67044

CERTIFICATE OF DEATH.

131-a

1-PLACE OF DEATH

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 203 W. McComas St. 23-3 WARD)

2-FULL NAME John T. Tormollan

(a) RESIDENCE No. 203 W. McComas St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married -

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Margaret (Metzler)

6 DATE OF BIRTH (month, day, and year) July 11- 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	7	24th	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) Ship Repairs

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore md.

PARENTS

10 NAME OF FATHER Francis Tormollan

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) md.

12 MAIDEN NAME OF MOTHER Dorothy Languille

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Mrs. Tormollan (wife)
(Address) 203 McComas St.

15 MAR 7 - 1940 Received Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 6-1940

17 I HEREBY CERTIFY, That I attended deceased from Mar. 4, 1940, to Mar. 6, 1940

that I last saw him alive on Mar. 5, 1940

and that death occurred, on the date stated above, at 6:15 a. m.

The CAUSE OF DEATH* was as follows:

Hypertensive - Cardio-vascular Renal disease

(duration) 6 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? clinical findings

(Signed) Anthony V. Buchheim M. D.

3/6, 1940 (Address) 37 S. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Oliver Cemetery

DATE OF BURIAL 3/8 1940

20 UNDERTAKER Margaret H. Flynn

ADDRESS 1422 Light St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

37653 1 F 67045

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No. F 67045

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address .....

(c) Hospital or institution: JOHN HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....

(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County .....

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 914 N. Calvert St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Peter J. O'Connor

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 10-4-78

8. AGE: Years	Months	Days	If less than one day
61	5	3	..... hr. ..... min.

9. Birthplace Va. (Town, county and state)

10. Usual Occupation Night Watchman

11. Industry or business .....

FATHER 12. Name Peter O'Connor

13. Birthplace Ireland

MOTHER 14. Maiden Name Annie Bennett

15. Birthplace Ireland

16 (a) Informant Records.

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/40 (month) (day) (year)

(c) Cemetery or crematory .....

Location Richmond Virginia

18 (a) Funeral director Wm. Tickner & Son.

(b) Address Nath. & Penna Ave.

MAR 8 - 1940 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 7 1940 at 4 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 6 1940 to Mar. 7 1940, and that I last saw him alive on Mar. 7 1940.

Immediate cause of death	Duration
Myocardial Failure	3 mos.
Due to Hypertensive Cardio-vascular Renal Disease	± 3 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)

(e) Means of injury .....

23. Signature John S Hurst

Address Johns Hopkins Hosp. Date signed 3-7-40 M. D.

F 67046 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 67046

CERTIFICATE OF DEATH 93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 E 24th St. 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sara Merryman Webb

If U. S. Veteran specify WAR no

(a) Residence: No. 14 E 24th St. Ward. no Social Security No.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles F. Webb

6. DATE OF BIRTH (month, day, year) Nov 8. 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1/38

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

FATHER

13. NAME Henry Merryman

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Griffith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Helen Louise Webb

(Address) 14 E 24th St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date March 8 1940

19. UNDERTAKER Wilson Co

(Address) 1224 Eutaw St

20. FILED MAR 8 1940 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6 1940

22. I HEREBY CERTIFY, That I attended deceased from 1940 to March 6 1940

I last saw h[illegible] alive on March 5 1940 Death is said to have occurred on the date stated above, at 10.35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular hypertension Duration	1925
Other contributory causes of importance: Cerebral softening (thrombosis)	Sept 1939

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical & examinations Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Stonyhurst Eyth M. D.

(Address) 24 E Maryland Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 67047 HEALTH DEPARTMENT—CITY OF BALTIMORE F 67047

CERTIFICATE OF DEATH ✓ 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3339 Avondale Ave. Ward 27-17)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Charles Anderson

If U. S. Veteran specify WAR _____

(a) Residence: No. 3339 Avondale Ave. Ward. _____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Carrie Anderson

6. DATE OF BIRTH (month, day, year): Jan 9th 1859

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
81	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Seaman

10. Date deceased last worked at this occupation (month and year): 1925

11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (city or town) (State or country): Sweden

FATHER

13. NAME: Anderson

14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT: Anna Iwarsen

(Address) 5424 Rover Rd

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place: Mt. Carmel Date: 3/9 19 40

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

MAR 8 1940 19 ___ Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 7th, 1940

22. I HEREBY CERTIFY, That I attended, deceased from Jul-16, 1940 to May 6, 1940

I last saw ~~he~~ alive on Mar 6, 1940 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Acute Dilatation of Heart	7 "
Myocarditis	7 "
Chronic dilatation of Heart	3-5-40
Pneumonia	11

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) C. W. Cuthrell M. D.

(Address) 5611 Pimlico Rd

F 67047. WHITE ENTRIES ONLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VO 2

F 67048

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 67048 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2221 Linden Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street and No. 2221 Linden Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 34 years

3 (a) FULL NAME Samuel Pomerantz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Hannah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years 74 | Months | Days | If less than one day hr. min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business: Retired Grocer

FATHER
12. Name: Solomon Pomarantz
13. Birthplace: Russia

MOTHER
14. Maiden Name: Rosa ?
15. Birthplace: Russia

16 (a) Informant: Harry Pomerantz
(b) Address: 2221 Linden Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 8, 40 (month) (day) (year)
(c) Cemetery or crematory: Hebrew Mt. Carmel
Location: German Hill Road

18 (a) Funeral director: Sol Levinson & Bros
(b) Address: 1124 1126 W. North Ave

MAR 8 1940

(Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 7, 1940, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1939 to March 7 1940, and that I last saw him alive on March 7 1940.

Immediate cause of death: Carcinoma of Gastric
Due to: metastasis into
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: M. Schneeweiss M. D.
Address: Date signed

F 67049

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-e

Registered No. 3698

F 67049

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 911 Gilmor St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 911 Gilmor St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Johnson Robinson
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	colored	married

6 (b) Name of husband or wife Wm Robinson
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Dec 5 1873

8. AGE: Years	Months	Days	If less than one day
66	3	1	hr. min.

9. Birthplace Frederick Co. Md. (Town, county, and state)
10. Usual Occupation House work
11. Industry or business Own home

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Wm Robinson
(b) Address 911 Gilmor St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 9-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Thos. E. Kelson
(b) Address 1303 Pressman st.

19 (a) (Date rec'd by Registrar) (b) Huntington Williams M.D.

MAR 8 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-6- 1940, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-27 1940, to 3-6-1940 and that I last saw her alive on 3-6-1940.

	Duration
Immediate cause of death Myocarditis	unknown
Due to Arterio Sclerosis	unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M.D.
Address 1029 Strayer St Date signed 3-8-40

67050

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-B

Registered No. E 67050

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 603 S. Durham Street
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 42

2. USUAL RESIDENCE OF DECEASED:
(a) State Md., (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 603 South Durham Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? 42 years

2 3

3 (a) FULL NAME Wladyslaw Cieslak (or) Walter Cieslak

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	219-01-0382	Male	White	Married

6 (b) Name of husband or wife Bronislawa Cieslak
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877 ?

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business American Agricultural Chemical Co.

FATHER
12. Name August Cieslak
13. Birthplace Poland

MOTHER
14. Maiden Name Leonora ?
15. Birthplace Poland

16 (a) Informant Bronislawa Cieslak
(b) Address 603 S. Durham Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-40 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus Cem,
Location Baltimore, Md.

18 (a) Funeral director George A. Weber
(b) Address 705 South Ann Street

19 (a) (Signature of local registrar) (b) MAR 8 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6th 1940 at 3.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from FEB 20 1940, to MARCH 6 1940, and that I last saw h/M. alive on MARCH 6 1940.

Immediate cause of death — Duration
ARTERIOSCLEROSIS — 1 YR.
ANGINA PECTORIS — 2 WKS
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Clarence F. Kavanagh M. D.
Address 3328 McElderry St. Date signed 3/6/40

67051

HEALTH DEPARTMENT—CITY OF BALTIMORE

67051

CERTIFICATE OF DEATH

45-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1623 Abbotson St. 9-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 50 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edwin H. Holden

If U. S. Veteran specify WAR

(a) Residence: No. 1623 Abbotson st St., Ward.
(Usual place of abode)
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Holden

6. DATE OF BIRTH (month, day, year) July 22 nd 69

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soap Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cockeysville Md.

FATHER

13. NAME Jerry Holden

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Mary Hollis

16. BIRTHPLACE (city or town) (State or country) Cockeysville

17. INFORMANT Lena Holden
(Address) 1623 Abbotson st

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cemetery Date March 9th 1940

19. UNDERTAKER A. Israel
(Address) 111 S Gilmor st

20. FILED MAR 8 - 1940 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/4/1940

22. I HEREBY CERTIFY, That I attended deceased from August 7 1939 to March 4 1940

I last saw him alive on March 4 1940 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Tongue with	Jan
Metastasis to neck + chest	1939

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical + X Ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos W Edmunds M. D.

(Address) 2746 Alameda

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS

8 1C

F 67052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

Registered No. F 67052

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 447 S. Bentalou St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
20-5
(d) Street No. 447 S. Bentalou St (If rural give location)
(e) If foreign born, how long in U. S. A.? 37 years

3 (a) FULL NAME Joseph Levin

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Jennie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation retired merchant
11. Industry or business

FATHER
12. Name Solomon
13. Birthplace Russia

MOTHER
14. Maiden Name Wachamer
15. Birthplace Russia

16 (a) Informant Nathan Levin
(b) Address 447 S. Bentalou St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-40 (month) (day) (year)
(c) Cemetery or crematory Russedale
Location Franklin & Curtz

18 (a) Funeral director York Lewis Doe
(b) Address 1439 E. Balto St

19 (a) [illegible] Registrar (b) Roy Williams, M.D. Registrar

MAR 8 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7th 1940, at 11.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 17th 1939 to Mar 7 1940, and that I last saw him alive on Mar 7 1940.

Immediate cause of death: Chronic Bronchial asthma. Chr. nephritis. Chr myocardial insufficiency — Duration 2 yrs

Due to See above.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. A. Michelson M. D.
Address 2230 Eutaw Pl. Date signed 3-8-40

F 67053

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 113-B

Registered No. F. 67053

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 644 Jasper St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Wooden or Anna Yorker (52870)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23, 1912

8. AGE: Years	Months	Days	If less than one day
27	10	21	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation H. Work

11. Industry or business

FATHER
12. Name Harry Wooden
13. Birthplace ? ?

MOTHER
14. Maiden Name Marie Yorker
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Brooklyn

18 (a) Funeral director J. H. Halstead
(b) Address 9 E. Lanvale St. (Acting for Wm. Blair, M.D.)

19 (a) (Date received by registrar) 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5, 1940, at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 14, 1940, to March 5, 1940 and that I last saw h.er alive on March 5, 1940.

Immediate cause of death: Tuberculosis of the Lungs — Duration: November 1939

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. Blair M. D.
Address Baltimore City Hospitals Date signed 3/6/40

F 67054 55114-PD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3-D F 67054 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 409 Moore St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Wilson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-1-38

8. AGE: Years	Months	Days	If less than one day
1	8	6	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Edward Wilson
13. Birthplace S.C.

MOTHER
14. Maiden Name Louise Turner
15. Birthplace S.C.

16 (a) Informant R.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date of [illegible] 3/9/1940 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel Cem
Location

18 (a) Funeral director Chas H Alexander
(b) Address 1240 N. Collington Ave

19 MAR 8 1940 (Date rec'd by registrar) Washington Wallace, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/7/40 19 , at 6:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/21/40 19 to 3/7/40 19 , and that I last saw h[illegible] alive on 3/7/40 19 .

Immediate cause of death	Duration
Pulmonary tuberculosis	3 mo.
Due to	
Due to	
Other Conditions Rickets + Scurvy	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address 1508 Eastern Ave. Date signed 3/7/40

VS 3

67055

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-C Registered No.

F 67055

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 504 Normandy Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-7
(e) Length of stay in Baltimore (yrs., mos., or days) 7 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Halethorpe (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura V. Ring

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Edwin Ring
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 8, 1854

8. AGE: Years	Months	Days	If less than one day
85	3	27	hr. min.

9. Birthplace Lansdowne, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Smardon
13. Birthplace England

MOTHER
14. Maiden Name Ann R. Butler
15. Birthplace United States

16 (a) Informant Mrs. Sallie Varley
(b) Address 504 Normandy Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 8, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director J. H. Donovan
(b) Address 1005 W. Baltimore St.

19 (a) MAR 8 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1940, at 6.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from — 1901, to March 5 1940, and that I last saw her alive on March 4 1940.

	Duration
Immediate cause of death: Cerebral arterio sclerosis & Hypertension - Cerebral hemorrhage	3 yrs
Due to, Coma	3 days
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Frederic J. Baetjer M. D.
Address Medical Arts Bldg. Date signed March 6 1940

F 67056

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64

Registered No. F 67056

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2724 E. Baddle St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Patricia Schwartzkopff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11 | 15 | 37

8. AGE: Years	Months	Days	If less than one day
2	3	21	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Joseph Schwartzkopff
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Anna Hansen
15. Birthplace Balto Md.

16 (a) Informant Mr. Joseph Schwartzkopff
(b) Address 2724 E. Baddle St.

17 (a) Burial (b) Date thereof March-9-1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd.

18 (a) Funeral director Henry Hoeck & Sons Inc
(b) Address 1301 E. Eager St.

19 (a) MAR 8 1940 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-6-1940, at 8:55 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Status Thymo-lymphaticus — **Duration**

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Malone M.D.
Medical Examiner.

Date signed 3-7-40

F 67057

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 67057 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2478 E. Biddle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2478 E. Biddle St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Georgianna Kolbe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: John H. Kolbe

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 18 1862

8. AGE: Years 77 | Months 4 | Days 17 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name John Judt

13. Birthplace Md

MOTHER 14. Maiden Name Anna R. Woods

15. Birthplace Md

16 (a) Informant John Kolbe

(b) Address 2478 E. Chase St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 9-40 (month) (day) (year)

(c) Cemetery or crematory Oakland Cem

Location Baltimore County

18 (a) Funeral director Robt C. & B. M. Walters

(b) Address Pratt & Fairfield Sts

19 (a) MAR 8 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1940 at 11 53 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from February 26 '40 to March 6 1940, and that I last saw h[illegible] alive on March 6 1940.

Immediate cause of death: Hypostatic Pneumonia — Duration 3/4/40

Due to

Due to Chronic Myocarditis — 1937

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Groaner M.D.

Address 804 Keswick Ave Date signed 3/4/40

VS 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 67058
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 d.
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Seven apts (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ridgely Gaither

3 (b) If veteran, name war Spanish-American
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Marguerite Pattison
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) May 31 1875
8. AGE: Years 64 | Months 9 | Days 16 | If less than one day ... hr. ... min.
9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Real Estate
11. Industry or business

FATHER
12. Name George R. Gaither
13. Birthplace Howard Co Md

MOTHER
14. Maiden Name Rebecca Dorsey
15. Birthplace Howard Co Md

16 (a) Informant Capt Ridgely Gaither Jr.
(b) Address U.S. Army

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 9 1940 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto Md

18 (a) Funeral director Henry W Jenkins Sons Co
(b) Address McCulloh & Richard Sts

19 MAR 8 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 7 1940 at 12.00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 3 19 40 to Mar 7 19 40 and that I last saw h[illegible] alive on Mar 7 19 40

Immediate cause of death: Lobar Pneumonia — Duration: 8 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William F. Pearce M. D.
Address Union Memorial Date signed 3/7/40

VS 3

BALTIMORE CITY HEALTH DEPARTMENT 94-a F 67059

CERTIFICATE OF DEATH

Registered No. F-67059

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3203 Harford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3202 Harford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Jacob Hiss

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife Federica Thabe

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/9/1858

8. AGE: Years	Months	Days	If less than one day
81	9 11	25 29	hr. min.

9. Birthplace Balto, Co, Md (Town, county, and State)

10. Usual Occupation Retired Farmer

11. Industry or business —

FATHER 12. Name William Hiss

13. Birthplace

MOTHER 14. Maiden Name Susannah Smith

15. Birthplace Carroll Co, Md

16 (a) Informant P. Hanson Duncan

(b) Address 3202 Harford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 9 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Balto Co

18 (a) Funeral director Henry W Jenkins Co

(b) Address McCulloh & Madison Sts, Balto, Md

MAR 8 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1940, at 1045 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.

Date signed 3/6/40

VS 6

67060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B ✓ F 67060 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1131 S. Hanover St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1131 S Hanover St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

23-1

3 (a) FULL NAME MARY F FOGLER ✓

3 (b) If veteran, name war — no
3 (c) Social Security Account No. — no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Edgar H. Fogler
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Dec 8, 1897

8. AGE: Years	Months	Days	If less than one day
42	3 m	029	..... hr. ..... min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business own home

FATHER
12. Name John Allen
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Pauline Dropp
15. Birthplace Baltimore

16 (a) Informant Husband, Edgar H Fogler
(b) Address 1131 S Hanover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Rd.
(d) Funeral director J. F. M. Cully
(e) Address 130 E. Fort Ave.

MAR 8-1940

19 (a) (Date) registered Howard Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

13^

20. DATE OF DEATH March 7th 1940, at 10 a.m.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said ~~inquest~~ (Autopsy or Inquiry) find that said deceased came to ~~her~~ death on the day stated above.

Immediate cause of death	Duration
Tuberculosis pulmonary	1 yr 8
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. A. Wallenmeyer M.D.
Medical Examiner.
Date signed 3-7-40

F 67061

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 67061 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Type correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1160 Ward St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard 2. Gentry (53338)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife Carrie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 11, 1886

8. AGE: Years	Months	Days	If less than one day
60.	2.	25	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Meat Packer

11. Industry or business

FATHER
12. Name William 2. Gentry (D)
13. Birthplace Va.

MOTHER
14. Maiden Name Mary E. Hay (D)
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore City

18 (a) Funeral director O. F. Wiesenfeld & Son
(b) Address 1000 Eastern Ave.

19 (a) 1940 (Date received by registrar) (b) Huntington Williams, M.D. (Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 29, 1940 to Mar. 6, 1940, and that I last saw h alive on Mar. 6, 1940.

Immediate cause of death Tuberculosis of the lungs — Duration Dec 1939

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature
Address Balto City Hos Date signed M. D. 3/7/40

67062

51507 SD 67062

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 423 Camden Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard Cox

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: Florence

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29, 1873

8. AGE: Years 66 | Months 8 | Days 6 | If less than one day ... hr. ... min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation: Glass Blower

11. Industry or business: Unemployed

FATHER
12. Name: Henry Cox
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Mary Zepp
15. Birthplace: Maryland

16 (a) Informant: Records
(b) Address: Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 9 1940 (month) (day) (year)
(c) Cemetery or crematory: Bethel Cemetery
Location: Woodbine Md.

18 (a) Funeral director: Maria Coyle Sylvester
(b) Address: 600 W. North Ave.

19 (a) (Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1940, at 1.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 2 1940, to March 5 1940, and that I last saw him alive on March 5 1940.

	Duration
Immediate cause of death: Hypostatic cardiorenal disease	
Due to:	
Due to:	
Other Conditions: Terminal bronchopneumonia	5 days.

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: J. Murray Hebb M. D.
Address: Balto. City Hosp. Date signed 3-7-40

F 67063

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 67063 Registered No. 1639-H

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 855 Park ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 855 Park ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carrie N. Bryan

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 14 1876.

8. AGE: Years	Months	Days	If less than one day
63	4	21	hr. min.

9. Birthplace Balto Md, (Town, county, and state)
10. Usual Occupation None.
11. Industry or business

FATHER
12. Name Louis Hohlbein
13. Birthplace Md.

MOTHER
14. Maiden Name [illegible]
15. Birthplace [illegible]

16 (a) Informant Mrs. Wm. Kronmann.
(b) Address 206 Paddington Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/40 (month) (day) (year)
(c) Cemetery or crematory Loraine
Location Balto Md

18 (a) Funeral director M. J. Lefler
(b) Address 1600 W. North Ave

19 (a) (Date rec'd by registrar) (b) [illegible] for Phillips, M.D. Registrar

MAR 8 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-6- 1940, at 12:35 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy thereon and from the evidence obtained by said Inquest, Autopsy and that said deceased came to her death on the day stated above.

Immediate cause of death — Duration

Asphyxiation

Due to Illuminating Gas

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 3-6-40
(c) Where did injury occur? Balto. Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Inhalation of illuminating gas

23. Signature [illegible] M.D. Medical Examiner.
Date signed 3-7-40

F 67064

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1861 — Registered No. F 67064

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bolte City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town 3634 Esther Place (If outside city or town limits, write RURAL and give town)
(d) Street No. Dalto. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Annie Gross

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife: Phillip Gross

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 28, 1862

8. AGE: Years	Months	Days	If less than one day
77	7	7 8	hr. ..... min.

9. Birthplace: Pennsylvania (Town, county, and state)

10. Usual Occupation: house wife.

11. Industry or business

FATHER
12. Name: Mosses Leichty
13. Birthplace: Pennsylvania

MOTHER
14. Maiden Name: Maria Smith
15. Birthplace: Pennsylvania

16 (a) Informant: John Gross
(b) Address: 3505 Claremont Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/40 (month) (day) (year)
(c) Cemetery or crematory: Oaklawn
Location: Eastern Avenue road.

18 (a) Funeral director: Libley & Zeckendorf Inc
(b) Address: 403 S. Wolfe Street.

19 (a) MAR 8 — 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1940, at 12 05 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture, rt. femur
Subulan pneumonia
Due to Generalized arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2/14/40
(c) Where did injury occur? 3634 Esther Place (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fall on floor during syncope

23. Signature H. B. Vanderhoff M.D.
Medical Examiner.
Date signed 3/6/40

F 67065

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V/31-D

Registered No. F 67065

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1718 W. Lafayette Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (3)
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1718 W. Lafayette Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wm. Green

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: S. Jeannette

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15, 1874

8. AGE: Years: 65 | Months: 10 | Days: 20 | If less than one day: hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation House furnisher (Prof.)

11. Industry or business

FATHER
12. Name James Green
13. Birthplace Md.

MOTHER
14. Maiden Name Julia Taylor
15. Birthplace Md.

16 (a) Informant S. Jeanette Green
(b) Address 1718 W. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County Md.

18 (a) Funeral director Joseph B. Locke, Jr.
(b) Address 1304 N. Central Ave. Huntingtor Parkway, Md.

MAR 8 - 1940 (Date rec'd by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1940, at 3 38 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1937 to March 5 1940, and that I last saw h[illegible] alive on March 4 1940.

Immediate cause of death: Chronic Parenchymatous Nephritis (Uremia) — Duration 2 yrs

Due to

Due to

Other Conditions Mitral Regurgitation — 2 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. J. Murray

Address 1424 E. Monument St. Date signed 3/7/40

F 67066

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 183-a

F 67066
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1027 S. Sharp St
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) none
(e) Length of stay in Baltimore (yrs., mos., or days) 42

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1027 S. Sharp St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ___ years

3 (a) FULL NAME Fred Cottman

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 220-02-7720

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Eliza Cottman
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Md.

8. AGE: Years 62 | Months 9 mos | Days — | If less than one day: hr. ___ min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Labor

11. Industry or business ✓

FATHER
12. Name Joseph Cottman
13. Birthplace Md.

MOTHER
14. Maiden Name Annie Denver
15. Birthplace Md

16 (a) Informant Eliza Cottman
(b) Address 1027 S. Sharp St

17 (a) ___ (Burial, cremation, or removal) (b) Date thereof 3 | 8 | 40 (month) (day) (year)

(c) Cemetery or crematory
Location Mt Auburn

18 (a) Funeral director Isaiah L. Brown Son
(b) Address 108 W Montgomery St

19 (a) MAR 8 1940 Registrar (b) ___

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-8-1940, at 7:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 6 1940 to March 8 1940 and that I last saw [illegible] alive on March 8 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 hrs
Due to: Hypertension ✓
Due to: ___
Other Conditions ✓
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Emma C Dalton M. D.
Address 1016 S. Sharp St Date signed 3-8-40

F 67067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 67067 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2632 Puget St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-5-3
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto. Co.
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2632 Puget St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Burley Ogle
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov 4 / 65
8. AGE: Years 75 | Months | Days 1 | If less than one day hr. min.
9. Birthplace md. a.a. co. (Town, county, and state)
10. Usual Occupation Laborer, watchman
11. Industry or business

FATHER 12. Name Henry Ogle
13. Birthplace a.a. Co Md.

MOTHER 14. Maiden Name Mary Harris
15. Birthplace a.a. Co Md.

16 (a) Informant Edna Ogle
(b) Address 2632 Puget St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3 | 8 | 40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto Md

18 (a) Funeral director Isaiah L Brown Son
(b) Address 1058 Montgomery St

MAR 8 – 1940 (Date Rec'd Local Registrar) Huntingtown, Williams, Reg.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/5/40 2:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/24/40 to 3/5/40 and that I last saw h alive on 3/4/40

Immediate cause of death
Cerebral Hemorrhage — Duration 3 days 3/2/40
Due to Arteriosclerosis — 1 yr.
Due to —
Other Conditions Infl. acute interstitial nephritis

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John Barclay M. D.
Address 514 Mansfield Ave Date signed 3/6/40

F 67068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 40

F 67068 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1613 Ellamont St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 6-7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and Post Town)
(d) Street No. 1613 Ellamont St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice M Adair

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Wht.	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11 1875

8. AGE: Years	Months	Days	If less than one day
64	8	24	25 hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name George P Wright
13. Birthplace Md.

MOTHER
14. Maiden Name Ann Cooper
15. Birthplace Md

16 (a) Informant Mrs Florence Calder
(b) Address 1613 Ellamont St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 9-1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md.

18 (a) Funeral director Jos Joerdens & Son
(b) Address 1927 Park ave.

19 (a) (Date rec'd by registrar) (b) by [illegible] Registrar

MAR 8 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Mch 6 1940 at 2 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1932 19 to Mch 6 1940, and that I last saw h[illegible] alive on Mch 4 1940.

Immediate cause of death Carcinomatosis — Duration 8

Due to — Duration over

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Hurley
Address 2700 Harford Rd Date signed 3/9/40

F 67069

CCK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52660

Registered F 67069

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 871 Lemmon St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Campbell

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-12-9033

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
60	?	?	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Chesp. Co. Keiser Bldg.

FATHER
12. Name John
13. Birthplace Va.

MOTHER
14. Maiden Name Marietta Taylor
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAR 8 - 1940
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 (a) MAR 8 - 1940 Huntington Williams M.D.
(Date rec'd by registrar) (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 - 28 1940 at 2.55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from R-7 1940, to 2 - 28 1940, and that I last saw h/ alive on 2 - 27 1940.

Immediate cause of death	Duration
Gas gangrene left foot	several days
Due to Arterio sclerotic gangrene left foot	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lt. Woodward M.D.
Address Balt. City Hosp. Date signed 2-28-40

F 67070

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 67070 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address ~~1732~~ 1732 E. Chase St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto City

(c) City or town Balto. Md.

(If outside city or town limits, write RURAL and give town)

(d) Street No. 32 S. Broadway

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Wm. Ward.

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Married

6 (b) Name of husband or wife Elz. M. Ward

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Nov. 27. 1877

8. AGE: Years	Months	Days	If less than one day
65	3	10	hr. min.

9. Birthplace Baltimore Md

(Town, county, and state)

10. Usual Occupation Pottery.

11. Industry or business

FATHER 12. Name Wm Ward.

13. Birthplace England

MOTHER 14. Maiden Name Katherine Sinsbey

15. Birthplace Germany

16 (a) Informant Mrs Elz Ward

(b) Address 1732 E Chase St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/40 (month) (day) (year)

(c) Cemetery or crematory Immanuel

Location Gravdon Sand

18 (a) Funeral director J. Bergmann Son

(b) Address 32 S. Broadway Huntington Terminal, M.D.

19 (a) MAR 8 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 7. 1940. at 12:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 5 1940, to Mar 7 1940, and that I last saw him alive on Mar 7 1940.

	Duration
Immediate cause of death Lobular Pneumonia	3 days
Due to Bronchopneumonia	6 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Wm B. Peasley M. D.

Address 718 N. Patterson Pk Ave Date signed 3/9/40

VS 3

F 67071

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A Registered No. F 67071

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hilkeiner & Catan Ave
(c) Hospital or institution: St Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 months 20
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3530 S. Smallwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 15 years

3 (a) FULL NAME Mrs. Pauline Athas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Peter Athas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8, 1905

8. AGE: Years 34 | Months 9 | Days 28 | If less than one day hr. min. 29

9. Birthplace Greece (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Thomas Panos

13. Birthplace Greece

MOTHER 14. Maiden Name Ruth Panos

15. Birthplace Greece

16 (a) Informant Hospital records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-1940 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cemetery

Location Near Baltimore Md

18 (a) Funeral director John R. Byers

(b) Address Westminster Md.

19 (a) MAR 8 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-7 1940, at 5:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-28 1939, to 3-7 1940, and that I last saw her alive on 3-7 1940.

Immediate cause of death	Duration
Anemia	
Due to Chronic nephritis	
Due to Hypertension & cardiac degeneration	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles V. Lescisin, M. D.

Address St Agnes Hosp. Date signed 3-7-40

VS 3

F 67072

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 67072

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 8 N. Carolina St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 8 N Carolina St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JESSE BROWN

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 220-07-3692

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Widowed

6 (b) Name of husband or wife: Unknown
6 (c) If alive, give age: dead years

7. Birth date of deceased (mo., day, yr.) Jan 20 1874

8. AGE: Years	Months	Days	If less than one day
66 65	1	11	hr. min.

9. Birthplace South Carolina (Florence) (Town, county, and state)
10. Usual Occupation Bricklayer
11. Industry or business Champion Brick Company

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Hattie Brownell -
(b) Address 8 N Carolina St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAR 8 - 1940
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 (a) MAR 8 1940 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1st 1940, at 9 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration: sudden
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed March 2, 1940

67073

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 67073

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 min 3 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 230 So Caroline St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick Faretti

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Wh	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) MAR 8 – 1940 (Date rec'd by registrar) Huntington Nolting & Co. Inc.

VS 6

MEDICAL CERTIFICATION

945a

20. DATE OF DEATH February 29 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Cardiovascular Renal Disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Sandbrook M.D. Medical Examiner.
Date signed 3/2/40

F 67074

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-B Registered No. F 67074

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Please give age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4605 Mannasota Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4605 Mannasota Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

76

3 (a) FULL NAME Ella F. Richardson

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Edro Richardson
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Jan 17, 1877

8. AGE: Years	Months	Days	If less than one day
63	1	18	20 hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name George Evans. Mason
13. Birthplace Md.

MOTHER
14. Maiden Name Henrietta L. Bitzel
15. Birthplace Md.

16 (a) Informant Edro Richardson
(b) Address 4605 Mannasota Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 9. 1940 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto City

18 (a) Funeral director Mrs. Mrs. John W. Teufel & Son
(b) Address 801 W. Fayette St

19 (a) MAR 8 1940 (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 7 1940, at 1 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1 1940, to Mar. 6 1940 and that I last saw h e R alive on March 6 1940.

Immediate cause of death Bronchio Pneumonia
Due to Adeno Carcinoma of Rectum
Due to Carcinoma of uterus
Other Conditions

Duration

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lorette A Anderson M. D.
Address 3001 Shannon Drive Date signed 3-8-40

67075

F 67075

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 804 Homestead St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 804 Homestead St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM E. BURNHAM

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-18-2450

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lydia Burnham
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) November 26, 1869

8. AGE: Years	Months	Days	If less than one day
70	3	11	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Shipping Clerk
11. Industry or business Importers

FATHER
12. Name Enoch Burnham
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Brown
15. Birthplace Maryland

16 (a) Informant Mrs. Lydia Burnham
(b) Address 804 Homestead St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 9, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Baltimore, Md.

18 (a) Funeral director Wm. Cross Sons
(b) Address 1603 W. Baltimore St.

19 (a) MAR 8 1940 (Date received by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1940, at 2 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 26, 1940, to Mar. 7 1940, and that I last saw him alive on Mar. 6, 1940.

	Duration
Immediate cause of death Uremia	10 days
Due to Ch. Nephritis	?
Due to	
Other Conditions Ch. Myocarditis	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lloyd C. Leyler M. D.
Address 3902 Greenmount Ave Date signed Mar 8 '40

HEALTH DEPARTMENT—CITY OF BALTIMORE

67076 CERTIFICATE OF DEATH S.S 218-0 F 167076

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 22 61 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry R. Ballard

If U. S. Veteran specify WAR

(a) Residence: No. 739 W. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Eric Ballard

6. DATE OF BIRTH (month, day, year) Aug 7-1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	? 8	? 1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker's Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery

10. Date deceased last worked at this occupation (month and year) 3/5/40

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME W. S. Ballard

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Ida Etherton

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Wife (Eric Ballard)

(Address) 739 W. Fayette

18. BURIAL, CREMATION, OR REMOVAL

Place Crozet, Va. Date 3/10, 1940

19. UNDERTAKER [illegible]

(Address) [illegible]

20. Filed MAR 8 - 1940 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1940 to March 8, 1940

I last saw him alive on March 8, 1940 Death is said to have occurred on the date stated above, at 7.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Gastric Ulcer c Generalized Peritonitis.	3/8/40
Diabetes Mellitus	?
Acidosis and Ketosis	3/2/40

Other contributory causes of importance: Mild hyperpiesis C-V-Disease Carbuncle, neck.

Was an operation performed? Yes Date of 3/5/40

For what disease or injury? Carbuncle, neck.

Name of operation Excision carbuncle, neck

What test confirmed diagnosis? Lab. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jno. James Bruning M. D.

(Address) University Hospital

INSTRUCTIONS.—WRITE LEGIBLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67077

CERTIFICATE OF DEATH

83-a F 67077

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 29 N. Linwood Ave 6-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Barbara Hinkel

If U. S. Veteran specify WAR

(a) Residence: No. 29 N. Linwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Hinkel

6. DATE OF BIRTH (month, day, year) Mar 28 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Zang

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Lillian Ackerman

(Address) 3327 Elmora Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Mar 11 1940

19. UNDERTAKER William Cook

(Address) 1217 W. Pratt St

20. FILED MAR 9 1940 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 7 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 22 1939 to March 7 1940

I last saw h alive on Mar 6 1940 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Arterial Hypertension	1939
Chronic Arteriosclerosis	
Cerebral Apoplexy	

Other contributory causes of importance:

Hypostatic Pneumonia

Acute Cardiac Dilatation

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm G. Geyer M. D.

(Address) 156 N. Milton Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD, AND ALL information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

67078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 67078

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 N. Howard St. 11-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Emma Schaun

If U. S. Veteran specify WAR .....

(a) Residence: No. 705 N. Howard St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) April 27th 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Charles A. Schaun

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie A. Salchow

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edward L. Schaun

(Address) 705 N. Howard St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 9th 1940

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED MAR 9 - 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7th, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 5th, 1940 to March 7, 1940

I last saw h[illegible] alive on March 7, 1940 Death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinoma of the Liver	?
Primary Seirhus Carcinoma of Left Breast	1938
Other contributory causes of importance	

Was an operation performed? Yes Date of Feb 5, 1940

For what disease injury? Pyloric obstruction secondary to Gastric cancer

Name of operation Gastro-Enterostomy

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William R. Speaks M. D.

(Address) 10 E Read St

INSTRUCTIONS—WRITE PLAINLY WITH INK—THIS IS A CERTIFICATION AS TO FACTS. GIVE ALL information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67079

CERTIFICATE OF DEATH

117-a F 67079

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2662-Kennedy Ave St. 9-7 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Michael J. Simmerl

If U.S. Veteran specify WAR _____

(a) Residence: No. 2662-Kennedy Ave St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Katherine (Shrodt.)

6. DATE OF BIRTH (month, day, year) 12/14/1871

7. AGE	Years	Months	Days	If LESS than 1 day, hours or min.
	68	2	22 ?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ? Simmerl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ? Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. William Simmerl

(Address) 2662-Kennedy Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 3/9/40, 19

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1738-Harford Ave.

20. FILED MAR 9 - 1940, 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1940 to March 7, 1940

I last saw him alive on March 6, 1940. Death is said to have occurred on the date stated above, at 3:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis Stomach Illness	2 days
Other contributory causes of importance:	
Influenza	4 days

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation None

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Thos. F. A. Storms M. D.

(Address) 2878 Harford Rd

VS 5

NO. 2. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 67080

Harris

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 67080

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County A. A. Co.

(c) City or town Annapolis (If outside city or town limits, write RURAL and give town)

(d) Street No. 19 Morris Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Lillian Ferrell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 13, 1899

8. AGE: Years 41 | Months 3 | Days 25 | If less than one day: hr. min. (26)

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER 12. Name: Noble Warren

FATHER 13. Birthplace: Maryland

MOTHER 14. Maiden Name: Alice Jacobs

MOTHER 15. Birthplace: Maryland

16 (a) Informant: Father

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 3/12/40 (month) (day) (year)

(c) Cemetery or crematory: Brewer Hill

Location: Outside of Annapolis

18 (a) Funeral director: Charles H. Alexander

(b) Address 43-45 North West St.

19 MAR 9 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1940 at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 21 1940 to March 9 1940, and that I last saw h[illegible] alive on March 9 1940.

Immediate cause of death: Cardiac Failure — Duration: 3 years

Due to: Myocardial Degeneration

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature: Nelson P. Dulek M. D.

Address: Mercy Hospital Date signed 3-9-40

VS 3

F 67081

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1223 N. Patonas St (If rural give location)
(e) If foreign born, how long in U. S. A.? 29 years

3 (a) FULL NAME Lucy D'onofrio D' Onofrio

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Late Frank Vincent
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-20-79

8. AGE: Years	Months	Days	If less than one day: hr.	min.
60	2	17		

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Vincent Del Rosso
13. Birthplace Italy

MOTHER
14. Maiden Name Concetta MINGHILLA
15. Birthplace Italy

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Holy Redeemer (Burial, cremation, or removal) (b) Date thereof March 11-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Belair Rd.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St

19 (a) Registrar (Date rec'd by registrar) (b) Local registration district

VS s 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 7 1940 at 9 59 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 29 1940 to Mar 7 1940 and that I last saw her alive on Mar 7 1940

Immediate cause of death Cerebral Hemorrhage. Duration 3 wks.

Due to Hypertensive Cardiovascular Disease 7 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John S. Hunt M. D.
Address Johns Hopkins Hospital Date signed 3-7-40

F 67082

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 67082 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 241 N Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 241 N Fulton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elmer C Mitchell

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Minnie M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 24 1882

8. AGE: Years 58 Months Days 11 If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Contract Linoleum Layer

11. Industry or business

FATHER 12. Name John Mitchell

13. Birthplace Md

MOTHER 14. Maiden Name Not Known

15. Birthplace " "

16 (a) Informant Mrs E C Mitchell

(b) Address 241 N Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 9 40 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Balto Md

18 (a) Funeral director George A Tyler

(b) Address Fulton Ave Lay Station

19 (a) (Date received by registrar) (b) Huntington Williams M.D. Registrar

MAR 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6. 1940, at 5.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1. 1940. to Mar 6. 1940. and that I last saw him alive on March 6. 1940.

Immediate cause of death	Duration
Coronary Thrombosis	1 Day
Due to —	3 mo.
Due to Acute Myocarditis	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings: None

Of operations

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Chas Norton, M.D.

Address 888 Reynolds Ave Date signed 3/8/40.

67083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. 67083

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 W Fayette St. 19-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E Gallion

If U. S. Veteran specify WAR

(a) Residence: No. 1715 W Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Chas Gallion

6. DATE OF BIRTH (month, day, year) Aug 14 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	6	23rd	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Theodore Pickards

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Winifred O'Sullivan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT Jane Gallion (Address) 1715 W Fayette

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem Date 2/11 40

19. UNDERTAKER Jas E Kerlin (Address) Fulton & Fayette

20. Filed 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8. 1940

22. I HEREBY CERTIFY, That I attended deceased from March 16 to March 8 1940

I last saw her alive on March 2, 1940. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation	2 day
Other contributory causes of importance: Chronic myocarditis	
Senility	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Wales M. D.

(Address) 47 Fulton

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 9 1940

VS 8

F 67084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 170-C

F 67084

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1425 Homestead St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN BUERMANN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Mary B Buermann
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 9 - 1861

8. AGE: Years	Months	Days	If less than one day
78	2	17/8	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Upholsterer
11. Industry or business Retired

FATHER
12. Name Dont know
13. Birthplace Germany

MOTHER
14. Maiden Name Dont know
15. Birthplace Germany

16 (a) Informant Arthur A Buermann
(b) Address 3747 Clipmont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 11 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Baltimore

18 (a) Funeral director John Ullrich
(b) Address 2008 Aliceanna St

19 (a) MAR 9 - 1940 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1940, at 7 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Shock, traumatic	sudden
Due to Fracture, skull, left parietal bone.	"
Due to 1.	
Other Conditions Fracture, ribs, left tibia, left tibia and fibula	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 7, 1940
(c) Where did injury occur? Alameda + Kirk Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? no
(Specify type of place)
(e) Means of injury struck by auto while crossing street

23. Signature Dr. L. W. Wallenmeyer M.D.
Asst. Medical Examiner.
Date signed Mar 7, 1940

VS 6

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

67085

CERTIFICATE OF DEATH

93-D F 67085

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1720 Darley Ave St. 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Amelia Oelmann

(a) RESIDENCE NO. 1720 Darley Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. da. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Albert K.L. Oelmann

6 DATE OF BIRTH (month, day, and year): April 28 1855

7 AGE: Years 84 Months 10 Days 27

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Germany

(State or country)

PARENTS

10 NAME OF FATHER Strauz

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mr. Rudolph DeSmann

(Address) 93 N Eutaw Ave

15 MAR 9 – 1940 City for Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7th 1940

17 I HEREBY CERTIFY, That I attended deceased from January 19 1940 to March 7 1940

that I last saw h[illegible] alive on March 7 1940

and that death occurred, on the date stated above, at 10 [illegible]

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency.

(duration) yrs. mos.

CONTRIBUTORY (Secondary) Arteriosclerosis, hypertension

+ Myocarditis

(duration) yrs. mos.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John G. Schenuit M.

19 (Address) 1337 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: Oakwood Cemetery

Date of Burial March 11 19

20 UNDERTAKER: John Ulrich

ADDRESS 2008 Eutaw

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 67086

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 67086

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 16 N Hilton
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 207 16 N. Hilton St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John A Mayn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	widowed

6 (b) Name of husband or wife Anna Mayn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 17 1853

8. AGE: Years	Months	Days	If less than one day
86	6	24	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Coal Dealer
11. Industry or business

FATHER
12. Name John A Mayn
13. Birthplace Md

MOTHER
14. Maiden Name Dont Know
15. Birthplace

16 (a) Informant Mrs Emma Armstrong
(b) Address 1430 Linden Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 9/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto

18 (a) Funeral director John Welsh
(b) Address 2908 Orleans St

19 (a) Date received by registrar MAR 9 1940 (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/7 1940, at 330 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/2 1940 to 3/7 1940 and that I last saw him alive on 3/7 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to	
Due to Senility - Hypertension	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Chas A Barbo M. D.
Address 1145 N Balto St Date signed 3/5/40

HEALTH DEPARTMENT—CITY OF BALTIMORE

67087 **CERTIFICATE OF DEATH** 107 F 67087

1. PLACE OF DEATH

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St. 27-2 42 Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Retha M Herder (Margaretha)

If U. S. Veteran specify WAR _____

(a) Residence: No. 2911 Ruckert Ave. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Godfrey A Herder

6. DATE OF BIRTH (month, day, year) May 31 1897

7. AGE Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
42	9 10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Frank Neumeister

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Emma Bruening

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Godfrey Herder (Address) 2911 Ruckert

18. BURIAL, CREMATION, OR REMOVAL Place Balto Date Mar 12 40

19. UNDERTAKER John Uhler (Address) 3008 Orleans St

20. FILED MAR 9 - 1940 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9th 1940

22. I HEREBY CERTIFY, That I attended deceased from March 5th 1940 to March 9th 1940

I last saw h[illegible] alive on March 9th 1940 Death is said to have occurred on the date stated above, at 5 03 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Broncho Pneumonia	3-4-40
Other contributory causes of importance: Laryngo-Tracheal Bronchitis	3-8-40

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Louis Balon Gallo M. D.

(Address) University Hospital

A. E.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67088

CERTIFICATE OF DEATH

195-D F 67088

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St. W-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 7 mos. 7 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Frank Rehberger.

If U. S. Veteran specify WAR

(a) Residence: No. Glen Arm, Balto Co. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Mar. 16, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	11	2372	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Co. (State or country) Maryland

FATHER

13. NAME Louis Rehberger

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Hines

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Mrs. Henry Reier

(Address) Glen Arm, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Cem. Date Mar. 11, 1940

19. UNDERTAKER London McGroby

(Address) Emory, Md.

20. FILED MAR 9 — 1940 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1940

22. I HEREBY CERTIFY, That I attended deceased from Mar. 7, 1940 to Mar. 9, 1940

I last saw him alive on Mar 9, 1940. Death is said to have occurred on the date stated above, at 5:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Pneumonitis	3/5/40
b. Mediastinitis	
c.	
d.	

Other contributory causes of importance: Foreign body in Esophagus 2/24/40 Secondary hemorrhage.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Feb 24, 1940

Where did injury occur? Glen Arm, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Swallowed a fish bone

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. P. Stevens M. D.

(Address) University Hospital

VS 2

1. A—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Any item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 67089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164-e ✓

Registered No. F 67089

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2705 Mosher St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2705 Mosher St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

16 6

3 (a) FULL NAME William Joseph Fury

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Matilda Fury
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Jan. 18, 1884

8. AGE: Years	Months	Days	If less than one day
56	21	1819	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Retired Police Officer
11. Industry or business —

FATHER
12. Name Adam Fury
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Matilda Schnabelen
15. Birthplace Baltimore, Maryland

16 (a) Informant Wife
(b) Address above

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (month) 11 (day) 1940 (year)
(c) Cemetery or crematory New Cathedral
Location Balto Md

18 (a) Funeral director E. A. Brannigan
(b) Address 2924 Edmondson Ave

MAR 9 - 1940
19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-7-1940, at 6:20 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bullet wounds of Chest	
Due to Bursting Heart	
Due to Mental Depression	
Other Conditions Sep-infected	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 3-7-40
(c) Where did injury occur? Baltimore Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Room While at work? No
(Specify type of place)
(e) Means of injury Sep infected gun shot of Heart

23. Signature Huntington Williams M.D.
Medical Examiner.
Date signed 3-7-40

67090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-2 Registered No. F 67090

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5124 Crescent Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Margaret L. E. Basford

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	White	Married

6 (b) Name of husband or wife Marion S.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 28, 1905

8. AGE: Years	Months	Days	If less than one day hr.	min.
34	5	10		

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own home

FATHER
12. Name John Christian Rueb
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Ocella Howard
15. Birthplace Baltimore, Md

16 (a) Informant Mr. Marion S. Basford
(b) Address 5124 Crescent Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/40 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) MAR - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/8 1940, at 7.40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/1 1940 to 3/8 1940 and that I last saw her alive on 3/7 1940.

Immediate cause of death Bronchopneumonia — Duration 7

Due to

Due to

Other Conditions Rheumatic S.V.D.

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L. Glassman M. D.
Address Md. Gen. Hosp. Date signed 3/8/40

VS 3

67091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163-H

F 67091 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4501 Maine Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4501 Maine Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nancy Knipp Mohr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband ~~or wife~~ Carl R. Mohr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 26, 1917

8. AGE: Years	Months	Days	If less than one day
23	0	12	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Roger C. Knipp
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Dorothy Knauff
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Gustav Sontagg
(b) Address 3820 Sequoia Avenue

17 (a) Burial (b) Date thereof 3/11/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pennsylvania Avenues

19 (a) MAR 9 - 1940 Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

VS 6

MEDICAL CERTIFICATION a. m.

20. DATE OF DEATH March 8 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Autopsy or Inquiry)
obtained by said , find that said deceased came
(Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
Illuminating gas poisoning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 3/8/40
(c) Where did injury occur? (City or town) 4501 Maine Ave (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Kitchen (Specify type of place) While at work? No
(e) Means of injury Illuminating gas - stove outlet

23. Signature H. W. Vandenbelt M.D.
Medical Examiner.
Date signed 3/8/40

67092

F 67092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 19

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 100 E. 23rd St.

(c) Hospital or institution: Dr. Beck's Clinic

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street 2827 Walbrook Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Mr. Percy D. Troutman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18, 1915

8. AGE: Years	Months	Days	If less than one day
24	9	20	hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Joseph Troutman

13. Birthplace Pa.

MOTHER 14. Maiden Name Mary Bennett

15. Birthplace Pa.

16 (a) Informant Miss Etta Troutman

(b) Address 2827 Walbrook Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 12, 40 (month) (day) (year)

(c) Cemetery or crematory Clearville Pa.

Location Clearville Pa.

18 (a) Funeral director Wm. D. Fickus & Sons

(b) Address North & Pa Ave.

19 (a) Mar 9 - 40 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mch 8 1940 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 23 1939 to Mch 8 1940 and that I last saw h[illegible] alive on Mch 8 1940.

Immediate cause of death Pulmonary Cachexia (Tuberculosis)

Duration 7 - over

Due to

Due to

Other Conditions Acute Miliary Tuberculosis -

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Mixed Miliary TB; adrenal caseation stage; pleurisy sic.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Harry S Beck M. D.

Address 100 E. 23rd St Date signed Mch 9 40

VS 3

GHS

F 67093

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C Registered No. F 67093

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 801 N. Linwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daniel N. Stowell

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 212-01-7440

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Eleanor L. Stowell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 15, 1915

8. AGE: Years	Months	Days	If less than one day
25		21/24	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Bread Salesman.

11. Industry or business Schmidt Bakery

FATHER
12. Name Daniel N. Stowell
13. Birthplace Nebraska

MOTHER
14. Maiden Name Mary Wolff
15. Birthplace Baltimore

16 (a) Informant Mrs. Eleanor L. Stowell
(b) Address 801 N. Linwood Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Road

18 (a) Funeral director John. J. Horan
(b) Address 3000 E. Baltimore

19 (a) MAR 9 - 1940 (Date rec'd by Registrar) (b) Huntingtor Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 - 7 - 1940, at 7:50 A. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy & Inquest find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death — **Duration**

Pneumothorax, bilateral
Due to Traumatic
Due to Respiratory Failure
Other Conditions Air Embolism

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident 9-V
(b) Date of occurrence 3-7-40
(c) Where did injury occur? Balto. (City or town) Md (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public - (Specify type of place) While at work? Yes
(e) Means of injury: Hit by auto - bruised about head

23. Signature Edmund J. Madden M.D. Medical Examiner.
Address 36 E. 25th York Road
Date signed 3-7-40

VS 6

F 67094

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 67094

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3120 E. Balto St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County ~

(c) City or town Balto.

(If outside city or town limits, write RURAL and give town)

(d) Street No. 3120 E. Balto St.

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Thomas

3 (b) If veteran, name war ~

3 (c) Social Security Account No. ~

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Otto Thomas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan - 18 - 1872

8. AGE: Years 66 | Months 7 | Days 20 | If less than one day hr. min.

9. Birthplace City (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Henry Herbold

13. Birthplace Balto Md.

MOTHER 14. Maiden Name Annie E. Herbold

15. Birthplace Balto. Md.

16 (a) Informant Mary Thomas

(b) Address 3120 E. Balto St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/40 (month) (day) (year)

(c) Cemetery or crematory Lakewood.

Location Taylor Ave.

18 (a) Funeral director John A. Horan

(b) Address 3000 E Balto St

19 (a) MAR 9 1940 (Date received by Registrar) (b) Huntington Woods, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/8/ 1940, at 8 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/5 1940 to 3/8 1940, and that I last saw h alive on 3/8 1940.

Immediate cause of death Bronchopneumonia

Due to

Due to

Other Conditions Chronic Hypertension.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature C. H. Gordon M. D.

Address 3400 E. Balto St. Date signed 3/9/40

F 67095

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 67095 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division
(c) Hospital or institution Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days.
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2225 Druid Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME James Harmon

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Colored	Single.

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17, 1910

8. AGE: Years	Months	Days	If less than one day
29	7	21	hr. min.

9. Birthplace N. Hampton Co Va (Town, county, and state)
10. Usual Occupation Waiter
11. Industry or business

FATHER
12. Name Jedson Harmon.
13. Birthplace Va

MOTHER
14. Maiden Name Georgi ?
15. Birthplace Va

16 (a) Informant Georgia Harmon.
(b) Address 2225 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/40 (month) (day) (year)
(c) Cemetery or crematory Elmore, Va.
Location Va

18 (a) Funeral director Thos. E. Kelson.
(b) Address 1303 Pressman st

19 (Date received by registrar) MAR 9 - 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 - 8 - 1940, at 1050 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-20-1940 to 3-8-1940 and that I last saw him alive on 3-8-1940.

Immediate cause of death Malignant Hypertension. (Etiology Unknown.) — Duration ?

Due to Cardiac Hypertrophy

Due to Chronic Interstitial Nephritis

Other Conditions Anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. F. Maloney M. D.
Address Provident Hospital Date signed 3/8/40

VS 3

LEHNERT

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-C

F 67096 — Registered No. F 67096

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1m 40m
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2415 Christian St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Lee ~~Stewart~~ [LEHNERT]

3 (b) If veteran, name war: no
3 (c) Social Security Account No.:
4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: S
6 (b) Name of husband or wife: —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 5, 1917
8. AGE: Years 22 | Months 10 | Days 4 | If less than one day: hr. min.
9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Baker (Bakery)
11. Industry or business
FATHER 12. Name William C Schwart
FATHER 13. Birthplace Balto
MOTHER 14. Maiden Name Anna ~~Hot~~ Kirby
MOTHER 15. Birthplace Balto
16 (a) Informant Anna ~~Schwart~~ Di Silvestro (mother)
(b) Address 2415 Christian St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Balto Md
18 (a) Funeral director Geo I Beyard Jr
(b) Address 1512 Hollins St
(a) Date received (b) Registrar

MAR 9 – 1940

Registrar

MEDICAL CERTIFICATION 5th a

20. DATE OF DEATH March 9 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of ribs, left — Laceration of left lung — Cerebral edema — Alcoholic Intoxication — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3/9/40
(c) Where did injury occur? Frederick Ave near Carpenter (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work? No
(e) Means of injury Auto accident
23. Signature H. Vanderhoff M.D. Medical Examiner.
Date signed 3/9/40

VS 6

67431
37 67097

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-B Registered No. F 67097

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1721 Ellsworth St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Woodrum

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	Black	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-26-39

8. AGE: Years	Months	Days	If less than one day
	3	12	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Winfield Woodrum
13. Birthplace Conn

MOTHER 14. Maiden Name Lucille Arlene
15. Birthplace Md.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Balto Co - Md

18 (a) Funeral director Jere R. P. Elliott & Sr
(b) Address 1122 N Caroline St

19 (a) MAR 9 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1940 at 8 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 3 1940 to Mar 8 1940 and that I last saw her alive on Mar 8 1940

Immediate cause of death	Duration
Meningitis	5 days
Due to Influenza Bacillus	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 3/8/40

VS 3

F 67098

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-0 Registered No. F 67098

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2310 Lyn Crest Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2310 Lyn Crest Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Claude A. Estes

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Married

6 (b) Name of husband or wife Ethel B. Estes
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Sept 26, 1879

8. AGE: Years	Months	Days	If less than one day
60	5	12	hr. min.

9. Birthplace Albamarle Co. Va (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Edward L. Estes
13. Birthplace Charlottesville Va

MOTHER
14. Maiden Name Irene Schotwell
15. Birthplace Green Co. Va

16 (a) Informant Ethel B. Estes
(b) Address 2310 Lyn Crest Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/40 (month) (day) (year)
(c) Cemetery or crematory Family Cem.
Location Barboursville, Va

18 (a) Funeral director Leonard F. Covington
(b) Address 21 W. 25th St.

19 (a) Filed MAR 9 1940 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/6/40 19 , at 11 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1937 to 3/5/40 19 , and that I last saw h[illegible] alive on 3/6/40 19

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Arteriosclerotic Cardiovascular Renal Complication Failure	5 yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hunt Williams M.D.
Address 101 W. Read St Date signed 3/9/40

F 67099

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-C

Registered No. F 67099

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

REGISTRAR REJECTED FOR REMEDY

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 936 Argyle Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Beatrice Lawrence

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	Widowed

6 (b) Name of husband or wife Williams (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 24, 1884

8. AGE: Years	Months	Days	If less than one day
56	0	13	hr. min.

9. Birthplace Georgia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Miles Winfred (d(
13. Birthplace Georgia

MOTHER
14. Maiden Name Leona Edwards (d)
15. Birthplace Georgia

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-9-40 (month) (day) (year)
(c) Cemetery or crematory
Location Atlanta Georgia

18 (a) Funeral director Mrs. Frances G. Kennedy
(b) Address 518 N. Biddle St.

MAR 9 1940

19 (a) Huntington Williams Mort Co. (Date rec'd by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1940, at 9:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 19 1939, to March 7 1940, and that I last saw her alive on March 7 1940.

Immediate cause of death	Duration between onset and death
Carcinoma of the Bronchus	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address Baltimore City Hospitals, Md. Date signed 3-8-40

67100

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13-B

F 67100 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 506 N Castle Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 19 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 506 N Castle St
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Leonard Stanewski (WISNIEWSKI)

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-07-6724

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 6 1909

8. AGE: Years 30 | Months 4 | Days 1 | If less than one day hr. min.

9. Birthplace Mt Pleasant Pa.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Stanislaus Wisniewski
13. Birthplace Poland

MOTHER 14. Maiden Name Maryanna Balcerak
15. Birthplace Poland

16 (a) Informant Mr Stanislaus Wisniewski
(b) Address 506 N. Castle Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/40 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary
Location Baltimore County

18 (a) Funeral director John or Weber
(b) Address 401 S. Chester Street

19 (a) MAR 9 1940 (Date received by registrar) Huntington Williams M.D. (Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1940 at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to Mch 7 1940 and that I last saw him alive on Mch 7 1940.

Immediate cause of death Pulmonary Pertussis. — Duration 2mo 7 Days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. F. Hatcher M.D.
Address 1715 Park Ave Date signed 3/7/40

67101

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B Registered No. F 67101

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 5723 Harford Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alma C. Ehrhardt

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-8271

4. Sex F.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-11-1918

8. AGE: Years 21 | Months 6 | Days 27 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Bookkeeper

11. Industry or business

FATHER
12. Name C. Elmer Ehrhardt
13. Birthplace Balto Co. Md

MOTHER
14. Maiden Name Bertha Penn
15. Birthplace Balto Co. Md

16 (a) Informant C. Elmer Ehrhardt
(b) Address 5723 Harford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-40 (month) (day) (year)
(c) Cemetery or crematory Woodland Pk
Location

18 (a) Funeral director Howard J. Lucke
(b) Address 5 Huntington Ave Baltimore, Md

19 MAR 9 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 8, 1940. at 4:07 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 25, 1940. to Mar. 8, 1940. and that I last saw her alive on Mar. 8, 1940.

Immediate cause of death: Tuberculous pneumonia — Duration: 15 days

Due to: Tuberculosis — ?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton J. Wilder M. D.
Address St. Joseph's Hosp. Date signed 3-9-40

VS 3

67102

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 8378

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Eaton & Wilkens ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ✓
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3027 Rosalind Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Lillian Myers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband: Edward C. Myers

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 5, 1873

8. AGE: Years 66 | Months 7 | Days 3 | If less than one day: hr. min.

9. Birthplace: Easton, Maryland (Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: Charles Scott Dawson
13. Birthplace: Easton, Maryland

MOTHER
14. Maiden Name: Effie Sugar
15. Birthplace: Maryland

16 (a) Informant: Mrs. H. D. White
(b) Address: 3027 Rosalind Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/40 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn
Location: Woodlawn, Maryland

18 (a) Funeral director: [illegible]
(b) Address: [illegible]

MAR 10 1940 (Date rec'd by Registrar) Huntington Wolfe, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 8 1940. at 10:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-9-1940. to 3-8-1940. and that I last saw her alive on 3-8-1940.

Immediate cause of death: Cerebral Hemorrhage.

Due to C. V. Hypertension arterio sclerosis.

Due to Diabetes Mellitus.

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: M. Sadow, M.D.
Address: St. Agnes Date signed 3/8/40

F 67103

Potter

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 67103 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fulkerson & Eaton Aves
(c) Hospital or institution: St. Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 - 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 424 Dennison Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Charles M. Potter Sr.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Louisa E. (Nee Fuchs)
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan. 29, 1868
8. AGE: Years 72 | Months 1 | Days 7 | If less than one day hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired Fireman
11. Industry or business

FATHER
12. Name William Potter
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Connelly
15. Birthplace Maryland

16 (a) Informant Mrs. Chas. Sawyer
(b) Address 424 Dennison St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/40 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave. & Longwood St.

18 (a) Funeral director Harry H. Mintzke
(b) Address 4101 Edmondson Ave

19 (a) (Date received by registrar) (b) Burlington Pike, Md.

MAR 10 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-7 1940, at 4:51 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-6 1940. to 3-7 1940. and that I last saw ~~him~~ alive on 3-7 1940.

Immediate cause of death: Coronary Thrombosis.
Due to: Arteria sclerotic Cardiac Vascular heart disease.
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. J. Sadove, M.D.
Address St Agnes Date signed 3/7/40

F 67104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 46 E

Registered No. E 67104

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 15 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6102 Windsor Mill Rd (If rural give location)
(e) If foreign born, how long in U. S. A.) ... years

3 (a) FULL NAME William Steigman

3 (b) If veteran, name war: No
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name ~~of husband~~ or wife Mrs. Ethel Steigman
6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) Feb 21, 1908

8. AGE: Years	Months	Days	If less than one day
32	0	18	hr. ... min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Garage Mechanic
11. Industry or business

FATHER
12. Name William Steigman
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Hauerath
15. Birthplace Germany

16 (a) Informant Ethel Steigman
(b) Address 6102 Windsor Mill Rd

17 (a) Removal (b) Date thereof March 10 1940 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hagerstown Md
Location Hagerstown Md

18 (a) Funeral director Williams Cook
(b) Address 1217 E. Pratt Street

19 (a) MAR 10 1940 (b) Huntington Williams, M.D. Registrar
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/9/40 19 , at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/25/40 19 . to 3/9 19 40. and that I last saw h alive on 19 .

Immediate cause of death
Adeno-Carcinoma of Liver, Mesenteric Nodes, Lungs, Jejunum
Due to (Primary in G.I. Tract)
Due to Intestinal Obstruction (Partial)
Other Conditions

Duration
2/25/40 to 3/9/40

(Include pregnancy within 3 months of death)
Major findings:
Of operations Same
Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Frederick Johnston Jr. M.D.
Address Md General Hospital Date signed 3/9/40

F 67105

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-B Registered No. F 67105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sieling Sanatorium
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1740 E. 30 St (If rural give location)
9-6
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis Seiler

3 (b) If veteran, name war ✓ NO
3 (c) Social Security Account No. ✓ NONE

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife ✓
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 20 - 1910

8. AGE: Years: 29 | Months: 10 | Days: 9 | If less than one day: hr. min.

9. Birthplace Philadelphia, Pa (Town, county, and state)

10. Usual Occupation Laborer
11. Industry or business -

FATHER
12. Name Louis Seiler
13. Birthplace Germany

MOTHER
14. Maiden Name Matilda Rebberchen
15. Birthplace Brooklyn, N.Y.

16 (a) Informant Louis Seiler
(b) Address 4435 Conduit Rd, Wash. D.C

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/11/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Holy Redeemer
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) Date received by Registrar MAR 10 1940 [illegible] for William Nolf

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-9- 1940, at 9 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy-Inquiry thereon and from the evidence obtained by said Autopsy-Inquiry (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death Chronic Myocarditis — **Duration**
Due to Chronic Nephritis
Due to
Other Conditions Chronic Gastro-Enteritis, Hypostatic Pneumonia (10 yr.)
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madison M.D.
Medical Examiner.
Date signed 3-9-40

F 67106

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

F 67106

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 S. Collins Ave St. 40-E Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Lucy F. Lephardt

If U. S. Veteran specify WAR No

(a) Residence: No. 123 S. Collins Ave St., ___ Ward. No. Social Security No.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank C. Lephardt

6. DATE OF BIRTH (month, day, year) June 20th 1877

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
62	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1940

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Richard B. Lawson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Nancy Bland

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Oscar B. Lephardt

(Address) 123 S. Collins Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Mar 11th 1940

19. UNDERTAKER William Cook

(Address) 1217 E. Fayette St

20. FILED MAR 10 1940 Thos. J. Taylor Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 8th, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 17th, 1940 to March 8, 1940

I last saw h[illegible] alive on March 7, 1940 Death is said to have occurred on the date stated above, at 12:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1 yr ago
Other contributory causes of importance: Arteriosclerosis	2 yrs ago
+ Hypertension	ago

Was an operation performed? ___ Date of ___

For what disease or injury? ___

Name of operation ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) Harry Hale, M. D.

(Address) 523 Scott St

F 67107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 67107
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 6130 Belair Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Fitch

3 (b) If veteran, name war — no
3 (c) Social Security Account No. 215-01-6542

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Catherine Fitch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1st 1857

8. AGE: Years 82 | Months 9 | Days 7 | If less than one day: hr min.

9. Birthplace Balto. Co. Md (Town, county, and state)
10. Usual Occupation Mechanical Contractor
11. Industry or business Can Co.

FATHER
12. Name John Fitch
13. Birthplace Balto Co Md.

MOTHER
14. Maiden Name Margaret Hipple
15. Birthplace Balto Co Md

16 (a) Informant Fred. Fitch
(b) Address 24 W. Elm Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 11 40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto City

18 (a) Funeral director Loudon Funeral Home
(b) Address 7401 Belair Rd

19 (a) Hampton Williams, M.D. Registrar
(Date received by Registrar) MAR 10 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 8, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 25, 1940, to Mar. 8, 1940, and that I last saw him alive on Mar. 8 1940.

Immediate cause of death Septicaemia — Duration 13 days.

Due to Diabetic gangrene of left foot — 2½ mos.

Due to Diabetes Mellitus — 2 yrs.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None Done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton J. Wilder M. D.
Address St. Joseph's Hosp. Date signed 3-8-40

F 67108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

F 67108 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4916 Ross Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4916 Ross Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick Koch

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary C. Koch
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) April 17 1874

8. AGE: Years 68 | Months 10 | Days 18 | If less than one day: hr. min.

9. Birthplace Balto City (Town, county, and state)

10. Usual Occupation Florist helper

11. Industry or business Saloon

FATHER
12. Name Johann Koch
13. Birthplace Germany

MOTHER
14. Maiden Name Julie Tibaef
15. Birthplace Germany

16 (a) Informant Mary C. Koch
(b) Address 4916 Ross Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 11 40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto City

18 (a) Funeral director Lassahn Funeral Home
(b) Address 2401 Belair Rd.

MAR 10 1940 (Date received by Registrar) for Wm. J. Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1940, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1937 to March 1 1940 and that I last saw him alive on March 1 1940.

	Duration
Immediate cause of death: Carcinoma of Rectum	3 yrs.
Due to:	
Due to:	
Other Conditions: —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury none

23. Signature R. L. Gordy M.D.
Address 5106 Harford Rd. Date signed 3-8-40

67109

LB 51654

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 67109

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days 2 mths
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2540 E. Eager St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 yrs. years

3 (a) FULL NAME Raphael Delgiudice

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Gelsomina
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 7, 1870

8. AGE: Years	Months	Days	If less than one day
69	4	1	hr. min.

9. Birthplace: Italy (Town, county, and state)
10. Usual Occupation: insurance agent
11. Industry or business: unemployed

FATHER
12. Name: Joseph Delgiudice
13. Birthplace: Italy

MOTHER
14. Maiden Name: Phelomina ~~Farina~~ x Farina
15. Birthplace: Italy

16 (a) Informant: B. C. H. Records
(b) Address

17 (a) Holy Redeemer (Burial, cremation, or removal) (b) Date thereof March 12-40 (month) (day) (year)
(c) Cemetery ~~Holy Redeemer~~ Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 (a) Filed MAR 10 1940 (b) Registrar Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-8 1940 at 4:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-6 1940 to 3-8 1940, and that I last saw h~~e~~ alive on 3-8 1940.

	Duration
Immediate cause of death: Arteriosclerotic gangrene left foot	over 2 months
Due to: Diabetes mellitus	?
Due to:	
Other Conditions:	
(Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Kurlandzka, M.D.
Address Balto City Hosp. Date signed 3-8-40

F 67110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-D Registered No. F 67110

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 12 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1412 Bayard St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

21 2

3 (a) FULL NAME George Mack Creek

3 (b) If veteran, name war WW

3 (c) Social Security Account No. 217-090252

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Daisy Spriggs
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Apr. 20, 1894

8. AGE: Years 45 | Months 10 | Days 17 | If less than one day: hr. min.

9. Birthplace Anne Arundel County, Maryland
(Town, county, and state)

10. Usual Occupation Laborer in Coal Yard

11. Industry or business

FATHER
12. Name James Creek
13. Birthplace Anne Arundel Co., Maryland.

MOTHER
14. Maiden Name Rosa (Unknown)
15. Birthplace Anne Arundel Co., Maryland.

16 (a) Informant Records-U.S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-40 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Frederick Ave

18 (a) Funeral director Robert Brooks & Son
(b) Address 1338 Hollins St

(c) Date received MAR 10 1940 (Registrar) Thomas J. Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7, 1940, at 1:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 6, 1940 to March 7, 1940 and that I last saw h im alive on March 7, 1940.

Immediate cause of death Cardiac decompensation — Duration Unknown

Due to Aortic Regurgitation — Duration W

Due to Luetic aortitis — Duration W

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations No operations

Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. M. W. Anderson.

Address U.S. Marine Hospital, Baltimore, Maryland. Date signed 3/8/40

GGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50508 F 67111

Registered No.

F 67111

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 522 N. Fremont Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Baskerville

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married (Sep)

6 (b) Name of husband or wife Ella

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 6, 1863

8. AGE: Years	Months	Days	If less than one day
76	5 4	1 28	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name Joseph Baskerville
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Baskerville
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-40 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location Balto. County

18 (a) Funeral director J. L. Preston Co. Inc.
(b) Address 619 Mosher St.

19 (a) MAR 13 1940 (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1940, at 11 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 27 1939, to March 4 1940, and that I last saw h.. alive on March 4 1940.

Immediate cause of death	Duration
Hypertensive cardiovascular disease	unknown
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murray Hafer M. D.
Address Balto City Hosp Date signed 3-8-40

Attending Physician

F 67112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-B

F 67112 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5323 Maple Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) ~~8 yrs~~ 27 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5323 Maple Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? Lifetime years

3 (a) FULL NAME MARY CONSTANTINE

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: HOWARD H. CONSTANTINE
6 (c) If alive, give age 23 years

7. Birth date of deceased (mo., day, yr.) FEB. 11, 1916

8. AGE: Years 24 | Months 0 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace Aberdeen, Maryland. (Town, county, and state)

10. Usual Occupation Waitress
11. Industry or business Tavern

FATHER
12. Name Purnell Long
13. Birthplace Chestertown, Md.

MOTHER
14. Maiden Name Barnes
15. Birthplace unknown

16 (a) Informant H. H. Constantine Jr.
(b) Address 2925 Boarman Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 / 11 / 40 (month) (day) (year)
(c) Cemetery or crematory Grove Com.
Location Aberdeen, Md.

18 (a) Funeral director L. Vernon Lemmon
(b) Address 4611 Park Heights

19 (a) Date received by registrar MAR 10 1940 (b) [illegible] Registrar

VS 6-

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1940, at 6 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Peritonitis, acute suppurative	12 hours
Due to Ulcers, duodenal perforated, acute	about 1 week ?
Due to	
Other Conditions none.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed March 8, 1940

F 67113

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 67113

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 728 E. 41st
(If rural give location)
9-1
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME JOHN F. STEADMAN

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife: Mary E. (Dolan)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/1/1891

8. AGE: Years	Months	Days	If less than one day
49	2	6	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Deputy Chief
11. Industry or business Balto. City Fire Dept.

FATHER
12. Name John Vincent Steadman
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Jane Cummings
15. Birthplace Balto Md

16 (a) Informant Mary L. Steadman
(b) Address 728 E. 41st St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director George J. Fitch Inc
(b) Address 1735 Harford Ave

MAR 10 1940
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1940, at 3:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death: Coronary occlusion — Duration: sudd

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wolfenmeyer M.D.
Medical Examiner.
Date signed 3-7-40

VS 6

F 67114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 67114 Registered No. 88414

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1339 E. North Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME: Mrs Mary E. McGonigle
3 (b) If veteran, name war:
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widowed

6 (b) Name of husband or wife: John D. McGonigle
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): 7/11/1876

8. AGE: Years	Months	Days	If less than one day: hr.	min.
63	7	25		

9. Birthplace: Baltimore
(Town, county, and state)
10. Usual Occupation: At Home
11. Industry or business:

FATHER
12. Name: Patrick F. Kelley
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Ellen E. Larkin
15. Birthplace: Ireland

16 (a) Informant: Mrs. M. McGonigle
(b) Address: 1339 E. North Ave.

17 (a) Burial, cremation, or removal: Burial (b) Date thereof: 3/12/40 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral
Location: Baltimore Md.

18 (a) Funeral director: George J. Smith
(b) Address: 1339 E. North Ave
(Signature of registrar) Huntington Williams Registrar

MAR 10 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 7 1940 at 9:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 3 1940 to March 7 1940, and that I last saw her alive on March 7 1940.

Immediate cause of death: Cardiac Failure
Due to: Arteriosclerotic heart disease
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Sadie E. McS M.D.
Address: St Agnes Date signed: 3/7/40

VS 8

F 67115

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133-B

Registered No. F 67115

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address S. Balto. Gen. (Light St.)
(c) Hospital or institution: S. Balto. Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto Anne A. Co.
(c) City or town Rural - Solley - Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 213 Solley. Md
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME William B. Shank

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-10-0804

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	married

6 (b) Name of husband or wife Zaida
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6 1881

8. AGE: Years	Months	Days	If less than one day
58 59	8	3	hr. min.

9. Birthplace West Virginia
(Town, county, and state)
10. Usual Occupation Brakeman
11. Industry or business B & O. R.R.

FATHER
12. Name Charles Shank.
13. Birthplace West Virginia

MOTHER
14. Maiden Name Estel Dunning
15. Birthplace West Va.

16 (a) Informant Hospital Record
(b) Address S. Balto. Gen'l

17 (a) Burial (b) Date thereof March 13 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director William M Maseck
(b) Address 715 Light St

19 (a) [illegible] by William M. Maseck
(Date received by local registrar) (Signature of local registrar)

MAR 10 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 9 1940, at 11 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-2-1940, to 3-9 1940, and that I last saw h[illegible] alive on 3-9 1940.

Immediate cause of death	Duration
Cerebro vascular disease	2 months
Due to	
Due to	
Other Conditions Hydrocephaloid.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Hydrocephaloid

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Philip M. Reuter M. D.
Address S. Balto Gen'l Hosp. Date signed 3-10-40

67116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No. F 67116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland –
(b) Street address
(c) Hospital of institution: D. C. A. Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County –
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3917 Belle Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Aaron Pasman
3 (b) If veteran, name war –
3 (c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Ida
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Retired Merchant
11. Industry or business Clothing

FATHER
12. Name Aaron
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah
15. Birthplace Russia

16 (a) Informant Ida Pasman
(b) Address 3917 Belle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-40 (month) (day) (year)
(c) Cemetery or crematory Southern Ave
Location Southern Ave

18 (a) Funeral director Jack Lenz Inc
(b) Address 1439 E. Fayette St.

19 (a) MAR 10 1940 (Date received by local registrar) (b) [signature] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1940, at 4½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy, find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Cerebral hemorrhage
Hypertension — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. R. Vanderhoff M.D.
Medical Examiner.
Date signed 3/9/40

F 67117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 67117

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3625 Belvedere Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3625 Belvedere Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martin J. Mc Manus

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Margaret G. Mc Manus
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Feb 22, 1858

8. AGE: Years	Months	Days	If less than one day
82.		15	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Stone cutter
11. Industry or business Retired

FATHER
12. Name James Mc Manus
13. Birthplace Ireland.

MOTHER
14. Maiden Name Catherine Brennan
15. Birthplace Ireland.

16 (a) Informant Mrs Charles E. Mc Manus
(b) Address 3625 Belvedere Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge.
Location

18 (a) Funeral director John J. Cowan & Son
(b) Address 901 Hollins St. Baltimore, Md.

19 MAR 10 1940 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8th 1940 at 5.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 2 1940 to Mar 7 1940 and that I last saw h[illegible] alive on Mar 7 1940.

Immediate cause of death: Broncho-pneumonia — Duration: 5 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Milton B. Allen M. D.
Address 1601 N. Broadway Date signed 3-8-40

F 67118

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 67118 Registered No. 131-a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 916 Hollins St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 72 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 916 Hollins Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SARAH T. LOCKE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife late Walter I. Locke
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5, 1865

8. AGE: Years	Months	Days	If less than one day
74	10	4	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation house work
11. Industry or business

FATHER
12. Name Thomas Smith
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Fogarty
15. Birthplace Ireland

16 (a) Informant Mr Thomas A. Locke
(b) Address # 916 Hollins Street

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 3/12/1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Road

18 (a) Funeral director John J. Cowan & Son
(b) Address #. 901 Hollins Street

19 Filed MAR 10 1940 (Date filed by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9th, 1940, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to March 9, 1940, and that I last saw h alive on March 9, 1940.

Immediate cause of death	Duration
Chron. Int. Nephritis.	6 mo
Due to —	
Due to —	
Other Conditions None	

(Include pregnancy within 3 months of death)

Major findings of operations None

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Chas Workman M. D.
Address 899 Hollins St Date signed 3/12/1940

VS 3

67119

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. E 67119

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1748 Riviside Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1748 Riviside Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mary E. Carleton

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 22 1865

8. AGE: Years 74 | Months 10 | Days 17 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housework
11. Industry or business —

FATHER
12. Name William Carleton
13. Birthplace Md

MOTHER
14. Maiden Name Sarah J. Moore
15. Birthplace Md

16 (a) Informant Albert Best
(b) Address 1748 Riviside Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Edmondson Ave

18 (a) Funeral director Geo. T. Lafayette Sons
(b) Address 1310 Light St

19 (a) (Signature of registrar) (b) Huntington Williams, M. D.

MAR 10 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1940, at 4 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 20 1940 to March 19 ; and that I last saw her alive on Feb. 9 1940

Immediate cause of death: Cardiac Insufficiency — Duration 2 days
Due to Chronic myocarditis — 5 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John V. Gaudreau M. D.
Address 1802 Eastern Ave Date signed 3-9-40

67120 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 67120

CERTIFICATE OF DEATH

1605 52-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1605 W. North Ave. St.) (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Hannah E. Eichelman
If U. S. Veteran specify WAR

(a) Residence: No. 2009 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Wh.	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 14 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Running House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) Mch 5 40

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) Dover (State or country) Del.

FATHER

13. NAME Capt. Jno. Tilghman

14. BIRTHPLACE (city or town) Queen Annes Co (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah A. Wroten

16. BIRTHPLACE (city or town) Cambridge Md (State or country)

17. INFORMANT Evelyn T. Bennett
(Address) 1605 W. North Ave.

18. CREMATION, BURIAL
Place London Park Date Mar 9 19 40

19. UNDERTAKER H. J. Tieken & Sons
(Address) Balto Md

FILED MAR 10 1940 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch 9, 1940

22. I HEREBY CERTIFY, That I attended deceased from Mch 5, 1940 to Mch 9 1940
I last saw h alive on Mch 9, 1940 Death is said to have occurred on the date stated above, at 420 P.M.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Pneumonia (Lobular)	4 Days

Other contributory causes of importance: Heart Disease & Arteriosclerosis — Years

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) R. E. Smith M. D.

(Address) 1605 W. North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 67121

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 67121

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 Mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 112 Market Place (If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME Frances Clair Allen

3 (b) If veteran, name war ---
3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 3rd 1887

8. AGE: Years	Months	Days	If less than one day
52 ~~Days~~	5	6	hr. min.

9. Birthplace New York Niagara Falls, (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Asa Allen
13. Birthplace Lewiston, N.Y.

MOTHER
14. Maiden Name Mary Heeney
15. Birthplace Niagara Flls, N.Y.

16 (a) Informant Burr Davis & Son.
(b) Address 15 Fourth Ave. Mt Vernon, N.Y.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 13 1940 (month) (day) (year)
(c) Cemetery or crematory Rosewood
Location Niagara Falls, N.Y.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Ayes.,

MAR 10 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1940, at 11.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 3 1940. to March 9 1940. and that I last saw h/m alive on March 9 1940.

Immediate cause of death: Hypostasis & V. Disease — Duration

Due to

Due to

Other Conditions Chronic alcoholism, Bronchopneumonia (Terminal)
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas Leptor M. D.
Address Mercy Hosp. Date signed March 9, 1940

F 67122

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

55005 F 67122 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 or 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 631 Dolphin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Slater

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married (Sep)

6 (b) Name of husband or wife Beatrice
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-11a 1901

8. AGE: Years	Months	Days	If less than one day
38	5	29	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation waiter
11. Industry or business

FATHER
12. Name Edward Sinclair
13. Birthplace Md.

MOTHER
14. Maiden Name Emma Slater
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 15-th (month) (day) (year)
(c) Cemetery or crematory Cambridge Md
Location Cambridge md

18 (a) Funeral director H. M. St. Clair
(b) Address Cambridge, Md

19 (c) MAR 10 1940 (Date received by registrar) (d) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/9 1940 at 6.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/19 1940 to 3/9 1940 and that I last saw h[illegible] alive on 3/9 1940

Immediate cause of death Tuberculosis of the lungs — Duration Feb 1937

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address [illegible] Date signed 3/10/40

F 67123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D

F 67123 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1800 McCulloh St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Rural nr. Bennett.
(If outside city or town limits, write RURAL and give town)
(d) Street No. R.D. Sykesville Md.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Amanda L. Costley

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed.

6 (b) Name of husband ~~or wife~~ George Costley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4, 1895

8. AGE: Years	Months	Days	If less than one day
45	0	6	hr. min.

9. Birthplace Carroll Co. Md.
(Town, county, and state)
10. Usual Occupation Housework.
11. Industry or business

FATHER
12. Name Columbus Nugent
13. Birthplace Maryland.

MOTHER
14. Maiden Name Catherine Nugent
15. Birthplace Maryland.

16 (a) Informant Mrs. Elsie Nugent.
(b) Address 1800 McCulloh St Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 13, 1940 (month) (day) (year)
(c) Cemetery or crematory White Rock
Location nr. Bennett, Carroll Co. Md.

18 (a) Funeral director C. M. Waltz
(b) Address Westfield Md

19 (a) Date received by Registrar MAR 10 1940 (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1940, at 3:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 4 1940, to March 9 1940, and that I last saw h~~er~~ alive on March 9 1940.

Immediate cause of death	Duration
Valvular disease of the Heart. Broken Compensation	
Due to Dropsy	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. Woolridge M.D.
Address 703 W. Lafayette Date signed 3/10-40.

F 67124

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 198

F 67124
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2022 W. Pulaski St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2022 N. Pulaski St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mary Rockhouse

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife John —
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) June 16 1858
8. AGE: Years 84 | Months 8 | Days 22 | If less than one day hr. min.
9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business at Home

FATHER
12. Name John T. Connelly
13. Birthplace Ireland

MOTHER
14. Maiden Name Barbara Lee
15. Birthplace Ireland

16 (a) Informant Mrs Lawrence Kelly
(b) Address 2022 N. Pulaski St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/40 (month) (day) (year)
(c) Cemetery or crematory Mt Cathedral
Location Baltimore City

18 (a) Funeral director F. B. Wippert & Son
(b) Address 1800 Eutaw Place
(c) Huntington Williams M.D. (Address supplied by registrar)

MAR 11 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1940, at 9:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 8 1939, to March 8 1940 and that I last saw h[illegible] alive on March 7 1940.

Immediate cause of death: Arteriosclerosis Obliterans of legs — Duration
Due to Gangrene of both feet — Nov 8/39
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Fred B. Jewett M.D.
Address 2516 Pennsylvania Ave Date signed 3/12/40

VS 3

F 67125

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 67125

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Madison & Linden Ave

(c) Hospital or institution: Maryland General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland County

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 2660 Edmondson Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? ( ) years

3 (a) FULL NAME Herbert D. Thorle - Herbert Thorle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27. 1899

8. AGE: Years	Months	Days	If less than one day
40 -	9 -	25/26 —	hr. — min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Bookkeeper

11. Industry or business

FATHER 12. Name James W. Thorle

FATHER 13. Birthplace Maryland

MOTHER 14. Maiden Name Anna Emerson

MOTHER 15. Birthplace Maryland

16 (a) Informant Anna Ida Hart

(b) Address 2660 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore City

18 (a) Funeral director F. B. Wippert & Son

(b) Address 1305 Eutaw Place

19 (a) MAR 11 1940 (Date rec'd by Registrar) (b) Huntingtown, Md. (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-8 1940 at 11:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-8 1940 to 3-8 1940, and that I last saw him alive on 3-8- 194

Immediate cause of death: Cerebral Hemorrhage

Due to Hypertension

Due to Arteriosclerosis

Other Conditions Total Rt. Sided Hemiplegia

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L. C. Post M. D.

Address Maryland Gen. Hosp. Date signed 3-8-40

F 67126

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 67126 Registered No. 134-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City. (If outside city or town limits, write RURAL and give town)
(d) Street No. 122 Warren Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Beatrice M. Moon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: William J. Moon
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Aug. 27, 1887
8. AGE: Years 52 | Months 6 | Days 11/12 | If less than one day: hr. min.
9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Otis H. Clark
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Mary J. Smith
15. Birthplace: Baltimore, Md.

16 (a) Informant: Wm. William Moon
(b) Address: 122 Warren Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/40 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore City

18 (a) Funeral director: F. B. Wippert & Son
(b) Address: 1300 Eutaw Place
(c) (Date received by Registrar) MAR 11 1940 Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9, 1940, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 24, 1940, to Mar. 9, 1940, and that I last saw her alive on Mar. 9, 1940.

Immediate cause of death: Bronchopneumonia — Duration: 4 days
Due to:
Due to:
Other Conditions: Generalized peritonitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Pyonephrosis, Renal calculus
Of autopsy: Generalized peritonitis, Bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Isadora Cohen M. D.
Address: West Balto. Gen. Hosp. Date signed 3/9/40

F 67127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1141-F

Registered No. F 67127

PLEASE WRITE IN INK UNFADING INK. Avoid abbreviations. Do not use ditto marks. If data are unknown, write "unknown" or the correct answer. Do not leave any blanks. Cause of death must be certified to the highest degree of accuracy that the circumstances of the case will permit. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address —
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 437 Marshall St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Agnes J. Walker

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Leonard (d)

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 2, 1905

8. AGE: Years	Months	Days	If less than one day
34	5	6	hr. — min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Un Relief

FATHER
12. Name Thomas Coady (d)
13. Birthplace Penna

MOTHER
14. Maiden Name Mary Pruett (d)
15. Birthplace Md

16 (a) Informant Regina Laurence (sister)
(b) Address 2211 N. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 11 40 (month) (day) (year)
(c) Cemetery or crematory Old Bedal
Location Edmondson Ave

18 (a) Funeral director John F. Shepherd
(b) Address 1318 Pitcher St

19 (a) — (Registrar) (b) — Registrar

MAR 11 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1940 at 8 12 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Hemorrhage from retained placenta.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? (Specify which?)
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature W. M. Blanchard Light Medical Examiner. M.D.

Date signed 3/10/40

67128 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 67128

CERTIFICATE OF DEATH 93-D

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1332 E Caroline St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Maggie Booker

If U. S. Veteran specify WAR

(a) Residence: No. 1332 E. Caroline St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

5a. If married, widowed, or divorced
X HUSBAND of (or) WIFE of David Booker

X 6. DATE OF BIRTH (month, day, year) 1-28 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	75 yrs	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 4/35 | 11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) N. Carolina

FATHER

13. NAME Elath Marchel

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) N Carolina

17. INFORMANT Mary Braxton
(Address) 1331 E Caroline St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 3-11 1940

19. UNDERTAKER Chas O. Wilson
(Address) 1000 Brantley ave.

20. FILED MAR 11 1940 19___ [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 7 1940

22. I HEREBY CERTIFY, That I attended deceased from Mar 6 1940 to Mar 7 1940

I last saw h[illegible] alive on Mar 6 1940 Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

arterio clerio — duration of disease 30 yrs
cord

Other contributory causes of importance: Heart Failure Mar 6 1940

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation none

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___ 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___
If so, specify ___

(Signed) Richard J Coslyigen M.D.

(Address) 1514 E. Baltimore St.

VS 8

F 67129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53556 SD / 133-M Registered No. F 67129

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6108 Glenoak Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? life years

3 (a) FULL NAME Joseph Kirkwood (JOHN JOSEPH KIRKWOOD)

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: M
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mary Jane Kirkwood
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 15, 1869

8. AGE: Years 70 | Months 10 | Days 20 ?? | If less than one day hr. min.

9. Birthplace: Baltimore (City or county and state)
10. Usual Occupation: Electrician
11. Industry or business: Retired Unemployed

FATHER
12. Name: John Kirkwood
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Mina Collins
15. Birthplace: Baltimore

16 (a) Informant: Records
(b) Address: Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 11, 1940 (month) (day) (year)
(c) Cemetery or crematory: Mt. Carmel Cem.
Location: Baltimore Md.

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: Baltimore & Broadway.

MAR 11 1940 (Date rec'd by registrar)
(b) Harrington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1940, at 9:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 7 1940, to March 7 1940, and that I last saw him alive on March 7 1940.

	Duration between onset and death
Immediate cause of death: Pneumopleuritis	
Due to:	
Due to:	
Other Conditions: Terminal pneumonitis	2 days.

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: not completed.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: J. Wagenheim M. D.
Address: Balto City Hosp. Date signed 3-8-40

F 67130 F 6866 F 67130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 160-a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 265 N. Exeter St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 265 N. Exeter St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas C. Sprouse, Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 9, 1940

8. AGE: Years	Months	Days	If less than one day
0	0	0	8 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Thomas C. Sprouse
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary Belle Vernon
15. Birthplace Virginia

16 (a) Informant Mr. Thomas C. Sprouse
(b) Address 265 N. Exeter St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 11, 1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park Cem.
Location Woodlawn, Md.

18 (a) Funeral director O'Donovan
(b) Address 1003 E. Baltimore St.

19 (a) MAR 11 1940 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar
(b)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1940, at 4.55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 9 1940 to March 9 1940 and that I last saw him alive on March 9 1940.

Immediate cause of death: cerebral hemorrhage — Duration: four hrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Samuel Filler M. D.
Address 714 E. Preston St. Date signed

A&Co. 5-31 2908

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67131

F 67131

CERTIFICATE OF DEATH

✓ 83-a

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 W Barre St. 21-1 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Henry August Kummer

(a) Residence: No. 807 W Barre St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Ida Johanna Eschermann

6. DATE OF BIRTH (month, day, year) July-11-1857

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	82	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Shoe fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 12 yrs ago. | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME August Kummer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Lee Master

(Address) 807 W Barre St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 3/12/40

19. UNDERTAKER Albert H. Jenings

(Address) 460 E. Baltimore St

FILED MAR 11 1940 [illegible] Williamsburg, N.Y.

MAR 11 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-9-1940

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1940 to March 9, 1940

I last saw him alive on March 8 1940 death is said to have occurred on the date stated above, at 8.55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/6/40

Other contributory causes of importance:

Respiratory Failure

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Vincent M. Missana M. D.

(Address) 1403 S. Charles St

57132

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

F 67132 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2011 E. Monument St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Miss Mary C. Necker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 18, 1889

8. AGE: Years 50 | Months 11 | Days 21 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Martin J. Necker
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Dressel
15. Birthplace Germany

16 (a) Informant Miss Mary Ann Foos
(b) Address 2011 E. Monument St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. & Moravia Ave.

18 (a) Funeral director H W Mears and Son
(b) Address 805 N. Calvert St.

19 (a) Filed MAR 11 1940 (Date registered) (b) Jos Williams, M.D. (Registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-9-40 19 , at 6.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-10 1940 to 3-9 1940 and that I last saw h[illegible] alive on 3-9-40

Immediate cause of death Hypostatic Broncho pneumonia — Duration 5 da.
Due to Chr. Glomerulonephritis —
Due to Rheumatic Heart Disease —
Other Conditions Rheumatoid arthritis —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address St J H Hosp Date signed 3-9-40 M.D.

F 67133

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a

F 67133
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave
(c) Hospital or institution: Edgewood Sanatarium
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 69 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2037 Guilford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary (Mollie) B Ridgely
3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓
4. Sex Fem.
5. Color or race White
6 (a) Single, married, widowed, or divorced. Single.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan. 16, 1871
8. AGE: Years 69 Months 1 Days 20 If less than one day hr. min.
9. Birthplace Howard Co. Md. (Town, county, and state)
10. Usual Occupation Clerk - U. S. Treasury Dept
11. Industry or business Retired 4yrs
12. FATHER Name Evan T. Ridgely
13. Birthplace Howard Co. Md
14. MOTHER Maiden Name Mary Peddicord
15. Birthplace Howard Co. Md.
16 (a) Informant Mrs. Margaret R. Silenton
(b) Address 2037 Guilford Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 11 1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem
Location Balto. Md.
18 (a) Funeral director Wm. Tickner Sons
(b) Address Mott & Calvert
19 (a) MAR 11 1940 (Date rec'd by registrar) (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 8 1940, at 5 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 10th 1939 to Mar. 8th 1940, and that I last saw her alive on Mar. 6th 1940.

Immediate cause of death: Coronary Embolism — Duration: 1 day
Due to: Chronic Interstitial Nephritis — Duration: unknown
Due to: Arteriosclerosis
Other Conditions: Arthritis Deformans
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: —
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jas. W. Montgomery M.D.
Address 401 E. 25th. St., Date signed 3/9/40.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

67134 F 7018 CERTIFICATE OF DEATH ✓159 F 67134

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 Church St. 25 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby. Obrocki

(a) Residence: No. 1616 Church St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 27-1940

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Leopold Obrocki

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Helen Bartok

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs L. Obrocki

(Address) 1616 Church St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross S.A.Co. Date Mar 11 1940

19. UNDERTAKER Wm. S. Fialkowski

(Address) 2607 Eastern Ave

Mar 11 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1940. to March 10, 1940

I last saw him alive on March 10, 1940 Death is said to have occurred on the date stated above, at 9 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
7 mos.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leon Sobieski M. D.

(Address) 4700 Fleming Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 67135

LaViola

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

6

F 67135 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 7 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1021 Stiles St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anthony La Viola

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 1, 1939

8. AGE: Years	Months	Days	If less than one day
	7	9	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Michael La Viola
13. Birthplace Brazil

MOTHER
14. Maiden Name Jena Dimeo
15. Birthplace Baltimore, Md.

16 (a) Informant Mother
(b) Address 1021 Stiles St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-12-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Wendell D. Hipped
(b) Address 2402 Gough St

19 (a) (Date received by registrar) (b) Huntington Mills, Md. Registrar

MAR 11 1940
VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1940, at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/9 1940, to 3/10 1940, and that I last saw h alive on 3/10 1940.

	Duration
Immediate cause of death: Shock	5 Hours
Due to: Meningococcus Septicemia	1 day
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Max Baum, M. D.
Address Sydenham Hospital Date signed 3/10/40

F 67136

F 67136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 131-W

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 122 So Register St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 122 So Register St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 2 years

3 (a) FULL NAME Anna Spain

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife John Spain
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 28, 1887

8. AGE: Years	Months	Days	If less than one day
51-52	6	10	hr. min.

9. Birthplace Trenton, New Jersey.
(Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James Spain
13. Birthplace New Jersey

MOTHER
14. Maiden Name Ellen Mouldt
15. Birthplace New Jersey

16 (a) Informant Ellen Deedle
(b) Address 122 S Register St.

17 (a) March (Burial, cremation, or removal) (b) Date thereof 3-12-1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Wendell J. Dipple
(b) Address 1405 Gough St.

19 (a) Hamilton or Fullerton, MD.
(Date rec'd by registrar)

MAR 11 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1940, at dem day M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Cardiovascular-renal disease — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Landecutt M.D.
Medical Examiner
Date signed 3/9/40

F 67137

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 186-W

F 67137 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address CATON & WILKENS AVE

(c) Hospital or institution:

ST AGNES HOSP.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 Days

(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:

(a) State MARYLAND (b) County BALTIMORE

(c) City or town FULLERTON (If outside city or town limits, write RURAL and give town)

(d) Street No. 561 WENDELL AVE. (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME ANNIE SEILER (SEILER)

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NONE	NONE	FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife CHARLES O. SEILER

6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) MARCH 30 1862

8. AGE: Years	Months	Days	If less than one day hr.	min.
78 yr	11	10		

9. Birthplace FREDRICK MD. (Town, county, and state)

10. Usual Occupation HOUSEWORK

11. Industry or business AT HOME

FATHER 12. Name CONRAD WENZEL

13. Birthplace GERMANY

MOTHER 14. Maiden Name UNKNOWN

15. Birthplace UNKNOWN

16 (a) Informant MRS. PAULINE BLACKBURN

(b) Address WENDELL AVE FULLERTON

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 13 1940 (month) (day) (year)

(c) Cemetery or crematory Mt Carmel Cemetery

Location Baltimore Md.

18 (a) Funeral director Lassahn Funeral Home

(b) Address 7401 Belair Road

MAR 11 1940 Huntington Millisville, Md. (Date rec'd by local registrar) (Registration District)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MARCH 10 1940, at 12 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2 29 1940 to 3/10 1940, and that I last saw her alive on 3/9 1940.

Immediate cause of death	Duration
HYPOSTATIC PNEUMONIA	
Due to FRACTURE of LEFT HIP	
Due to	
Other Conditions ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE (Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence 2-2-40

(c) Where did injury occur? Wendell Ave Fullerton (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?

(e) Means of injury Fell on floor in bathroom in her home

23. Signature M Sadoff M. D.

Address St Agnes Date signed 3/10/40

Howard J. Walker M.D. Chief Medical Examiner

67138

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 67138 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2047 N. Curley St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 60yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2047 N. Curley St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bird H. Spangler

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Leona C. Spangler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 14-1865

8. AGE: Years	Months	Days	If less than one day
74	2	26	hr. min.

9. Birthplace York Penna. (Town, county and state)
10. Usual Occupation Retired Balto. City
11. Industry or business Water Dept.

FATHER
12. Name Geo. D. Spangler
13. Birthplace Penna.

MOTHER
14. Maiden Name Mary D. Tyson
15. Birthplace Penna

16 (a) Informant Mrs. Leona C. Spangler
(b) Address 2049 N. Curley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 13 40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore

18 (a) Funeral director Philip Herwig Sons
(b) Address 2016 Orleans St.

19 (a) (Date rec'd by registrar) (b) Registrar

MAR 11 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 10 1940, at 6:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 3-10-40 1940.

Immediate cause of death Coronary Occlusion — **Duration**

Due to —

Due to

Other Conditions arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Santlin M. D.
Address 119 N. Milton Ave Date signed 3/11/40

Hospital or Undertaker or Institutional Executive Officer

F 67139

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 67139 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1705 Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1705 Lafayette Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Adaline W. May

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	W

6 (b) Name of husband or wife Samuel V. May
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1899

8. AGE: Years	Months	Days	If less than one day
40	8	3	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Wm J. Schmahzu
13. Birthplace Baltimore

MOTHER 14. Maiden Name Elizabeth Hoenig
15. Birthplace Baltimore

16 (a) Informant Elizabeth Schmahzu
(b) Address 1705 Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore

18 (a) Funeral director Philip Fleming-Ford
(b) Address 2016 Eutaw St

19 (a) Filed MAR 11 1940 Huntington Williams Registrar Address 2701 N. Calvert St.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 9 1940, at 8 1 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 3 1939 to Mar. 9, 1940 and that I last saw h— alive on Mar. 9, 1940.

Immediate cause of death	Duration
Carcinoma of left lung	3 mos
Due to Metastasis of carcinoma of right breast	14 mos
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Amputation of right breast — Jan. 5, 1939
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Francis M. Ogden M. D.
Address 2701 N. Calvert St. Date signed Mar. 10, 40

VS 3

F 67140

F 67140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1108

Registered No. 2841

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): 3 days
(e) Length of stay in Baltimore (yrs., mos., or days): Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 35 Henry Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME: Mary Elizabeth Kornick

3 (b) If veteran, name war: —
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fe	W	Child

6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 10-8-39

8. AGE: Years	Months	Days	If less than one day
	5 mo	1	hr. min.

9. Birthplace: Md
(Town, county, and state)

10. Usual Occupation:
11. Industry or business:

FATHER
12. Name: Richard J Kornick
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Mary C Brannan
15. Birthplace: Maryland

16 (a) Informant: Richard Kornick
(b) Address: 35 Henry Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof: 8-12-40 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location:
Funeral director: Leonard J Rock
(b) Address: 620 S Howard St Baltimore, Md.

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3-9 1940, at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-7 1940 to 3-9 1940 and that I last saw h[illegible] alive on 3-9 1940.

Immediate cause of death	Duration
Pneumonia - bronchio - Lobar	3 days
Due to	
Due to	
Other Conditions: Pregnancy at term - Confinement. (Include pregnancy within 3 months of death)	

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: A B Daugharthy M. D.
Address: Franklin Sq. Hosp. Date signed: 8-9-40

VS 8

67141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

52900 Reg. No. 67141

Registered No. 67141

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 521 S. Charles St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Cochran

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/25/1873

8. AGE: Years 66 | Months 9 | Days 13 | If less than one day ... hr. ... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Boiler Maker

11. Industry or business Unemployed

FATHER 12. Name John Cochran

13. Birthplace Ireland

MOTHER 14. Maiden Name Margaret Irwin

15. Birthplace Ireland

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/40 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Old Frederick Rd.

18 (a) Funeral director Margaret J. Flynn

(b) Address 1422 Light St

19 (a) MAR 11 1940 (Registrar's date)

Huntington-Williams M.P.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1940, at 8:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 17 1940, to March 8 1940, and that I last saw h[illegible] alive on March 8 1940.

Immediate cause of death	Duration
Cerebral thrombosis	3 weeks
Due to	
Due to	
Other Conditions Hypertensive cardiovascular disease	unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address Balt City Hosp. Date signed 3-9-40

F 67142

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 67142 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1619 Darley Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1619 Darley Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME George P. B. Stein

3 (b) If veteran, name war: World War

3 (c) Social Security Account No.:

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 24 - 1889

8. AGE: Years 51 | Months | Days 14 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Retired War Veteran

11. Industry or business

FATHER 12. Name George Stein

13. Birthplace Balto. Md

MOTHER 14. Maiden Name Margaret Schatz

15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Walter M. Stein

(b) Address 3011 Bateman Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 12 1940 (month) (day) (year)

(c) Cemetery or crematory New National Cem.

Location Baltimore Md

18 (a) Funeral director Frannie Lark Sykes

(b) Address 1600 N. North Ave

19 (a) 3-11-1940 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1940 at 4-40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 1940 to March 9 1940 and that I last saw him alive on March 7 1940.

Immediate cause of death: Pulmonary T.B — Duration: 23 yr

Due to: Myocardial Degeneration — Duration: 2 wks

Due to:

Other Conditions: None

(Include pregnancy within 3 months of death)

Major findings: Of operations: None

Of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide: None

(b) Date of occurrence:

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? None (Specify type of place) While at work?

(e) Means of injury: None

23. Signature: David Miller M. D.

Address 1500 N Broadway Date signed 3/11/40

F 67143

53308 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 108

Registered No. F 67143

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution:
Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days

(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 614 N. Mount Street
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maxwell Seawell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Marie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 3, 1890

8. AGE: Years 49 | Months 5 9 | Days 5 | If less than one day hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business

FATHER

12. Name Charles Seawell

13. Birthplace Virginia

MOTHER

14. Maiden Name Minnie Cook

15. Birthplace Virginia

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-40 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location a.a. co Md

18 (a) Funeral director Jas. M. Steines

(b) Address 917 N. Mount st

19 (a) (Signature of local registrar) Huntington Williams, M.D. Registrar

(b) Date received MAR 11 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1940, at 7:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from February 28 1940, to March 8 1940, and that I last saw h[illegible] alive on March 8 1940.

Immediate cause of death Lobar Pneumonia — Duration 2 weeks

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Pneumonia

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature [illegible]

Address Balto City Hosp. Date signed 3-8-40 M. D.

F 67144

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 67144

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Lydenham
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2675 Le. Paca St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rozeline Crisp Grant

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	M

6 (b) Name of husband or wife Melvin Grant
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 11, 1920

8. AGE: Years	Months	Days	If less than one day
19	3	27	hr. min.

9. Birthplace Charlotte, Mecklenburg, N. C. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business None

FATHER
12. Name Dallas Crisp
13. Birthplace Mebane N. C.

MOTHER
14. Maiden Name Bertha Lair
15. Birthplace Mebane, N. C.

16 (a) Informant Dallas Crisp
(b) Address 2645 S. Paca St. Balto.

17 (a) (Burial, cremation, or removal) (b) Date thereof Mar 12, 1940 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

MAR 11 1940 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 - 8 1940 at 12:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3 - 5 1940 to 3 - 8 1940 and that I last saw h er alive on 3 - 8 1940.

Immediate cause of death Meningitis — Duration 2 wks

Due to Tubercle bacillus — Duration

Miliary tuberculosis — Duration

Due to Tubercle bacillus — Duration over

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John C. Sammeier M.D.
Address Lydenham Hosp. Date signed 3/8/40

VS 3

E 67145

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

E 67145 Registered No.

PLEASE WRITE PLAINLY with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1206 da
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 219 N. Carrollton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

16

3 (a) FULL NAME Victoria Peters (18825)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 17, 1922

8. AGE: Years	Months	Days	If less than one day
18		21	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name George Simms
13. Birthplace ? ?

MOTHER
14. Maiden Name Beatrice Peters
15. Birthplace Balto.

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof Mar 13, 1940 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) (Date received by Registrar) Hunting for Williams M.D. Registrar

MAR 11 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 19, 1936, to Mar. 9, 1940, and that I last saw her alive on March 9, 1940

Immediate cause of death Tuberculosis of the Lungs — Duration Chronic 1936

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Peters
Address Balto. City Hospitals Date signed 3/9/40 M.D.

F 67146

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

Registered F 67146

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Walsh St School (110 Yard
(c) Hospital or institution East of Fremont St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 229 Myrtle Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Willis Burgess

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 1 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation School-boy

11. Industry or business

FATHER 12. Name Sattus Burgess

FATHER 13. Birthplace Manning S.C.

MOTHER 14. Maiden Name Ethel Parson

MOTHER 15. Birthplace Summerton, S.C.

16 (a) Informant Ethel Burgess

(b) Address 229 Myrtle Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof Mar. 12 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cemetery

Location

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 322 N Schroeder St

(c) Huntington Williams M.D.

MAR 11 1940 (Registrar) Registrar

VS 6

MEDICAL CERTIFICATION 3:25P

20. DATE OF DEATH March 8 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Penetrating wound of neck

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3/8/40
(c) Where did injury occur Walsh St School (#110) yard (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? No
(e) Means of injury Fell on iron point of fence

23. Signature H. Williams M.D. Medical Examiner

Date signed 3/8/40

HEALTH DEPARTMENT—CITY OF BALTIMORE

67147

CERTIFICATE OF DEATH

F 67147

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mildred Gantt Roberts alias Mildred Howard

If U. S. Veteran specify WAR

(a) Residence: No. 950 W. Franklin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 22 1911

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
28	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Gantt

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Lula Brown

16. BIRTHPLACE (city or town) (State or country) Tuckahoe

17. INFORMANT Lula Gantt

(Address) 235 N. Carlton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Feb 12, 19 40

19. UNDERTAKER Mrs Kate R Williams

(Address) 322 N Schroeder St

20. FILED 19

Registrar.

MAR 11 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5 1940 to March 8 1940

I last saw her alive on March 8 1940 Death is said to have occurred on the date stated above, at 11:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung abscess, left upper lobe	2/15/40
Tuberculous peritonitis	1/1/40?
Other contributory causes of importance:	

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation clinical & autopsy

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B. O Thomas Jr. M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

COK

67148

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53565

E-67148

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1407 W. Lanvale St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Evelyn Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 15, 1937

8. AGE: Years 3 | Months 1 | Days 24 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Obie Davis
13. Birthplace S.C.

MOTHER
14. Maiden Name Alice Mabray
15. Birthplace S.C.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof Mar 12, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Lin
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St

19 (a) MAR 11 1940 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/9/40 19 , at 7:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/1/40 19 to 3/9/40 19 , and that I last saw h alive on 3/9/40 19 .

Immediate cause of death: Intercranial hemorrhage — Duration: 1 hr
Due to: Pulmonary tuberculosis — Duration: 1 mo
Due to — Duration:
Other Conditions — Duration:
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Dellenbaugh
Address B. C. Hosps. Date signed 3/9/40

VS 3

F 67149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53555 S F 67149

131 - a Registered No.

PLEASE WRITE PLAINLY, WITH PENALTY IN INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1115 W. Lexington Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Johnson Franklin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years 72 ? | Months | Days | If less than one day hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Potter Byrd (d)
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof Mar 13, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cemetery
Location 7

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) (Date rec'd by registrar) (b) Registrar
MAR 11 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1940, at 3.35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 7 1940, to March 8 1940, and that I last saw h[illegible] alive on March 8 1940.

Immediate cause of death: Arteriosclerotic nephritis — Duration unknown

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Applebaum M. D.
Address Balto City Hosp. Date signed 3-9-40

67150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-7 Registered No. E 67150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1709 Linden Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Benjamin Cohen.

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Rebecca L. Cohen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 7 1855

8. AGE: Years 84 | Months 4 | Days 3 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired Merchant
11. Industry or business

FATHER
12. Name Simon Cohen
13. Birthplace Germany

MOTHER
14. Maiden Name Theresa Brafman
15. Birthplace Germany.

16 (a) Informant Miss. Cohen
(b) Address 1709 Linden Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Chesed Shalom
Location Baltimore, Md.

18 (a) Funeral director David Sonnheim & Son
(b) Address 1822 Eutaw Place

MAR 11 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-10-1940 at 3:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-22 1940, to 3-10 1940, and that I last saw him alive on 3-10 1940.

Immediate cause of death	Duration
Bronchopneumonia.	
Due to Arteriosclerotic Heart Disease.	?
Due to Benign Prostatic Hypertrophy.	
Other Conditions Pulmonary Emphysema, Bilateral Cataracts, Senility.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward Freedlander M.D.
Address Sinai Hospital Date signed 3-18-40

VS 3

F 67151

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 Registered No. F 67151

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 min
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Marlborough Apt. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Mrs. Annie Gottschalk

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Levi Gottschalk
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) July 13, 1865

8. AGE: Years 75 | Months | Days 3627 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Henry Marcus
13. Birthplace Germany

MOTHER
14. Maiden Name Ana Samuels
15. Birthplace Germany.

16 (a) Informant Mrs. Wm. Gideon
(b) Address Madison Apt. Hotel

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/40 (month) (day) (year)
(c) Cemetery or crematory Ohel Shalom
Location Balto. Md.

18 (a) Funeral director Harry Goodman
(b) Address 1902 Eutaw Place

19 (a) MAR 11 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1940 at 3:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 10 1940 to March 10 1940 and that I last saw her alive on March 10 1940.

	Duration
Immediate cause of death: Acute cardiac collapse (pulmonary edema)	
Due to: Bronchopneumonia	4-5 days
Due to: Arteriosclerotic heart disease	
Other Conditions: Carcinoma of breast	
Bronchopneumonia	
(Include pregnancy within 3 months of death)	
Major findings:	
Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hammond Bryan, M.D.
Address Union Memorial Hospital Date signed 3/10/40

PLEASE WRITE PLAINLY, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 67152

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 67152

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Orangeway & Belvedere
(c) Hospital or institution:
Levindale
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. Aged Home (If rural give location)
(e) If foreign born, how long in U. S. A.? 32 years

3 (a) FULL NAME Isaac Vanger

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-8218

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m.	W.	married

6 (b) Name of husband or wife Anna Vanger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day
59 60 62			hr. min.

9. Birthplace Roumania (Town, county and state)
10. Usual Occupation None Coat Operator
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Sig Feinfeld
(b) Address Orangeway & Belvedere

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-40 (month) (day) (year)
(c) Cemetery or crematory Herrons Run
Location Phila. Rd. & Moravia Lane

18 (a) Funeral director Jack Levin Sons
(b) Address 1439 E. Baltimore

19 MAR 11 1940 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/10 1940, at 10 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-3-40 1940 to 3-10 1940, and that I last saw h[illegible] alive on 3-10 1940.

Immediate cause of death	Duration
Chr. card. vascular disease	
Hypertension	
Due to	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Major findings:	
Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Edmund Levin M.D.
Address Levindale Date signed 3/10/40

I hereby certify that the above is a true and correct copy of the original certificate of death registered in the Baltimore City Health Department. Physicians: please write the causes of death clearly and legibly. Information is especially important.

F 67153 ✓ F 67153

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-3 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 Eastern Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2025 Eastern Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME "awrzyniec Lawrence Wojcinski

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Mary Wojcinski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 1871

8. AGE: Years 68 69 | Months 11 | Days | If less than one day: hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Poland

MOTHER
14. Maiden Name Unknowen
15. Birthplace Poland

16 (a) Informant Edward Pika
(b) Address 2025 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch. 13. 40 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore

18 (a) Funeral director Fred W. Ozarowski
(b) Address 1930 Eastern Ave.

MAR 11 1940 (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1940, at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 5 1940 to March 9 1940, and that I last saw h[im] alive on March 9 1940.

Immediate cause of death — Carcinoma of Stomach — Duration 7

Due to

Due to

Other Conditions Generalized metastasis — ?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 2002 E. Fait Ave. Date signed 3/11/40

PLEASE WRITE CLEARLY, with unfading pencil or pen. Physicians: please write the causes of death clearly and legibly. Give correct age is especially important.

F 67154

OGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 67154

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 625 S. Dallas St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gus Helstowski (Gus Konstanty Helstowski)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-16-1899

8. AGE: Years	Months	Days	If less than one day
40	6	24	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Pantry Man

11. Industry or business Emerson Hotel 6 mos

FATHER
12. Name Alexander
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch. 13. 40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Ozgurski
(b) Address 1930 Eastern Ave.

19 (a) Mar 1 1940 (b) Registrar
Date rec'd by Registrar

AR

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 | 10 | 40 19 at 1059 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12 | 8 | 1938 to 3 | 10 | 1940 and that I last saw h alive on 3 | 10 | 1940

Immediate cause of death	Duration
Tuberculosis of the lungs	June 1937
Due to	
Due to	
Other Conditions Asthma (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature BCH
Address Date signed 3/10/40

Please write plainly in ink. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

KROPP.

F 67155

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164 F 67153

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harbor, foot of Montford Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 613 S. Bond St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Felicia Kropp

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Frank Michael Kropp
6 (c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) Jan. 26 - 1914

8. AGE: Years	Months	Days	If less than one day
26	7	13	hr. min.

9. Birthplace Curtis Bay - Balto, Md
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Frank Carol Wajbel
13. Birthplace Poland

MOTHER
14. Maiden Name Felicia Wajbel
15. Birthplace Balto. Md

16 (a) Informant Casimir Wajbel
(b) Address 1429 Covington St

17 (a) Burial (b) Date thereof March 13-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Orzechowski
(b) Address 1930 Eastern Ave

19 (a) MAR 11 1940 (b)
(Date received by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 - 9 - 1940, at 12 5 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy and that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Drowning	
Due to	
Due to Mental Depression	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 3-9-40
(c) Where did injury occur? City of Balto. Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Jumped in harbor, foot of Montford Ave

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 3-10-40

Street address is especially important. Physicians: please write the causes of death clearly and legibly.

67156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. E 67156

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2225 Brunt St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Andrew

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years 78 | Months ? | Days ? | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name George W. Casey
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Dorsey
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery JOHNS HOPKINS MEDICAL SCHOOL MAR 11 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) MAR 11 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

5445

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 25 1940, at 1:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1934, to Feb. 25 1940, and that I last saw h[illegible] alive on Feb 25 1940.

	Duration unknown
Immediate cause of death: Hypertensive cardiovascular renal disease	
Due to	
Due to	
Other Conditions Unusual bronchopneumonia	3 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Pablo Gill Hosp. Date signed 3-8-40

Print or write in ink. Fill in all blanks. Use "None" or "Unknown" where necessary, but make every effort to obtain and furnish information as completely as possible. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically. Be sure that the age is correct. Information as to age is especially important.

F 67157

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-D

F 67157 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 113 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 630 Sarah Ann St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Carter (49883)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Div.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 10, 1906

8. AGE: Years	Months	Days	If less than one day
33	6	19	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name ??
13. Birthplace Va. ?

MOTHER
14. Maiden Name Ellen ?
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery JOHNS HOPKINS MEDICAL SCHOOL MAR 11 1940
Location Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 (a) MAR 11 1940 Hamilton-Williams Mort
(Date received by registrar) Registered

MEDICAL CERTIFICATION

20. DATE OF DEATH February 29, 1940, at 7:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 6, 1939 to Feb. 29, 1940, and that I last saw him alive on Feb. 29, 1940

Immediate cause of death Tuberculosis of the lungs — Duration 3 mo. 1939

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature
Address Balto. City Hospitals Date signed

VS 3

Please write plainly with pen or pencil. Physicians: please write the causes of death clearly and legibly.

B 67158

BALTIMORE CITY HEALTH DEPARTMENT ✓ 53296

CERTIFICATE OF DEATH 13 P Registered No. 67158

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1m 15da
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 901 Fell St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Oscar Anderson ✓

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7, 1876

8. AGE: Years	Months	Days	If less than one day
63	1 10	2 21	hr. min.

9. Birthplace Sweden
(Town, county, and state)

10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Sweden

MOTHER
14. Maiden Name Unknown
15. Birthplace Sweden

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or Crematory JOHNS HOPKINS MEDICAL SCHOOL MAR 11 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) MAR 11 1940 (b) Hamilton Hoffmann, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 28 1940 at 5-15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pulmonary tuberculosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. M. Vandeburgh M.D.
Medical Examiner.
Date signed 3/6/40

VS 6

Physicians: please write the causes of death clearly and legibly. Underlying cause is especially important.

F 67159

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

104

Registered No. F 67159

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 48 Market Place (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME HERMAN BIRMINGHAM (Brittingham)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) [illegible]

8. AGE: Years	Months	Days	If less than one day
63	—	—	hr. min.

9. Birthplace Somerset Co Md (Town, county, and state)

10. Usual Occupation Gardener

11. Industry or business

FATHER
12. Name Jos Birmingham
13. Birthplace Md

MOTHER
14. Maiden Name Sally Cottman
15. Birthplace Md

16 (a) Informant Edw C Brittingham
(b) Address 2821 Brighton St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof March 13 1940 (month) (day) (year)
(c) Cemetery or crematory Perry Hawkes
Location Francesdowne Md.

18 (a) Funeral director Marguette H Watson
(b) Address Pocomoke City Md.

19 (a) [illegible] Huntington Williams M.D. Registrar

MAR 11 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1940, at 8 57 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Pneumonia, lobar bilateral	unknown
Due to	
Due to	
Other Conditions Pleurisy, acute serofibrinous	unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H H Wallenmeyer M.D.
Medical Examiner.

Date signed Mar 7, 1940

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

67160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 67160

Registered No.

Physicians: please write the causes of death clearly and legibly. Especially important. correct age is

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2404 Harlem Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 5

(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2404 Harlem Ave.

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Adam Leipold

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of ~~husband~~ or wife Sophia Leipold deceased

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 5-1866

8. AGE: Years	Months	Days	If less than one day
74	1	5	hr. min.

9. Birthplace Germany.

(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business -

FATHER

12. Name John Adam Leipold

13. Birthplace Germany

MOTHER

14. Maiden Name Unknown

15. Birthplace . . .

16 (a) Informant Mrs Marie Dougherty

(b) Address 2404 Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 13-1940 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Loudon Park

Location Baltimore Md.

18 (a) Funeral director Jos Deardurff & Son

(b) Address 1927 Park Ave.

19 (a) (Date received by Registrar) MAR 11 1940 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1940, at 7.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 7 1940 to March 10 1940, and that I last saw him alive on March 10 1940.

Immediate cause of death	Duration
(a) Acute Cardiac dilation	
Due to (b) Lobar pneumonia	3 days
Due to (c)	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Edward H. Kahn

Address 730 Pop Av. Date signed 3/11/40

67161

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67161

CERTIFICATE OF DEATH

92-T

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 689 Mulberry St. 42 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William A. Williams

(a) Residence: No. 689 Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6a. If married, widowed or divorced HUSBAND of (or WIFE of) Susie Williams

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Williams

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Annie Boston

(Address) 689 Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Elkridge, Md Date 3/13 19 40

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Eastman St

Huntington Williams, M.D.
Registrar.

20. FILED MAR 11 1940 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1940 to May 9, 1940

I last saw him alive on May 9, 1940 Death is said to have occurred on the date stated above, at 10:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) E. Williams Frey, M. D.

(Address) 1928 Penna Ave.

V. S. 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 67162

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No. F 67162

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 523 E. Richmond
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Penn. (If outside city or town limits, write RURAL and give town)
(d) Street No. 523 E. Richmond (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William A. F. Kurtz

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Dec 11 – 1868
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
77	2	28	hr. min.

9. Birthplace Penn. (town, county and state)
10. Usual Occupation Retired Engineer
11. Industry or business

FATHER 12. Name	Wm. Kurtz
FATHER 13. Birthplace	Penn.
MOTHER 14. Maiden Name	– Bowman
MOTHER 15. Birthplace	don't know

16 (a) Informant Miss K. Kurtz
(b) Address 523 Richmond
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (month) (day) 40 (year)
(c) Cemetery or crematory New Cathedral
Location Balto Md
18 (a) Funeral director J. J. Moran
(b) Address 1300 E. Baltimore
19 (a) MAR 11 1940 (b) Huntington Williams M.D.
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1940, at 10 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1925 19 to 3/9/40 19.
and that I last saw h alive on 3/8/40 19.

Immediate cause of death Cardio Renal Vascular Disease — Duration 15 yrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature H. W. Wheaton M. D.
Address 4209 Gt Rd Date signed 3/11/40

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67163

CERTIFICATE OF DEATH

94-a

F 67163

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital St. 13-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 4 mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dora Meyer Bickell

If U. S. Veteran specify WAR .....

(a) Residence: No. 1350 West 41st St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joshua L. Bickell

6. DATE OF BIRTH (month, day, year) Oct 17, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	4	22 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Christian Meyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Ruff

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Joshua L. Bickell Sr.

(Address) 1350 W. 41st St.

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Memorial Park March 13- 1940

19. UNDERTAKER Horace G. Burgee

(Address) 3602 Falls Road

20. FILED MAR 11 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1940 to March 10, 1940

I last saw her alive on March 10, 1940 Death is said to have occurred on the date stated above, at 2.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary sclerosis	
Myocardial infarction	
Other contributory causes of importance:	
Generalized arteriosclerosis	
Arterial hypertension	

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation .....

What test confirmed diagnosis? EKG Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Richard W. W. Otting Jr. M. D.

(Address) Woman Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 67164

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-H Registered No. F 67164

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3603 Howard Park ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3603 Howard Park ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Birdie Adams Fisher

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Wm Hall Fisher
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Apr. 9 - 1892

8. AGE: Years	Months	Days	If less than one day
47	11	—	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John A. Peregoy
13. Birthplace Balto. Co. Md

MOTHER
14. Maiden Name Agnes H. Brooks
15. Birthplace Baltimore Maryland

16 (a) Informant Bessie M. Fellenbaum
(b) Address 4014 Park Heights ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 12-1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 (a) MAR 11 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-9- 1940, at 3.45 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence obtained by said Autopsy & Inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Asphyxiation — **Duration**

Due to Fulminating Sepsis

Due to Mental depression

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 3-9-40
(c) Where did injury occur? Balto. Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home Kitchen While at work? (Specify type of place)
(e) Means of injury Gas from kitchen range

23. Signature Howard J. Mallin M.D. Medical Examiner.
Date signed 3-9-40

53460-FD

F 67165

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

923

Registered No. F 67165

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 617 N. Curley St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Glabby

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: James

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-27-1884

8. AGE: Years 56 | Months 1 | Days 13 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER
12. Name Frank Adam Georges
13. Birthplace Pa.

MOTHER
14. Maiden Name Minnie Ackerman
15. Birthplace Pa.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 13/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director Geo M. Fritz & Son
(b) Address 611 N. Eutaw St.

19 (a) (Date rec'd by registrar) Huntington Williams M.D.

MAR 11 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1940, at 5 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 9 1940, to March 10 1940, and that I last saw her alive on March 10 1940.

	Duration
Immediate cause of death: Bronchopneumonia	2 days
Due to:	
Due to:	
Other Conditions: Rheumatic Heart Disease with mitral insufficiency (Include pregnancy within 3 months of death)	unknown

Major findings:
Of operations:
Of autopsy as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Emmagdalstein M. D.
Address Balto City Hosp. Date signed 3-10-40

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

67166

COK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

41 R 67166 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 305 N. Payson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Henneman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Nannie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-1-1871

8. AGE: Years	Months	Days	If less than one day
69	2	9	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business

FATHER 12. Name August
13. Birthplace Germany

MOTHER 14. Maiden Name Catherine Decker
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 13 1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Balto

18 (a) Funeral director Geo. A. Farley
(b) Address Fulton & Fayette

19 (a) MAR 11 1940 (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1940, at 7:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1 1939, to March 10 1940, and that I last saw him alive on March 10 1940.

Immediate cause of death	Duration unknown
Arteriosclerotic Heart Disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Monaghelatein M. D.
Address Balto City Hosp. Date signed 3-11-40

VS 2

F 67167 F 5060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-E Registered No. F 67167

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 216 S. Louis St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 216 S. Louis St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Edward Beadle

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 22, 1940

8. AGE: Years | Months: 1 | Days: 19 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Wm. Beadle
13. Birthplace Conn.

MOTHER
14. Maiden Name Elizabeth Dauchey
15. Birthplace Conn.

16 (a) Informant Wm. Beadle
(b) Address 216 S. Louis St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 12 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location 5712 O'Donnell St.

18 (a) Funeral director Harry L Waybe
(b) Address 416 Edmondson Ave

19 (Date rec'd by registrar) MAR 11 1940 Courtesy for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1940, at 10:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 10 1940 to March 10 1940 and that I last saw him alive on March 10 1940.

Immediate cause of death: Congenital Heart Disease — Duration: 49 Day
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. M. Shrenk M. D.
Address 910 W Lombard St Date signed 3-11-40

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 67168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 67168

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert & Saratoga

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1

(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 391 S Roland Ave. (If rural give location)

137

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mrs. Jessie Virginia Snyder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Fred S. Snyder

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 7 1894

8. AGE: Years	Months	Days	If less than one day
45	8	2	hr. ..... min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business None

FATHER

12. Name James B. Johnson

13. Birthplace Virginia

MOTHER

14. Maiden Name Mary Logsdon

15. Birthplace Maryland

16 (a) Informant Mr. Fred S. Snyder

(b) Address 391 S Roland Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/40 (month) (day) (year)

(c) Cemetery or crematory St. Mary's Cem.

Location 3900 Roland Ave

18 (a) Funeral director Harry F. Mitzel

(b) Address 4101 Edmondson Ave

19 (a) MAR 11 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1940, 4:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 9 1940, to March 9 1940, and that I last saw [illegible] alive on ..... 19 10:30 Am

Immediate cause of death Heart failure, coronary thrombosis

Due to Ulcer of stomach, perforated

Due to Colitis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

Duration
4 days.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Harold D. Cooper M. D.

Address Mercy Hospital Date signed March 9 1940

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 67169

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 137

Registered No. F 67169

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 43 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Cecil
(c) City or town Rowlandsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 11 3 —
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George C. Logan

3 (b) If veteran, name war

3 (c) Social Security Account No. 520-39-2870

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 27, 1861

8. AGE: Years	Months	Days	If less than one day hr.	min.
78	6	13		

9. Birthplace Maryland. (Town, county, and state)

10. Usual Occupation Retired.

11. Industry or business

FATHER 12. Name John Logan
13. Birthplace Maryland.

MOTHER 14. Maiden Name Mary Burns
15. Birthplace Maryland.

16 (a) Informant John Logan
(b) Address Port Deposit, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 14 1940 (month) (day) (year)
(c) Cemetery or crematory Hopewell
Location Outside Port Deposit Md.

18 (a) Funeral director J. C. Tyler
(b) Address Rising Sun Md.

19 (a) Filed by registrar MAR 11 1940 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1940 at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 27 1940 to Mar 10 1940, and that I last saw him alive on Mar. 10 1940.

Immediate cause of death	Duration
Adenomyoma of prostate	—
Due to	
Due to	
Other Conditions Myocardial failure	7 days

(Include pregnancy within 3 months of death)

Major findings:
Of operation Adenomyoma of prostate
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. K. Manofield M. D.
Address Md. Gen Hosp Date signed 3-11-40

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 67170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. 67170

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Inf.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3808 Claremont St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Bellers

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-07-2343

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Rose

6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Stillman

11. Industry or business

FATHER
12. Name Joseph Bellers
13. Birthplace Maryland

MOTHER
14. Maiden Name Carol Cole
15. Birthplace Maryland

16 (a) Informant Rose Bellers
(b) Address 3808 Claremont St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 13/40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto.

18 (a) Funeral director Frank Grach Son
(b) Address 1996 Garrand a

MAR 11 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1940, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 11 19 40, to March 10 19 40, and that I last saw h[illegible] alive on March 10 19 40.

Immediate cause of death	Duration
Uremia	
Due to Nephritis & Arteriosclerosis	
Due to Emphysema	
Other Conditions	6 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H. Mann M.D.
Address Church Home Date signed 3/10/40 M. D.

VS 3

67171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 67171

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address ~~1300 Eutaw Place~~

(c) Hospital or institution: St. Joseph's Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days

(e) Length of stay in Baltimore (yrs., mos., or days) 99

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and name town)

(d) Street No. 1400 W. Lafayette Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward A. Hogan

3 (b) If veteran, name war —

(c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) ~~Single~~, married, widowed, or ~~divorced~~
M	W	Widowed

6 (b) Name of husband or wife Catherine Hogan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/6/1863

8. AGE: Years	Months	Days	If less than one day
76	9	4	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Retired Grain

11. Industry or business —

FATHER — 12. Name Denis Hogan

13. Birthplace Ireland

MOTHER — 14. Maiden Name Mary Lowry

15. Birthplace Maryland

16 (a) Informant Mrs. Ella Hogan

(b) Address 313 Augusta Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3/12/40 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Catholic

Location Edmondson Ave.

18 (a) Funeral director John F. Tyler & Son

(b) Address 2315 Eutaw Pl.

19 (a) MAR 11 1940 (Date rec'd by registrar) (b) 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 10, 1940 at 4:07 A.M.

21. I certify that death occurred on the date above stated; that I attended ~~deceased~~ from Mar. 6 1940. to Mar. 10 1940., and that I last saw him alive on Mar. 9, 1940.

Immediate cause of death	Duration
Acidosis	3 days
Due to Cerebral accident over	3 days
Due to Arteriosclerotic C.V. Disease	?
Other Conditions Diabetes Mellitus	?

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Milton J. Wilder, M.D. M. D.

Address St. Joseph's Hosp. Date signed

VS 3

10988-PD

F 67172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. F 67172

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13yr. 1mo. 26das.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 702 S. Oldham St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Patrick Hennigan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-17-1866

8. AGE: Years 73 | Months 11 | Days 22 | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name James Hennigan
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret
15. Birthplace Ireland

16 (a) Informant B.U.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-40 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location O'Donnell St. & Ro.

18 (a) Funeral director John B Connelly
(b) Address Essex, Md.

19 MAR 11 1940 (Date received by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1940; at 4 00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 13 1927, to March 9 1940, and that I last saw him alive on March 9 1940.

	Duration
Immediate cause of death: Lobar Pneumonia	5 days.
Due to	
Due to	
Other Conditions Alcoholic cirrhosis of the liver (Include pregnancy within 3 months of death)	unknown

Major findings:
Of operations
Of autopsy as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. Waghelstein M. D.
Address Balto City Hosp. Date signed 3-9-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 67173

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164

Registered No. F 67173

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2915 Dallon St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) no
(e) Length of stay in Baltimore (yrs., mos., or days) 62

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2915 Dallon St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 52 years

3 (a) FULL NAME JOHN F. T. NOVOTNY

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 216-10-1520

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
m	W	married

6 (b) Name of husband or wife Bessie Novotny
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 15, 1880

8. AGE: Years	Months	Days	If less than one day
59 60 Yrs	7	26	hr. min

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation moulder - iron work
11. Industry or business Washington Mo.

FATHER
12. Name JOE Novotny
13. Birthplace Austria

MOTHER
14. Maiden Name Sofie Urachy
15. Birthplace Austria

16 (a) Informant Wife Bessie Novotny
(b) Address same address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem. Location Eastern Ave. Rd.

18 (a) Funeral director John J. Connelly
(b) Address East Md.

19 (a) Date received MAR 11 1940 (b) Registrar Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1940, at 5:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Hanging by rope — Duration
Due to Suicide
Due to mental depression
Other Conditions Carcinoma of larynx, non-alcoholic
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence March 11, 1940
(c) Where did injury occur? 2915 Dallon St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury rope around neck

23. Signature H. L. Wallenmeyer M.D.
Asst. Medical Examiner.
Date signed 3-11-40

F 67174

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-a

F 67174 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town New Windsor
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Doris Lou Hartzler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9, 1939

8. AGE: Years | Months: 11 | Days: 3 | If less than one day: hr. min.

9. Birthplace New Windsor, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Byron Hartzler
13. Birthplace Ohio

MOTHER
14. Maiden Name Thelma Hausmann
15. Birthplace Maryland

16 (a) Informant Byron E. Hartzler
(b) Address New Windsor Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 14-40 (month) (day) (year)
(c) Cemetery or crematory Pipe Creek Cem.
Location Near Uniontown Md.

18 (a) Funeral director H. H. Hartzler & Son
(b) Address New Windsor Md.

MAR 12 1940 Hunterstown Pa.
(Date received by Registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1940, at 6:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 8 1940, to March 12 1940, and that I last saw her alive on March 12 1940.

Immediate cause of death Acute Laryngo-Tracheo-Bronchitis — Duration: 4 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. H. Hammond Jr.
Address Mercy Hospital Date signed 3/12/40

67175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 67175 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: W. Baltimore Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 72

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore PARKVILLE
(If outside city or town limits, write RURAL and give town.)
16 Street No. 7804 Chestnut Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Mr. Newton A Noble X

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Carol

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 10, 1868

8. AGE: Years 71 72 | Months 7 | Days 21 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Mr. William Noble
13. Birthplace Maryland

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant William A Noble
(b) Address Parkton Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-40 (month) (day) (year)
(c) Cemetery or crematory West Nottingham
Location Colora Md.

18 (a) Funeral director Ralph M Reed
(b) Address Rising Sun, Md

18 (c) (Date received by local registrar) MAR 12 1940 Harrington Williamsport Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-11 1940, at 9:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-10 1940, to 3-11 1940, and that I last saw h[illegible] alive on 3-11 1940.

Immediate cause of death: Lobar pneumonia — Duration: 9 Days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isadore Lichter M. D.
Address West. Balto. Gen. Hosp. Date signed 3-11-40

F 67176

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 67176

Registered No. 1122

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 600 Chapel Gate Lane
(c) Hospital or institution: Seiling Sanitarium
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 68

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 330 S. Payson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

2032

3 (a) FULL NAME John S. Hardesty

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Nellie Bolden Hardesty
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 22, 1861

8. AGE: Years	Months	Days	If less than one day
79	-	18	hr. min.

9. Birthplace Bladensburg, Md. (Town, county and state)
10. Usual Occupation Market-man
11. Industry or business

FATHER
12. Name James G. Hardesty
13. Birthplace Prince George County, Md.

MOTHER
14. Maiden Name Emily Suit
15. Birthplace Bladensburg, Md.

16 (a) Informant Mr. William P. Hardesty
(b) Address 5025 Belair Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 13,1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director [signature]
(b) Address 1905 W. Baltimore St.

MAR 12 1940 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1940 at 7.55P M

21. I certify that death occurred on the date above stated; that I attended deceased from January 15 40 to March 10 40 and that I last saw him alive on March 10 1940.

Immediate cause of death: Incarcera ed Hernia. — Duration: Years
Due to Gastro-enteritis. — Months
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address 610 Frederick Road Catonsville, Md. Date signed

VS 3

correct age is especially important. Typewrite or print plainly with pen and ink. Use only black or blue-black ink and legibly.

F 67177 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH √ 33-a F 67177

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 322 E. Lorraine Ave Ward) 49-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah J. Ward

If U. S. Veteran specify WAR

(a) Residence: No. 322 E. Lorraine Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of John T. Ward

6. DATE OF BIRTH (month, day, year) May 21st 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glen Rock Pa

FATHER

13. NAME Martin Heathcoat

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Eliza E. Kohler

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Edith R. Ward

(Address) 322 E. Lorraine Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 3/13 1940

19. UNDERTAKER Williams Cook

(Address) 1217 St Paul St

20. FILED , 19 Registrar.

MAR 12 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 11th, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 4 1940 to March 11, 1940

I last saw her alive on March 10 1940 Death is said to have occurred on the date stated above, at 3:40 a. m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Influenza	5 days
Bronchial Pneumonia	2 days

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If

(Signed) Albert Eisenberg M. D.

(Address) 2025 E North Ave

OCCUPATION is very important. See instructions on back of certificate.

F 67178

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 67178
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calhoun & Fayette
(c) Hospital or institution:
Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 122 Scott St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Bloomer, John Albert

3 (b) If veteran, name war No

3 (c) Social Security Account No. 214-03-5414

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife ~~~~~

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 16th 1896

8. AGE: Years 43 | Months 10 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Furnace Helper

11. Industry or business Balto. Enamel Works

FATHER
12. Name Lankhart Bloomer
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Mary Biddison
15. Birthplace Balto Co. Md.

16 (a) Informant Mary L. Bloomer
(b) Address 122 Scott St.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Mar 13th 1940 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) MAR 12 1940 (Date rec'd by registrar) **(b)** Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-10 1940, at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-5 1940, to 3-10 1940, and that I last saw him alive on 3-10 1940.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Arteriosclerosis	
Due to Hypertensive Cardiovascular Disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. B. Samhartley M. D.
Address Franklin Square Hosp. Date signed 3-10-40

67179 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓131-A F 67179

1. PLACE OF DEATH Aged Home Name

Registered No.

CITY OF BALTIMORE: (No. 1400 W. Lexington St. 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Harry W. Gaskins

If U. S. Veteran specify WAR

(a) Residence: No. 1400 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma A Gaskins

6. DATE OF BIRTH (month, day, year): Dec 11th 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: For Aged

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: William Gaskins

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Records Aged Women's + Aged Mens Home

(Address): 1400 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: March 12 1940

19. UNDERTAKER: Williams (C)

(Address): 1210 E. Franklin

Registrar: Harrington Williams, M.D.

MAR 12 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 9th, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1935 19 to March 9, 1940 19

I last saw h im alive on March 8, 1940 19 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy 12/17/38	

Other contributory causes of importance:

Hypertensive cardio-vascular-renal disease.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury? 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) Elton B Jarrett M.D.

(Address) 1115 St. Paul St. City

OCCUPATION is very important. See instructions on back of certificate.

F 67180 F4669 BALTIMORE CITY HEALTH DEPARTMENT F 67180

CERTIFICATE OF DEATH

122-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1621 Aisquith St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

9 9

3 (a) FULL NAME August Gerst Jr

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife: single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 7 1940

8. AGE: Years	Months	Days	If less than one day
-	2	4	hr. min.

9. Birthplace 1621 Aisquith St (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Augustine F Gerst
13. Birthplace 1621 Aisquith St

MOTHER
14. Maiden Name Minnie M Tehmyer
15. Birthplace Baltimore Maryland.

16 (a) Informant Augustine Gerst
(b) Address 1621 Aisquith St

17 (a) New Cathedral (Burial, cremation, or removal) (b) Date thereof Mar 13 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral cemetery
Location Baltimore Maryland.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St. Balto Md.

19 (a) MAR 13 1940 (Date received by Registrar) (b) by [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-11 1940 at 6.4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-2 1940 to 3-11 1940, and that I last saw him alive on 3-11 1940.

	Duration
Immediate cause of death marasmus	2 months?
due to intussusception	1 day
Due to	
Due to	
Other Conditions bilateral inguinal hernia, bilateral cryptorchidism	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 3/14/40

F 67181

F 67181

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-2 Registered No. F 67181

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park and 31st Street.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4mo.5da.
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Maryland. (If outside city or town limits, write RURAL and give town)
(d) Street No. 46 S. Pulaski Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

20-4

3 (a) FULL NAME Charles WILHELM

3 (b) If veteran, name war: SAW

3 (c) Social Security Account No. ~~Unknown~~ 705-12-2454

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary (Unknown)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 5, 1873

8. AGE: Years 67 | Months 2 | Days 5 | If less than one day: hr. min.

9. Birthplace Philadelphia, Pennsylvania. (Town, county, and state)

10. Usual Occupation Shope worker-B.&O. RR.

11. Industry or business Railroad

FATHER
12. Name John H. Wilhelm
13. Birthplace Germany

MOTHER
14. Maiden Name Mary (Unknown)
15. Birthplace Germany

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 14, 1940 (month) (day) (year)
(c) Cemetery or crematory Mountain Christian
Location Baltimore Co Md

18 (a) Funeral director Wilson & Co
(b) Address 1217 E Oriole St

19 (a) (Date) (Registrar) (b) Baltimore, Md.

MAR 15 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10, 1940, at 1:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 13, 1939, to Mar. 10, 1940, and that I last saw him alive on Mar. 10, 1940.

Immediate cause of death Cardiac disease, cardiorenal vascular — Duration 2 years

Due to Arteriosclerosis, general — Duration Unknown

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations No operations

Of autopsy No operation

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature O. E. Denney, M. D.
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 3/11/40

F 67182

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 67182 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) ~~City or~~ town Overlea
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6701 Rossmont Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

27

3 (a) FULL NAME Peter a. Weigert

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	705-12-2157

4. Sex	5. Color or race	6 (a) ~~Single, married,~~ widowed, or ~~divorced~~
Male	White	Widowed

6 (b) Name of ~~husband or~~ wife Fannie B. Weigert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29 1874

8. AGE: Years	Months	Days	If less than one day
65	6	11	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation Retired Superintendent
11. Industry or business W. M. R. R. Pier

FATHER
12. Name Charles Weigert
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs Catherine Gunther
(b) Address 1147 N. Fulton Ave

17 (a) Burial (b) Date thereof 3/14/40
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mountain Christian Church
Location Harford Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (b)
(Date rec'd by registrar) Registrar

MAR 12 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 10, 1940 at 5 07 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 4 1940 to Mar. 10 1940, and that I last saw him alive on Mar. 10, 1940.

Immediate cause of death	Duration
Tuberculous pneumonia	?
Lobar pneumonia.	
Due to Pneumococcus Type 1.	
Due to	
Other Conditions Chronic Duodenal ulcer	20 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations Lobar pneumonia
Of autopsy Tuberculous pneum.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Milton J. Wilder M. D.
Address St. Joseph's Hosp. Date signed 3-12-40

correct age as especially important. Physicians: please write the causes of death clearly and legibly.

67183

HEALTH DEPARTMENT—CITY OF BALTIMORE

67183

CERTIFICATE OF DEATH

F 4216 108 F 67183

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1205 Greenmount Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Carol Frances McNamara

If U. S. Veteran specify WAR

(a) Residence: No. 1205 Greenmount Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 25* 1939

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto
(State or country) Md.

FATHER

13. NAME Andrew P. McNamara

14. BIRTHPLACE (city or town) Balto
(State or country) Md.

MOTHER

15. MAIDEN NAME Marie Naughton

16. BIRTHPLACE (city or town) Washington D.C.
(State or country)

17. INFORMANT Andrew McNamara
(Address) 1205 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenwood Date 3/10 1940

19. UNDERTAKER Wm. E. Fowler
(Address) 1219 E. Fayette

20. FILED MAR 12 1940 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Mar 11th, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1940, to March 11, 1940

I last saw her alive on March 11, 1940 Death is said to have occurred on the date stated above, at 2:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Lobar pneumonia	3 days

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1940

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

— If so, specify

(Signed) Samuel Silverfarb M.D.

(Address) 714 E. Preston St

F 67184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

F 67184 Registered No.

Please write the causes of death clearly and legibly. Physicians: please state especially diagnosis and correct age if required.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Cardine & Hoffman Sts

(c) Hospital or institution St. Josephs Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 614 Perkins ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Coles

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Richard Coles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-10-1890.

8. AGE: Years 49 | Months 8 | Days — | If less than one day hr. min.

9. Birthplace Sheldon S. C. (Town, county, and state)

10. Usual Occupation Domestic Housework

11. Industry or business

FATHER

12. Name Sam Jenkins

13. Birthplace S. C.

MOTHER

14. Maiden Name Clara ?

15. Birthplace S. C.

16 (a) Informant Wilhelmina Taylor

(b) Address 809 W. Lexington st

17 (a) Burial (burial, cremation, or removal) (b) Date thereof 3-13-40. (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem Gens

Location Arbutus Md

18 (a) Funeral director William A Jackson

(b) Address 916 Pedonia ave

19 (a) (b) Hutchins Williams H.P.

(Registrar)

MAR 12 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-10- 1940. at 6 30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 6 1940. to Mar. 10 1940. and that I last saw her alive on Mar. 10. 1940.

Immediate cause of death Uremia — Duration 4 days

Due to Chronic nephritis

Due to

Other Conditions Anuria — 8 days

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Milton J Wilder M. D.

Address Date signed

F 67185 Susan Johnson F 67185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. 1943

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 N. Mulberry St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 700 N. Mulberry St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Susan Johnson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Widow

6 (b) Name of husband or wife Bazzel Johnson 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name unknown
13. Birthplace unknown

MOTHER 14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Alice Johnson
(b) Address 700 Mulberry st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 12 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. Arundel County

18 (a) Funeral director Williams & Jackson
(b) Address 916 Pennsylvania ave

19 (a) (Date received by Registrar) (b) Hunter for Williams M.D. Registrar

MAR 12 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-10- 1940, at 12 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Sclerotic Heart Disease	
Due to Chronic Myocarditis	
Due to	
Other Conditions Senility & Chronic Bronchitis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Walden M.D. Medical Examiner.
Date signed 3-11-40

Correct age is especially important. If unknown, please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 67186
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2425 W. North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2425 W. North Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie J. Wentz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John M. Wentz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6 1848

8. AGE: Years	Months	Days	If less than one day
92	2	5	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jesse Anderson
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth J. Carmeign
15. Birthplace Maryland

16 (a) Informant Mr. A. A. Wentz
(b) Address 2425 W. North Avenue

17 (a) Burial (b) Date thereof March 15 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Baltimore, Co.

18 (a) Funeral director William J. Tickner & Sons
(b) Address North & Pennsylvania Aves

19 (a) (b) Huntington Hill Registrar
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1940 at 5:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 4 1939 to March 11 1940 and that I last saw h[illegible] alive on March 10 1940.

Immediate cause of death	Duration
arteriosclerosis - Hist. chart	5 yrs
Cardiac dilatation	3 hrs
Due to Senile degeneration	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]
Address 2125 Mansfield Date signed 3/11/40 M. D.

67187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3/31-44 Registered No. F 67187

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2750 Maryland Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME August F. Munder

3 (b) If veteran, name war ---

3 (c) Social Security Account No. 215-10-5167

4. Sex Male | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Mamie S. Munder
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) February 18th 1870

8. AGE: Years 70 | Months 0 | Days ~~xx~~ 28 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Retired Clerk

11. Industry or business Baltimore Towing Co.,

FATHER
12. Name Theopleius Munder
13. Birthplace Germany

MOTHER
14. Maiden Name Emilie Inderieden
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Mamie S. Munder
(b) Address 2750 Maryland Avenue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 14th 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. City Md.

18 (a) Funeral director Wm. J. Tickner & Sons.,
(b) Address North & Penna Aves.

19 (a) MR 12 1940 (Date rec'd by Reg.) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1940, at 1:37 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 3 1940. to March 11 1940. and that I last saw h[illegible] alive on March 11 1940.

Immediate cause of death: Hypertensive Cardio Vascular Renal disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas Dyson M. D.
Address Mercy Hosp. Date signed 3/11/40

F 67188

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67188

CERTIFICATE OF DEATH

83-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 342 University Pl. St., 12 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alice S. Hundley

If U. S. Veteran specify WAR .....

(a) Residence: No. 342 University Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Booker T. M. Hundley

6. DATE OF BIRTH (month, day, year): Sept 26 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	5	13 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER

13. NAME: Frank Saunders

14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER

15. MAIDEN NAME: Cynthea Anderson

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Dr. Frank S. Hundley
(Address) 342 University Pl

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: Mar 12, 1940

19. UNDERTAKER: W. Fleckner Sons
(Address) Monroe & Pa Aves.

FILED: MAR 12 1940, 19... Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 10, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1940, to March 10, 1940

I last saw him alive on March 10, 1940. Death is said to have occurred on the date stated above, at 9.05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/5/40
Other contributory causes of importance: Arteriosclerosis Hypertension	Years

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Harry M. Hansen, M. D.

(Address) 20 E. Preston Street

OCCUPATION is very important. See instructions on back of certificate.

V8.8

F 67189
LB 51971

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

F 67189
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days 1 mth.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3210 Walbrook Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie McEneany

3 (b) If veteran, name war: No.
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband or wife John J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1879

8. AGE: Years	Months	Days	If less than one day
60	8	7	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Practical Nurse
11. Industry or business

FATHER
12. Name Conrad Buckner
13. Birthplace Germany

MOTHER
14. Maiden Name Madeline Remstead
15. Birthplace Germany

16 (a) Informant ~~Dr. C. H. Records~~ Mrs. Maude Buckner
(b) Address 1936 W. Baltimore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 13 40 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Edmondson Ave

18 (a) Funeral director Howard N. Blight Jr.
(b) Address 4914 Belair Road

19 (a) MAR 12 1940 (Date received by registrar) Huntington Williams M.D. (Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1940, at 7:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 16 1940, to March 11 1940, and that I last saw her alive on March 11 1940.

	Duration
Immediate cause of death: Bronchopneumonia	1 week.
Due to:	
Due to:	
Other Conditions: Diabetes mellitus	unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy Pneumonia, arteriosclerosis.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murray Kirkpatrick M. D.
Address Balto City Hosp. Date signed 3-11-40

F 67190

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No.

F 67190

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1231 Argyle ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1231 Argyle ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillian Cunningham

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	C	Married

6 (b) Name of husband or wife Otis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 15, 1894

8. AGE: Years	Months	Days	If less than one day
45 46	10	24	hr. min.

9. Birthplace FORT LAWN S. C. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Isiah Stover

13. Birthplace S. C.

MOTHER 14. Maiden Name Alice Haskins

15. Birthplace S. C.

16 (a) Informant Otis Cunningham

(b) Address 1231 Argyle ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-13-40 (month) (day) (year)

(c) Cemetery or crematory Chester D. Cem. Co.

Location South Carolina

18 (a) Funeral director A. Halstead

(b) Address 918 Druid Hill Ave

19 (a) Date registered APR 12 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1940, at 8 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 7 1940 to March 9 1940, and that I last saw h[illegible] alive on March 8 1940.

Immediate cause of death	Duration
Cerebral Hemmorrhage	March 7, 1940
Due to Chronic Hypertension arterial sclerosis	14 yr.
Due to	
Other Conditions Chronic Nephritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. Yeomans

Address 1424 E Monument Date signed 3/10/40 M. D.

F 67191

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 67191

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 346 Gwynn Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 346 Gwynn Ave (If rural give location) 2047
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HELEN A HEMP.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Samuel E. Hemp

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) April 4, 1873

8. AGE: Years 66 | Months 11 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace Cambridge, Maryland. (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name Jacob Rosier
13. Birthplace Maryland.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Samuel E. Hemp
(b) Address 346 Gwynn Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/40 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore Co, Maryland.

18 (a) Funeral director [illegible] FUNERAL HOME
(b) Address 2700 Edmondson Avenue

19 MAR 12 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1940, at 10 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration: sudden

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. H. Lewis Wollenweber M.D.
Medical Examiner.
Date signed 3-11-40

F 67192

F 67192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da + 55 min
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1107 W. Lanvale St (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Eugene Carter

3 (b) If veteran, name war: World War. | 3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife —

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 15, 1892

8. AGE: Years 47 | Months 10 | Days 24 | If less than one day: ____ hr. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Teacher

11. Industry or business

FATHER
12. Name Nathaniel Carter
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Susan Slow
15. Birthplace Hanover Co. Va.

16 (a) Informant Natalie Tilghman
(b) Address 4308 Devonshire Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-13-40 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Balto Co. Md.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) Attorney for Williams M.P.

MAR 15 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-9-1940, at 6.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-9-1940, to 3-9-1940 and that I last saw h[illegible] alive on 3-9-1940.

Immediate cause of death	Duration
Chr. Parenchymatous Nephritis.	6 months,
Due to Hardening of	
Due to Arteriosclerosis,	
Other Conditions Pulmonary Edema + Cardiac Failure	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. F. Maloney M. D.
Address Provident Hospital Date signed 3/19/40

VS

F 67193

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-D

52F5 67193 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 84 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1327 Myrtle Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Klizabeth Kell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Klijah (Dead)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30, 1854

8. AGE: Years 85 | Months 7 | Days 9 | If less than one day ... hr. ... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Garrett
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Burgess
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 14, 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Baltimore, Md.

18 (a) Funeral director Mrs Chas. H. Holland
(b) Address 1631 Druid Hill Ave

MAR 12 1940 (Date rec'd by Registrar) Huntingtown Williams MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-9-1940 at 8-45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-14 1940 to 3-9 1940, and that I last saw her alive on 3-9-1940

Immediate cause of death Terminal pneumonia, arteriosclerosis, embalmed — Duration 7

Due to — Duration

Due to — Duration

Other Conditions left hemiplegia, Decubitus ulcers — Duration 7
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Meyerhelstein M. D.
Address Balto City Hosp. Date signed

VS 3

F 67194

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

116-a

F 67194 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos. 17 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1218 N. Spring St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hattie Gaines

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	married

6 (b) Name of husband or wife Walter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day, hr.	min.
61				

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Edward Willis
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Eva Fallin
(b) Address 1218 N. Spring St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 12, 1940 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore, Md.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) (Signature of registrar) Theodore J. Williams

MAR 12 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1940, at 2:55 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Fracture, neck of femur

Due to: Cerebral hemorrhage

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10/5/39
(c) Where did injury occur? 1218 N. Spring St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Kitchen (Specify type of place) While at work? Yes
(e) Means of injury Fall to floor in Kitchen

23. Signature Wm. Lunde Griffith M.D. Medical Examiner.

Date signed 3/9/40

F 67195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

F 67195 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street and No. 1333 Woodyear Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Moulden (52730)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M.

5. Color or race C.

6 (a) Single, married, widowed, or divorced. S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1905

8. AGE: Years 34 | Months 2 | Days 14 | If less than one day ... hr. ... min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James Moulden
13. Birthplace Maryland

MOTHER
14. Maiden Name Rachel Dorsey
15. Birthplace Maryland

16 (a) Informant Hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/40 (month) (day) (year)
(c) Cemetery or crematory St Peters
Location

18 (a) Funeral director Thos. E. Kelson
(b) Address 1303 Presstman St

19 (a) ... (Registrar) (b) ... (Registrar)

AR 13 1940
VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10, 1940 at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 9, 1940 to Mar. 10, 1940, and that I last saw him alive on Mar. 10, 1940.

Immediate cause of death Tuberculosis of the lung — Duration Sept 1939

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Not completed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Delaney M. D.
Address Balto. City Hospitals Date signed 3/11/40

Don Ar H Bass Draft
Med Exam case

67196

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

9

Registered No. F 67196

1. PLACE OF DEATH:
(a) Baltimore City, Maryland F 1557
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 220 N Dallas
(If rural give location)
(e) If foreign born, how long in U. S. A.? yrs.

3 (a) FULL NAME Willie Albert Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	BLACK	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 8, 1940

8. AGE: Years	Months	Days	If less than one day
	1	23	hr. min.

9. Birthplace Md — (Town, county, and state)
10. Usual Occupation Home
11. Industry or business

FATHER
12. Name Robert Tracy
13. Birthplace Va.

MOTHER
14. Maiden Name Geneva Williams
15. Birthplace Md.

16 (a) Informant Records —
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL MAR 12 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) MAR 12 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

9448

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 1 1940, at 11 25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw h alive on 19.

Immediate cause of death — Duration
Pertonia — ? ? ?
Bronchopneumonia
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry R. Seltberg M. D.
Address John Hopkins Hosp Date signed 3-2-40

OK. H L Wallenmeyer, MD last hand

F 67197 LB 53586

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-P

F 67197 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 min. 13 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 214 Emory Street (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Eugene Gray

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married (Sep.)

6 (b) Name of husband or wife Caroline
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 25, 1893

8. AGE: Years	Months	Days	If less than one day
46	5	14	hr. min.

9. Birthplace R. I. (Town, county, and state)
10. Usual Occupation odd jobs
11. Industry or business

FATHER
12. Name San Juan Gray (d)
13. Birthplace Portugal

MOTHER
14. Maiden Name Maria Aparnara (d)
15. Birthplace R. I.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof Mar 13, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 Huntington Ave. Balto. Md.

MAR 12 1940 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1940, at 4:3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 8 1940, to March 9 1940, and that I last saw him alive on March 9 1940.

Immediate cause of death
Cardiac failure. Duration unknown.

Due to Pulmonary Tuberculosis unknown.

Due to

Other Conditions over

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 3-11-40

VS 3

F 67198

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 67198

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Balto Md
(b) Street address — 2120 Fredrick Ave
(c) Hospital or institution: F 719
(d) Length of stay in hospital or inst. (yrs., mos., or days) — 20 4
(e) Length of stay in Baltimore (yrs., mos., or days) — 23 years

2. USUAL RESIDENCE OF DECEASED:
(a) State — Md (b) County — Balto
(c) City or town — Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. — 2120 Fredrick Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME — Ronald Herman Allenbaugh

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex — Male

5. Color or race — W

6 (a) Single, ~~married, widowed,~~ or ~~divorced~~

6 (b) Name of husband or wife —

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) — 3/11-40

8. AGE: Years | Months | Days | If less than one day — 5 hr. ____ min.

9. Birthplace — Balto Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name — Herman Allenbaugh
13. Birthplace — Balto Md

MOTHER
14. Maiden Name — Ida Metzler
15. Birthplace — Balto Md

16 (a) Informant — Herman Allenbaugh.
(b) Address — 2120 Fredrick Ave

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (month) (day) (year)
(c) Cemetery or crematory ____
Location JOHNS HOPKINS MEDICAL SCHOOL MAR 13 1940
COMMISSIONER OF ____

18 (a) Funeral director ____
(b) Address — Per H. A. Moore, Huntington Williams, M.D.

MAR 12 1940 (Date received by registrar) — Registrar — 5445

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH — 3/12 - 1940 at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/11 1940 to 3/12 1940, and that I last saw him alive on 3/12 1940.

Immediate cause of death — Pneumonia

Due to — Toxic pregnancy Albuminuria

Due to ____

Other Conditions ____

(Include pregnancy within 3 months of death)

Major findings:
Of operations ____

Of autopsy ____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? ____
(e) Means of injury —

23. Signature — Thos A Parker M.D.

Address — 2145 N Balto Date signed — 3/12-40

F 67199

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67199

CERTIFICATE OF DEATH

95-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1131-E. Northa Ave. St. 49 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John L. Walpole

If U. S. Veteran specify WAR

(a) Residence: No. 1131-E. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie (Lynch)

6. DATE OF BIRTH (month, day, year) 2/14/1876

7. AGE Years	Months	Days	If LESS than 1 day, hours or min.
64	-	25 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Bar. Rr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machinist Helper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John E. Walpole

14. BIRTHPLACE (city or town) (State or country) Irelandd.

MOTHER

15. MAIDEN NAME Anna (Gaffney)

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs. Gladys Walpole

(Address) 1131-E. north Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 3/12/40 19

19. UNDERTAKER George J. Ruth Inc.

(Address) 1735-Harford Ave.

20. MAR 12 1940 Washington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/12/40

22. I HEREBY CERTIFY, That I attended deceased from 12/9 19 39 to 3/19 19 40

I last saw him alive on 3/18 19 40, Death is said to have occurred on the date stated above, at 12:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Decompensation	12/39
Other contributory causes of importance: Acute Cardiac Dilatation	3/11/40

Was an operation performed? Not Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Not If so, specify

(Signed) L. A. Littleton M. D.

(Address) 130 E. Eutaw

OCCUPATION is very important. See instructions on back of certificate.

V8.2

HEALTH DEPARTMENT—CITY OF BALTIMORE

67200 **CERTIFICATE OF DEATH** 93-D **F 67200**

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 431 E. 20th St. 12 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Bruffy If U. S. Veteran specify WAR

(a) Residence: No. 431 E. 20th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 30th 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [redacted]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Harrisonburg Va
(State or country)

FATHER

13. NAME George Bruffy

14. BIRTHPLACE (city or town) Harrisonburg Va
(State or country)

MOTHER

15. MAIDEN NAME Catherine Shacklett

16. BIRTHPLACE (city or town) Kentucky
(State or country)

17. INFORMANT G. Pinkney Simpson
(Address) 431 E. 20th St

18. BURIAL, CREMATION, OR REMOVAL
Woodbine Cemetery
Place Harrisonburg Va Date Mar 14th 1940

19. UNDERTAKER William Cook
(Address) 1217 St. Paul St

20. FILED Mar 12 1940 Washington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11th, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1940 to May 11, 1940

I last saw h[illegible] alive on May 11, 1940 Death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Arteriosclerotic Cardio Vascular Disease	About 10 yrs
Chronic Myocarditis	
Other contributory causes of importance: Acute cardiac failure (angina)	2 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Wallace E. Lantz M. D.

(Address) 720 N. Charles St

OCCUPATION is very important. See instructions on back of certificate.

F 67201

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

122-a Registered No. F 67201

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) ~~Life~~ 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1117 E. North Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daniel H. Hardesty

3 (b) If veteran, name war	3 (c) Social Security Account No. NONE
40	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	widower

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 20, 1878

8. AGE: Years	Months	Days	If less than one day
61 62	76	20 21	14 hr. 15 min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Grocer Retired
11. Industry or business

FATHER
12. Name James W. Hardesty
13. Birthplace Md.

MOTHER
14. Maiden Name Hannah Hannan
15. Birthplace Md.

16 (a) Informant Harvey L. Hardesty
(b) Address 1936 Brentwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 14 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md.

18 (a) Funeral director Fulton & Co.
(b) Address 1317 Eutaw Pl.

19 (a) MAR 12 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1940, at 2:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 6 1940, to March 11 1940, and that I last saw h[illegible] alive on March 11 1940.

Immediate cause of death	Duration
Cerebro-vascular hemorrhage due to Hypertension Cardiovascular disease	24 hours
Due to Intestinal obstruction	3 days
Due to Strangulated hernia	1 day
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Strangulated hernia
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Raymond F. Ingram M. D.
Address Mercy Hospital Date signed 3/12/40

VS 3

F 67202 HEALTH DEPARTMENT—CITY OF BALTIMORE

F6935

CERTIFICATE OF DEATH

159 F 67202

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2809 Woodbrook St. 43-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Schlichting

If U. S. Veteran specify WAR

(a) Residence: No. 2809 Woodbrook Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 12, 1940

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
				12

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Schlichting

14. BIRTHPLACE (city or town) (State or country) St Louis, Mo.

MOTHER

15. MAIDEN NAME Leona Huelskoetter

16. BIRTHPLACE (city or town) (State or country) Fairland Oklahoma

17. INFORMANT Joseph Schlichting
(Address) 2809 Woodbrook Av

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 12 1940

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. MAR 12 1940 Washington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1940 to March 12, 1940

I last saw him alive on March 12, 1940 Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth.	3-12-40
Four months gestation.	

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Albert Sidney Gray M. D.
(Address) 1813 E. N. Ave.

OCCUPATION is very important. See instructions on back of certificate.

V0 5

5450

HEALTH DEPARTMENT—CITY OF BALTIMORE

67203

CERTIFICATE OF DEATH

161-C

F 67203

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1127 W Saratoga St. 18-W Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Alice Butler

If U. S. Veteran specify WAR

(a) Residence: No. 1127 W Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-7-40

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Roma Butler

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Evelyn Brown

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 12 1940

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. MAR 12 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-11-1940

22. I HEREBY CERTIFY, That I attended deceased from 3-9 1940 to 3-11 1940

I last saw her alive on 3-9 1940 Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Disease of the Heart	
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D M Dixon M. D.

(Address) University

OCCUPATION is very important. See instructions on back of certificate.

VS 8

5451

F 67204

BALTIMORE CITY HEALTH DEPARTMENT 52069 SD

CERTIFICATE OF DEATH 124-a

Registered No. F 67204

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4802 Pilgrim Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

21

3 (a) FULL NAME John G. Zink

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 9, 1886

8. AGE: Years 54 | Months 2 | Days 1 | If less than one day ... hr. ... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Shipping Clerk

11. Industry or business

FATHER
12. Name Edward Zink
13. Birthplace Germany

MOTHER
14. Maiden Name Adeline Smith
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-13-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J. Rourke
(b) Address 5305 Harford Rd Huntington Pottsville, Md.

19 (a) (b) Registrar

MAR 12 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1940, at 9 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 19 1940 to March 10 1940, and that I last saw him alive on March 10 1940.

Immediate cause of death: Alcoholic cirrhosis of the liver — Duration unknown

Due to: Chronic glomerulonephritis — unknown

Due to:

Other Conditions: Terminal bronchopneumonia — 3 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murray Lebherz M. D.
Address Balto City Hosp. Date signed 3-11-40

Gens

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 67205 — 93-D — Registered No. F 67205

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town 4619 E Brookford Ave (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert H. Gens

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rosalie Gens
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-3-1874

8. AGE: Years	Months	Days	If less than one day
65	5	9	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Sales man
11. Industry or business

FATHER
12. Name
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace Germany

16 (a) Informant Rosalie Gens
(b) Address 4619 Brookford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-40 (month) (day) (year)
(c) Cemetery or crematory Catholic
Location

18 (a) Funeral director Leonard Funke
(b) Address 5305 Harford Rd

19 (a) MAR 12 1940 (Date rec'd by registrar) Thurston Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1940, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/11 1940 to 3/12 1940 and that I last saw h[illegible] alive on 3/12 1940.

Immediate cause of death: Cardiac failure — Duration: ?

Due to: Chronic Myocarditis

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard B. Kunamon Jr. M. D.
Address Mercy Hosp. Date signed 3/12/40

VS 3

F 67203

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2361 Druid Hill Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Joshua Burgess (53462)

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex: M.
5. Color or race: C
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: ?
6 (c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) Nov. 25 ? 18[illegible]
8. AGE: Years 65? Months 3 Days 16 If less than one day ..... hr. ..... min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Chauffer
11. Industry or business

FATHER
12. Name Joshua (D)
13. Birthplace Maryland

MOTHER
14. Maiden Name Cecelia Derricks (D)
15. Birthplace Maryland

16 (a) Informant Hospital records
(b) Address .....

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3. 14-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto Md.

18 (a) Funeral director Magee H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) [illegible] (b) Rec'd by registrar ..... Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11, 1940, at 6 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 9, 1940, to Mar. 11, 1940, and that I last saw him alive on Mar. 11, 1940.

Immediate cause of death ..... Duration

Tuberculosis of lungs — Dec. 1939

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature [illegible] M. D.
Address Balto. City Hospitals Date signed 3/11/40

F 67207

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163H

Registered No. F 67207

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1280 Battery Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1280 Battery Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME MISS SUSIE DEAR

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife: ———
6 (c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) July 26, 1867

8. AGE: Years	Months	Days	If less than one day
72	7	15	hr. ——— min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Seamstress - 12 yrs ago
11. Industry or business Hat - clothing

FATHER
12. Name John Thomas Dear
13. Birthplace Virginia

MOTHER
14. Maiden Name Margaret A Marryman
15. Birthplace Baltimore

16 (a) Informant Cousin Mrs Marie Roberts
(b) Address 1296 Battery Pl

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Federal & 33rd Sts
18 (a) Funeral director Geo. W. Tapley Home
(b) Address 398 Light St

19 MAR 12 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1940, at 7 20 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Illuminating gas poisoning — Duration: 1 hr.
Due to: Suicide
Due to: Mental depression
Other Conditions: Sinusitis, chronic
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence March 11, 1940
(c) Where did injury occur? 1280 Battery Place (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Illuminating gas - oven

23. Signature H. L. Wollenweber M.D. Asst Medical Examiner.
Date signed 3-11-40

VS 6

F 67208

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

Registered No. F 67208

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1620 N. Caroline St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 9

(e) Length of stay in Baltimore (yrs., mos., or days) 72 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1620 N. Caroline St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 72 yrs. years

3 (a) FULL NAME Mary Collins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/15/1850

8. AGE: Years	Months	Days	If less than one day
89	2	25	hr. min.

9. Birthplace ----- Ireland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Peter Collins
13. Birthplace Ireland

MOTHER
14. Maiden Name Elizabeth Smith
15. Birthplace Ireland

16 (a) Informant Miss Bessie McGlone
(b) Address 1620 N. Caroline St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Old Frederick Road

18 (a) Funeral director N W Means and Son
(b) Address 805 North Calvert Street

19 (a) MAR 12 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/10/40 19 at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/8/40 19 to 3/10/40 19, and that I last saw h[illegible] alive on 3/10/40 19.

Immediate cause of death	Duration
Atherosclerotic Cardiovascular Disease.	
Due to Senility?	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William L. McGlone M. D.
Address 5001 Roland Ave Date signed 3/11/40

F 67209

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61 ✓

Registered No. F 67209

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: Bon Secours Hospital 2 7-12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) About 68 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 365 Evesham Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? ------ years

3 (a) FULL NAME Mrs. Emma Hild

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
F	W	* Widow

6 (b) Name of husband or wife James A. Hild
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) --------

8. AGE: Years	Months	Days	If less than one day
About 68	---	---	hr. --- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name Charles A. Zarnitz
13. Birthplace Germany

MOTHER
14. Maiden Name Frances Drube
15. Birthplace Germany

16 (a) Informant Mrs. Mary L. Guidera
(b) Address 365 Evesham Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cemetery
Location 4430 Belair Road

18 (a) Funeral director H. U. Mears and Son
(b) Address 805 N. Calvert Street

19 (a) MAR 12 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VE 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-11- 1940, at 6:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-10- 1940, to 3-11- 1940, and that I last saw h[illegible] alive on 3-11- 1940.

Immediate cause of death Diabetes mellitus — Duration .....
Due to ..... — Duration .....
Due to ..... — Duration .....
Other Conditions Arteriosclerotic heart disease & cerebral hemorrhage — Duration .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....

23. Signature William J. McClafferty M. D.
Address Bon Secours Hosp. Date signed 3-11-40

67210

HEALTH DEPARTMENT—CITY OF BALTIMORE

Social Security # 215-01-1943

CERTIFICATE OF DEATH

F 67210

58-D

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1435 Decatur St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? 30 yrs. ... mos. ... da.

2. FULL NAME George Swiridenkoff

If U. S. Veteran specify WAR ...

(a) Residence: No. 1435 Decatur St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Anna Swiridenkoff

6. DATE OF BIRTH (month, day, year) Not known

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Crane Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Russian

FATHER

13. NAME Demitri Swiridenkoff

14. BIRTHPLACE (city or town) (State or country) Russian

MOTHER

15. MAIDEN NAME Pauline ?

16. BIRTHPLACE (city or town) (State or country) Russian

17. INFORMANT Miss Pauline Swiridenkoff
(Address) 1435 Decatur St.

18. BURIAL, CREMATION, OR REMOVAL: Place Holy Trinity Russian A.A. Co Date March 13 19 40

19. UNDERTAKER John A. Grebiancke, Jr.
(Address) 423 S. Paca St.

20. FILED MAR 12 1940 19 ... Huntington Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1940 to March 10, 1940

I last saw him alive on March 10, 1940. Death is said to have occurred on the date stated above, at 7:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic carditis	1934

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. A. Faulconer M. D.

(Address) 207 E. Fort Ave.

F 67211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 139-a

F 67211 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town New Windsor (If outside city or town limits, write RURAL and give town)
(d) Street No. 113 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annabelle Baltzell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Raymond Baltzell
6 (c) If alive, give age 26 years

7. Birth date of deceased (mo., day, yr.) Feb. 24, 1914

8. AGE: Years	Months	Days	If less than one day
26	0	18	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Clyde Ecker
13. Birthplace Maryland

MOTHER
14. Maiden Name Carrie I. Baumgardner
15. Birthplace Maryland

16 (a) Informant Clyde Ecker
(b) Address New Windsor R.D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 15 1940 (month) (day) (year)
(c) Cemetery or crematory Lingamore
Location Unionville Md.

18 (a) Funeral director C. M. Walt
(b) Address Winfield Md.

19 (a) (Registrar) (b) Huntingtown (Williamsport) Md.

MAR 13 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12, 1940, at 1:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 5, 1940, to March 12, 1940, and that I last saw her alive on March 12, 1940.

Immediate cause of death	Duration
Pulmonary Embolism	
Due to Chronic Salpingitis (Tubular)	over
Due to Chronic Appendicitis and Related Perimetritis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Chr. Salpingitis & Appendix. Related perimetritis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Irvin P. Klenkenberger, M.D.
Address Md. gen. Hosp. Date signed 3/13/40

Anna M Riess

67212 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 67212

CERTIFICATE OF DEATH

92-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3613 O. York Rd. (St.) 9-3 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Anna Maria Riess

If U. S. Veteran specify WAR

(a) Residence: No. 3613 O. York Rd. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race Wh

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced (or) WIFE of Jacob Riess

6. DATE OF BIRTH (month, day, year) Aug. 28, 1858

7. AGE — Years 81 — Months 6 — Days 11 12 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Geo Schmidt

14. BIRTHPLACE (city or town) (State or country) Ger.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Ger

17. INFORMANT Mrs Geo. E. Cook

(Address) 3613 O. York Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date March 13-40 19

19. UNDERTAKER Wm. H. Schilling

(Address) Balto, Md. 1122 E. Monument St.

20. FILED 19 Registrar.

Huntington Williams, M.D.

MAR 12 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1939 to March 10 1940

I last saw her alive on March 7 1940 Death is said to have occurred on the date stated above, at 4.40 P. M.

The principal cause of death and related causes of importance were as follows:

	Duration
Pulmonary Edema	
Heart Arteriosclerosis	10 Yrs.
Diabetes Mellitus	2 Yrs.
Dropsy	
Other contributory causes of importance	
Heart exhaustion	3 Days

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Lafontaine M. D.

(Address) 1605 N. Monroe St.

OCCUPATION is very important. See instructions on back of certificate.

67213

HEALTH DEPARTMENT—CITY OF BALTIMORE 67213

67213 CERTIFICATE OF DEATH 120-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 Lakeside Ave St. 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Rev. Veronza A. Lonier

(a) Residence: No. 1709 Lakeside Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Margaret B Lonier

6. DATE OF BIRTH (month, day, year): Sept 7 1860

7. AGE: Years 79; Months 6; Days 25; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.: Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired Manufacturer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 45

12. BIRTHPLACE (city or town) (State or country): England

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Mrs Louise H Lonier

(Address): 1709 Lakeside Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: March 16 1940

19. UNDERTAKER: J. Thos. Young & Son

(Address): 1217 Eutaw St

Filed: MAR 19 1940 Remington Nicholas, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 12, 1940

22. I HEREBY CERTIFY, That I attended deceased from 3/1/40, 19.., to 3/12/40, 19..

I last saw h[illegible] alive on 3/11/40, 19.. Death is said to have occurred on the date stated above, at 3 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar Upper Left	3 days
Pneumonia Lobar Left Lower	
Arteriosclerosis	
Other contributory causes of importance: Ulcerated Colitis	3 yrs

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. W. Herrmann M. D.

(Address) 1710 33rd St.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

67214

67214

CERTIFICATE OF DEATH ✓ 93-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3103 N. Charles St. 12-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John P. Brandau

If U. S. Veteran specify WAR No

(a) Residence: No. 3103 N. Charles St., Ward. No

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Marie Whelthe Brandau

6. DATE OF BIRTH (month, day, year): Aug 10th 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Dalto Md

FATHER

13. NAME: John P. Brandau

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Dorothy E C. Stratmeyer

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Marie V. Brandau

(Address) 3103 N. Charles st

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date March 15 19[illegible]

19. UNDERTAKER: [illegible]

(Address) 1219 E Cold St

FILED APR 10 1940

[illegible] Huntington Williams Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 12th 1940

22. I HEREBY CERTIFY, That I attended deceased from Mar. 10 1940 to Mar. 12 1940

I last saw him alive on Mar. 12 1940 Death is said to have occurred on the date stated above, at 12:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Mar 11
Chronic Myocarditis	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lloyd C. Saylor M. D.

(Address) 3902 Greenmount Ave

OCCUPATION is very important. See instructions on back of certificate.

F 67215

F 67215

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-E

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2308 Tioga Parkway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ~~3 days~~
(e) Length of stay in Baltimore (yrs., mos., or days) √√ yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2308 Tioga (If rural give location)
(e) If foreign born, how long in U. S. A.? √√ years

3 (a) FULL NAME Sophia Silberman

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Nathan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: x76 | Months | Days | If less than one day: hr. min.

9. Birthplace: Russia (Town, county, and state)
10. Usual Occupation: None
11. Industry or business

FATHER
12. Name: Hirsch Esterman
13. Birthplace: Russia

MOTHER
14. Maiden Name: Etta
15. Birthplace: Russia

16 (a) Informant: Dr. David Silberman
(b) Address: Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-40 (month) (day) (year)
(c) Cemetery or crematory: Shaarei Tefiloh
Location: Windsor Mill Rd.

18 (a) Funeral director: Levi Levi Inc.
(b) Address: 1437 E. Balto. St.

19 (a) (Date rec'd by registrar) MAR 13 1940 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-12-40 19 , at 10 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/2 19 39 to 3/11 19 40, and that I last saw her alive on 3/11 19 40.

	Duration
Immediate cause of death: Cerebral embolism	1 year
Due to: Arteriosclerosis	1 year
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: [illegible] M. D.
Address: 13 Eutaw Date signed 3/12/40

VS 8

Wellham

F 67216

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-a F 67216 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 N. Calvert St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard H. Wellham

3 (b) If veteran, name war	3 (c) Social Security Account No.
✓	✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Marguerite Wellham
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Nov. 7, 1866

8. AGE: Years	Months	Days	If less than one day
73	4	3	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired.
11. Industry or business

MOTHER / FATHER

12. Name Hezekiah Wellham
13. Birthplace England. A. A. Co.
14. Maiden Name Mary Ann Hammond
15. Birthplace A. A. Co. Md

16 (a) Informant Marguerite E. Wellham
(b) Address 1613 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 13 40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Wm. Cuttshall & Sons
(b) Address 1900 Eutaw Place

19 MAR 13 1940 (Date received by Registrar) (b) Registrar's signature for Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 10 1940, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 7 1940, to Mar 10 1940, and that I last saw him alive on Mar. 10 1940.

Immediate cause of death	Duration
Strangulated hernia	4 days.
Due to	
Due to	
Other Conditions Myocardial failure	24 hours.

(Include pregnancy within 3 months of death)

Major findings:
Of operation Loops of bowel strangulated in left inguinal ring.
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. F. Johnston Jr.
Address Md. General Date signed M. 3/10/40 D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

67217 67217

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH: Edgewood Nursing Home

CITY OF BALTIMORE: (No. 6000 Bellona Ave. St. 27-15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME: Luther M. Jackson

If U. S. Veteran specify WAR .....

(a) Residence: No. 2206 Chilham Rd. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Palmer 65 yrs. old

6. DATE OF BIRTH (month, day, year) 8/23/56

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wash. D. C.

FATHER

13. NAME: Vincent R. Jackson

14. BIRTHPLACE (city or town) (State or country): Wash. D. C.

MOTHER

15. MAIDEN NAME: Julia A. Martin

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Mrs. Mary P. Jackson

(Address) 2206 Chilham Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Louden Park Cemy. Date 3/13/40 19..

19. UNDERTAKER: John O'Mitchell Sons

(Address) 1900 Eutaw Place

MAR 13 1940 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 19 40

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1940, to March 11, 1940.

I last saw h[illegible] alive on March 11, 1940. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria - sclerosis & coronary thrombosis.	5 years ago
Other contributory causes of importance: Uraemia	1 week.

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] M. D.

(Address) 2200 Garrison Blvd.

OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 67218

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

Registered F 67218

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 111 S. Spring St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 111 S Spring St, 3rd H.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Switalski

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 11 1869

8. AGE: Years	Months	Days	If less than one day hr.	min
72 70	3	29		

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Boleu Switalski
13. Birthplace Poland

MOTHER
14. Maiden Name Emilia Schaffer
15. Birthplace Poland

16 (a) Informant City Public Welfare
(b) Address 327 St Paul Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore County

18 (a) Funeral director John M Webb
(b) Address 407 S. Chester St

19 (a) MAR 13 1940 (Date received by Registrar) Huntington Williams Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to death on the day stated above.

Immediate cause of death	Duration
Confluent tubular pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W B Landeskopf M.D.
Medical Examiner.
Date signed 3/12/40

F 67219

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 67219 Registered No. 107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 922 Brevard st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 922 Brevard st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Strong

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	C	Married

6 (b) Name of husband or wife Robert L.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 27, 1887

8. AGE: Years	Months	Days	If less than one day: hr.	min.
51	2	14		

9. Birthplace Gunbourn N. C. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Williams
13. Birthplace N.C.

MOTHER
14. Maiden Name Mary
15. Birthplace N.C.

16 (a) Informant Ulysses Strong
(b) Address 922 Brevard st.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-13-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Brooklyn

18 (a) Funeral director A. Hallstead
(b) Address 91[illegible] Druid Hill Ave.

19 (a) (Date rec'd by registrar) (Name of registrar) Hamilton for Public Health M.D.

MAR 13 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1940, at 2 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 8, 1940, to March 10, 1940 and that I last saw h[illegible] alive on March 9, 1940.

Immediate cause of death Bronchopneumonia — Duration 4 days
Due to
Due to
Other Conditions Generalized arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Marie Adams M. D.
Address 312 E 23rd St. Date signed 3-12-40

F 67220

F 67220

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1306 Bruce St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1306 Bruce St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James E. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Augusta

6 (c) If dive, give age years

7. Birth date of deceased (mo., day, yr.) 3/11/1878

8. AGE: Years 62 Months 2 Days 2 If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Pharmacist

11. Industry or business Has not worked for years

FATHER
12. Name ? Smith
13. Birthplace Md

MOTHER
14. Maiden Name ?
15. Birthplace Md

16 (a) Informant Solon Smith
(b) Address 1306 Bruce St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County Md.

18 (a) Funeral director Joseph D. Locke Jr.
(b) Address 1304 N. Central Ave

(a) Date received by registrar MAR 13 1940 (b) Registrar Hunting for Wilmarth, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-11 40 at 11.40 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/25 1940 to 3/11 1940 and that I last saw him alive on 3/11 1940.

Immediate cause of death Myocarditis Senilis

Due to Angina Pectoris

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration 1 mon 1/2

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isaac R. Blake

Address 1527 N. Central Ave Date signed 3/12/40

F 67221 F7077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. F 67221

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 705 McKewin Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Earle Joseph Carmine Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11, 1940

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Earle Joseph Carmine
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary Alice Bumeston
15. Birthplace Washington D. C.

16 (a) Informant Mother
(b) Address 750 McKewin Ave-City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Park
Location Balto. Md

18 (a) Funeral director Geo. A. Farley
(b) Address Fulton & Fayette

19 (a) Filed by Irving H. Williams, M.D. (b) Registrar

MAR 13 1940

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1940, at 5 19 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 11 1940 to March 12 1940, and that I last saw him alive on March 12 1940.

Immediate cause of death	Duration
Prematurity (approx 2 hrs.)	1 day.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. A. Dodd M. D.
Address Mercy Hospital Date signed 3/12/40

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

67222 F 6598 CERTIFICATE OF DEATH 107 F 67222

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 19-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Andrew Riggs

If U. S. Veteran specify WAR

(a) Residence: No. 1830 Dover St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/25/40

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		12 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) 1830 Dover St Balto Md.

FATHER

13. NAME John Riggs

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lorraine Slattinga

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lorraine Riggs
(Address) 1830 Dover St

18. BURIAL, CREMATION, OR REMOVAL (Burial)
Place Cathedral Cem. Date 3/13, 1940

19. UNDERTAKER Geo. A. Forker
(Address) Fulton & Fayette

20. FILED APR 12 1940 Harrington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-12, 1940

22. I HEREBY CERTIFY, That I attended deceased from 3-9, 1940, to 3-12, 1940

I last saw him alive on 3-12, 1940 Death is said to have occurred on the date stated above, at 10:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	at birth
Aspiration pneumonia	(1)
Other contributory causes of importance:	

Was an operation performed? yes Date of 3-9-40

For what disease or injury? aspiration foreign body ear

Name of operation Bronchoscopy

What test confirmed diagnosis? X-ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) R. M. Cunningham, Jr. M. D.

(Address) Univ. Hosp. Balto. Md.

OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 67223

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164-a

F 67223 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 521 S. Bradford st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 521 S Bradford. (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME JOSEPH PREIS

3 (b) If veteran, name war — no
3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Catherine Wessler
6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Mar 17, 1858

8. AGE: Years	Months	Days	If less than one day
81	11	24	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Farmer - retired
11. Industry or business own farm

FATHER
12. Name Martin Preis
13. Birthplace Germany

MOTHER
14. Maiden Name Chrecentia Preis
15. Birthplace Germany

16 (a) Informant Son. John C Preis
(b) Address above address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/40 (month) (day) (year)
(c) Cemetery or crematory Schwaily's
Location Balto. Md.

18 (a) Funeral director Kurtz & Concannon
(b) Address 21 elliott st Huntingdon Williamsport, Md.

MAR 13 1940
(Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1940, at 9 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquest)
obtained by said inquiry find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Hanging by rope	
Due to suicide	
Due to mental depression	
Other Conditions Arteriosclerosis heart disease (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence March 11, 1940
(c) Where did injury occur? 521 S Bradford st (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury rope around neck.
23. Signature D T Wallenmeyer M.D.
Asst Medical Examiner
Date signed 3-11-40

VS 6

F 67224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 67224 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1913 Bank Street

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1913 Bank Street
(If rural give location)

2

(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME Anna Zaworski

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Stephen

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Posen, Poland
(Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER

12. Name Nicholas Krajewski

13. Birthplace Posen, Poland

MOTHER

14. Maiden Name Margaret ?

15. Birthplace Posen, Poland

16 (a) Informant Stephen Zaworski

(b) Address 1913 Bank Street

17 (a) Burial (b) Date thereof 3/14/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Holy Rosary

Location German Hill Road

18 (a) Funeral director M. J. Sadowski & Sons.

(b) Address 1808 Eastern Ave. Williams, M.D.
Huntington

19 MAR 13 1940 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1940, at 9:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 7 1940. to March 11 1940. and that I last saw h[illegible] alive on Mar 7 1940.

Immediate cause of death	Duration
Arteriosclerotic Cardio-Renal Disease	1 yr.
Due to	
Due to	
Other Conditions Senility	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? —
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)

(e) Means of injury —

23. Signature Chester J. Zabinski M.D.

Address 2318 Kelly St Date signed 9/17/40

VS 3

67225

F 67225

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Yrs
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 2117 McCulloh St (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Emma May Jones

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Wm Arthur Jones
6 (c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.) Oct. 31, 1884

8. AGE: Years 55 | Months 4 | Days 109 | If less than one day — hr. — min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business private home

FATHER
12. Name David Robinson
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Ann Thomas
15. Birthplace Md.

16 (a) Informant Wm Arthur Jones
(b) Address 2117 McCulloh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 13 1940 (month) (day) (year)
(c) Cemetery or crematory Syd. Auburn
Location Baltimore Md
Funeral director Edward Johnson
Address 1208 Druid Hill Av.

19 (a) Mar 13 1940 (Date received by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1940, at 7:05 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-8 1940, to 3-10-1940, and that I last saw h[illegible] alive on 3-10-1940.

	Duration
Immediate cause of death: cerebral hemorrhage	4 hrs
Due to: Hypertensive cardiovascular renal disease	1 yr
Due to:	
Other Conditions: none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James D. Carr M. D.
Address 515 Mosher St Date signed 3-12-40

F 67226

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 181

F 67226 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2729 Atkinson St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William L. Mooney

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/8/1888

8. AGE: Years	Months	Days	If less than one day hr	min
51	3	3		

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Engineer
11. Industry or business David M. Andrews

FATHER
12. Name John Mooney
13. Birthplace Conn.

MOTHER
14. Maiden Name Agnes Adman
15. Birthplace Md

16 (a) Informant Agnes Mooney
(b) Address 507 W. 27th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 14, 1940 (month) (day) (year)
(c) Cemetery or ~~crematory~~ St. Mary's
Location Hampden

18 (a) Funeral director Edmondson & Donovan
(b) Address 3615-17 Chestnut Ave. Huntington Williams

19 (a) MAR 13 1940 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1940, at 5:50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Burns / Secondary Infection / Burns — Duration

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 3/2/40
(c) Where did injury occur? Under Bridge 29th & Jessup Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Burned with Gasoline Fire

23. Signature [illegible] M.D. Medical Examiner.
Date signed 3/12/40

VS 6

F 67227

F 67227

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3519 Wabash Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County

(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)

(d) Street No. 3519 Wabash Ave. (If rural give location)

15-11

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Milton Leroy Bull.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married.

6 (b) Name of husband or wife Elsie Bull (Palmer)

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Nov 10, 1874.

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Foreman Walbrook Post Office.

11. Industry or business

FATHER
12. Name John Bull.
13. Birthplace md.

MOTHER
14. Maiden Name Amanda Hampshire.
15. Birthplace md.

16 (a) Informant Elsie Bull.
(b) Address 3519 Wabash Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 14, 1940 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Elkton Cemetery.
Location Middletown, Md.

18 (a) Funeral director Edmonds & Donoho.
(b) Address 3615-17 Eastern Ave.

19 (a) Date received MAR 13 1940 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/12 1940 at 4 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/10 1939 to 3/12 1940 and that I last saw him alive on 3/11 1940.

Immediate cause of death Angina Pectoris

Duration 3 months

Due to

Due to

Other Conditions Hardening of arteries

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide X
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? X While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. C. Hearn M. D.

Address 7907 Harrisonburg Blvd.

VS 3

OK

F 67228

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30G

24996

Registered No. F 67228

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2500 W. Fayette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

70

3 (a) FULL NAME Annabelle Lupus

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Charles LUPUS.

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 2-14-1870

8. AGE: Years	Months	Days	If less than one day
70	0	27	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Unknown - House Wife - At Home
11. Industry or business

FATHER
12. Name Oliver Bowling
13. Birthplace Md.

MOTHER
14. Maiden Name Anna Clairidge
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 14 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore - Md.

18 (a) Funeral director Charles J. Schwab
(b) Address 505 N. Monroe st.

19 (a) MAR 13 1940 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-11 1940, at 2.45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-15 1937 to 3-11 1940, and that I last saw her alive on 3-11 1940.

Immediate cause of death Myocardial failure — Duration four weeks

Due to Arteriosclerosis and hypertension cardiovascular disease — Duration several years

Due to

Other Conditions Lustic ulcers rt. leg — Duration four years

(Include pregnancy within 3 months of death)

Major findings:
Of operations Lustic ulcers rt leg
Of autopsy Not completed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. K. Woodward M. D.
Address Balto City Hosp. Date signed 3-11-40

VS 8

67229

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 67229 Registered No. 13 B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 N. Lansdale
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1213 N. Lansdale (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Janel Edmonds

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan-19-1917

8. AGE: Years	Months	Days	If less than one day
23	1	21	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Waiter
11. Industry or business

FATHER
12. Name Isaac Edmonds
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Edith Grinell
15. Birthplace St. Marys Co Md.

16 (a) Informant Edith Edmonds
(b) Address 1213 N. Lansdale

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-1940 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Park
Location Baltimore Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 514 N. Calhoun St.

19 (a) 13 (Date received by registrar) 1940 Huntington Williams (Registrar) MD

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1940, at 6.05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20 1940, to March 11 1940, and that I last saw h alive on March 11 1940.

Immediate cause of death
① Pulmonary T.b.
② Tuberculor meningitis.
Due to
Due to
Other Conditions None
(Include pregnancy within 3 months of death)

Duration
20 days

Major findings:
Of operations
Of autopsy None,

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles J. Herstadt M. D.
Address 1730 Linden ave Date signed 3/12/40

VS 3

67239644

F 67230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3302 Brentwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Agnes Queen -

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Married

6 (b) Name of husband or wife William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 26 1903

8. AGE: Years	Months	Days	If less than one day: hr.	min.
36	7 6	15		

9. Birthplace Maryland - (Town, county, and state)

10. Usual Occupation —

11. Industry or business

MOTHER | FATHER

12. Name Richard Wilson
13. Birthplace Maryland
14. Maiden Name Harriet Taylor -
15. Birthplace Maryland -

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-14-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Thomas A Hemsley
(b) Address 5178 Middleton Rd. Huntingtown Md.

19 (a) (Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 11th 1940 at 12 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 4 1940 to Mar 11 1940 and that I last saw her alive on Mar. 11, 1940.

Immediate cause of death Acute Bacterial Endocarditis — Duration

Due to Rheumatic Heart Disease

Due to mitral stenosis and insufficiency

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature O. M. Welty M. D.

Address Johns Hopkins Hosp. Date signed Mar 14 40

F 67231

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164-C

F 67231 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U. of M. - University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1122 W. Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Alfred Bond

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M separated

6 (b) Name of husband or wife Anna M
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE Years	Months	Days	If less than one day hr.	min.
about 65-70				

9. Birthplace Balto, Md (Town, county, and state)
10. Usual Occupation Carpet layer
11. Industry or business

FATHER
12. Name Alfred Bond
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant: Albert Bond (Son)
(b) Address 2417 Guilford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar-15-1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Balto Md

18 (a) Funeral director Francis Cook & Sons
(b) Address 1600 N. North Ave.

19 (a) Date received by registrar MAR 13 1940 (b) Signature Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1940, at about 3:15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bullet wound of head	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 3-12-40
(c) Where did injury occur? 512 Cook N. Baltimore St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public Bldg. (Specify type of place) While at work? No
(e) Means of injury Bullet wound of head

23. Signature Huntington Williams M.D. Medical Examiner.
Date signed 3/12/40

F 67232

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

15

F 67232
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1644 Millington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1644 Millington St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Irene Chaplin
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col	Married

6 (b) Name of husband or wife Alexander Chaplin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years	Months	Days	If less than one day
47	4	6	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Joseph Johnson
13. Birthplace Md

MOTHER
14. Maiden Name Hester Ward
15. Birthplace Md

16 (a) Informant Alexander Chaplin
(b) Address 1644 Millington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 13 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Cedar Hill Md

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantley ave.

MAR 13 1940 (Date received by local registrar) Wilson H.P. (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1940, at 1 P. M
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940 to March 9 1940, and that I last saw h[er] alive on March 8 1940.

Immediate cause of death	Duration
Decubitus ? Lumbar Bowel (probably Intravenular)	1 yr
Due to Multiple Sclerosis	
Due to	
Other Conditions Hemmorrhoids and Acute Gastritis	1 yr

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature R. J. Upman M. D.
Address 1424 E Monument St Date signed

VS 3

F 67233

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

9 ✓

Registered No. [redacted]

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) [redacted] ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2020 N. Calvert St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Talmadge Allen ✓

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/1/39

8. AGE: Years	Months	Days	If less than one day hr.	min.
1	6	11		

9. Birthplace Greensboro, North Carolina (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Talmadge Moody Allen
13. Birthplace Greensboro, North Carolina

MOTHER
14. Maiden Name Grace Dorothy Phyfe
15. Birthplace Baltimore

16 (a) Informant Mother
(b) Address 2020 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/40 (month) (day) (year)
(c) Cemetery or crematory Pimlico Hill
Location Towson, Maryland

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul Street

19 (Date rec'd by registrar) MAR 13 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/12/40 19 , at 12 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/8 1940, to 3/12 1940, and that I last saw h wm alive on 3/12 1940.

Immediate cause of death	Duration
Pertussis	3 w 1 d
Bronchopneumonia	4 days
Due to Pneumococcus Type XVIII	
Due to	
Other Conditions Pneumococcus Arthritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Max Baum M. D.
Address Sydenham Hospital Date signed 3/12/40

VS 8

F 67234

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 67234
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1129 Hull St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
Street No. 1129 Hull St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gertrude Gibbons

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Richard Gibbons
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/22/80

8. AGE: Years	Months	Days	If less than one day: hr.	min.
59	8	20		

9. Birthplace Baltimore Md (town, county, and state)
10. Usual Occupation Home
11. Industry or business

FATHER
12. Name John McConnaughy
13. Birthplace Ireland

MOTHER
14. Maiden Name
15. Birthplace Boston Mass

16 (a) Informant Daniel Gaughan
(b) Address 1129 Hull St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/40 (month) (day) (year)
(c) Cemetery or crematory Catholic
Location Edmondson Ave

18 (a) Funeral director John J. Fahey Sons
(b) Address 131 E. Lafayette St.

19 (a) Date received by Registrar MAR 13 1940 (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12, 1940, at 3:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 10, 1938 to 3-12, 1940 and that I last saw h[illegible] alive on 3-12, 1940.

Immediate cause of death	Duration
Chronic Myocardial Degeneration	2 yr.
Due to Diabetes Mellitus	2 yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 707 E. Fort Ave. Date signed 3-13-40 M. D.

M. D. B. 1268-9

F 67235 HEALTH DEPARTMENT—CITY OF BALTIMORE F 67235

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1522 N Bruce St. 5-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Thomas Peters

(a) Residence: No. 1522 N. Bruce St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Jane Peters

6. DATE OF BIRTH (month, day, year) 12-9-1874

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	66	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw-mill, bank, etc. (Hod-Carrier)

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (City or town) Anne Arundle Co. (State or country) Md.

FATHER

13. NAME Charles Peters

14. BIRTHPLACE (city or town) Anne Arundle Co. (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) Anne Arundle Co. (State or country) Md.

17. INFORMANT Mary Jane Peters (Address) 1522 N Bruce St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 3/16 19 40

19. UNDERTAKER Thos. E. Kelson (Address) 1303 Orchard St

20. FILED MAR 13 1940 Registrar for Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-12- 1940

22. I HEREBY CERTIFY, That I attended deceased from 3-3-40 19 .... to 3-12- 1940

I last saw h alive on 3-12- 1940 Death is said to have occurred on the date stated above, at 2.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-11
Other contributory causes of importance: Cerebral Hemorrhage	3-3

Name of operation — Date of —

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) George C Page M. D.

(Address) 816 N. Monroe St.

Y. S. 2

GIVE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 67236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82

Registered No. F 67236

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3815 Woodlea Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3815 Woodlea Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Lawrence Spielman

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 30-1932

8. AGE: Years	Months	Days	If less than one day
7	6	11	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation at Home
11. Industry or business

FATHER
12. Name John Spielman
13. Birthplace Austria Hungary

MOTHER
14. Maiden Name Eva Petri
15. Birthplace Austria Hungary

16 (a) Informant John Spielman
(b) Address 3815 Woodlea Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-40 (month) (day) (year)
(c) Cemetery or crematory Pikesville Methodist
Location
18 (a) Funeral director Lemmon & Lusby
(b) Address 5305 Harford Rd
19 (a) MAR 13 1940 (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-11-40 19 ... at ... M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-6 19 40 to 3-11 19 40 and that I last saw h alive on 3-11-40

Immediate cause of death	Duration
Friedrichs ataxia	
Due to Peritonsil	
Due to Pneumococcemia	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address [illegible] Date signed 3-13-40

VS 3

X ✓ F 67237

67237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo. 5days
(e) Length of stay in Baltimore (yrs., mos., or days) 1mo. 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Louisiana (b) County Orleans Parish
(c) City or town 1135 St. Andrews St.
(If outside city or town limits, write RURAL and give town)
(d) Street No. New Orleans.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Charles Henry Kay

3 (b) If veteran, name war	3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sarah Haydel Kay
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 2, 1891

8. AGE: Years	Months	Days	If less than one day
49	2	8	..... hr. ..... min.

9. Birthplace Patterson, Maryland.
(Town, county, and state)
10. Usual Occupation Second Mate-SS Volunteer
11. Industry or business Seafaring

FATHER
12. Name David F. Kay
13. Birthplace Manchester, England.

MOTHER
14. Maiden Name Rose Lehman Kay,
15. Birthplace New York

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/40 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Johnnycake
(a) Funeral director A. Gertrude Slade
(b) Address 4907 York Road
19 (a) MAR 13 1940 (Date received by registrar) (b) Hamilton Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10, 1940 at 10:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 5, 1940, to Mar. 10, 1940, and that I last saw him alive on Mar. 10, 1940.

	Duration
Immediate cause of death Bronchial pneumonia	Terminal
Due to Carcinoma of rt. kidney with extensive metastases to adrenals and opposite kidneys	Unknown
Other Conditions Ulcerative colitis	3 wks.

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Same as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature C. E. Tenney, M. D.
Address U. S. Marine Hospital Baltimore, Maryland. Date signed 3/10/40

67238 F 67238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33da.
(e) Length of stay in Baltimore (yrs., mos., or days) 33 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County
(c) City or town Reedville
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Otis Whitfield DOUGLAS

3 (b) If veteran, name war
3 (c) Social Security Account No. Unknown

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Annie L. Marsh
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) August 28, 1877

8. AGE: Years 62 | Months 6 | Days 15 | If less than one day: hr. min.

9. Birthplace Reedville, Virginia
(Town, county, and state)

10. Usual Occupation Master
11. Industry or business S/S MILLICENT

FATHER
12. Name Robert Douglas
13. Birthplace Eastville, Virginia

MOTHER
14. Maiden Name Virginia McNeal
15. Birthplace Emmelton, Virginia

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 14 1940 (month) (day) (year)
(c) Cemetery or crematory Reedville
Location

18 (a) Funeral director A. Ruley Slade
(b) Address 4907 York Road
(b) Huntington Williams M.D.

MAR 13 1940 (Date rec'd by registrar)
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13, 1940 at 4:45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 9, 1940, to Mar. 13, 1940, and that I last saw him alive on Mar. 13, 1940.

	Duration
Immediate cause of death: Pulmonary embolism, post-operative	½ hour
Due to: Right herniorrhaphy	2 weeks
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Rt. inguinal hernia
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature O. E. Denney, M. D.
Address U. S. Marine Hospital, Baltimore, Md. Date signed 3/13/40

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93

Registered No. F 67239

F 67239

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1240 W. Lombard St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) # Street No. 1240 W. Lombard St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 20yrs years

3 (a) FULL NAME Mabel E. Haley

3 (b) If veteran, name war -

3 (c) Social Security Account No. -

4. Sex female

5. Color or race white

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Kemilby Haley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 3, 1888

8. AGE: Years 51 | Months 3 | Days 9 | If less than one day hr. min.

9. Birthplace Blackburn, England (Town, county, and state)

10. Usual Occupation Home-maker

11. Industry or business

FATHER
12. Name William Gaetken
13. Birthplace England

MOTHER
14. Maiden Name Margaret Hocking
15. Birthplace England

16 (a) Informant Margaret Gaetken
(b) Address 1240 W. Lombard St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 3/15/40 (month) (day) (year)
(c) Cemetery or crematory Lorraine Pk
Location Baltimore, Md

18 (a) Funeral director Leonard D. Carrington
(b) Address 21 W. 25th St

19 (a) MAR 13 1940 (Date rec'd by registrar) Carrington Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1940, at 8:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1926 to 3/12 1940 and that I last saw her alive on 3/12 1940.

Immediate cause of death: Myocardial Degeneration — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Triplett M. D.
Address 1326 W. Lombard St Date signed 3/13/40

VS 3

F 67240

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. F 67240

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2329 Annapolis Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 5/12
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2329 Annapolis Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura V. Judge

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife Louis L. Judge
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
29	6	19	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state).
10. Usual Occupation House-wife
11. Industry or business

FATHER
12. Name Charles J. Nash Sr.
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Elma L. Clare
15. Birthplace Warren Co. Va

16 (a) Informant Charles J. Nash Jr.
(b) Address 1507 - Webster St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Baltimore Md

18 (a) Funeral director Dunnward D. Brington
(b) Address 26 W. 25th St

19 MAR 13 1940 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1940, at 12 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 4 1940 to March 11 1940 and that I last saw h Pa alive on March 11 1940.

Immediate cause of death Pulmonary Tuberculosis (Ulcerative)
Duration 6 years
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Schonfeld
Address 231 Annapolis Rd Date signed 3/13/40

VS 3

F 67241

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1604 Registered No. F 67241

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1267 William St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Eder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11, 1940

8. AGE: Years	Months	Days	If less than one day
.			21 hr. 40 min.

9. Birthplace St. Joseph's Hospital, Balto. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Frank Joseph Eder
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Bernice May Dull
15. Birthplace Baltimore, Md.

16 (a) Informant St. Joseph Hosp. Records
(b) Address Oliver & Caroline St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/40 (month) (day) (year)
(c) Cemetery or crematory Catholic Cem.
Location Frederick Rd.

18 (a) Funeral director Margaret J. Flynn
(b) Address 1422 Light St.

19 (Date received by local registrar) MAR 13 1940 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1940 at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/11 1940, to 3/12 1940, and that I last saw him alive on 3/12 1940.

	Duration
Immediate cause of death: Asphyxia	
Due to: Intra-cranial hemorrhage	1 day.
Due to: Prematurity Birth injury.	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: 8
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature], M. D.
Address St. Joseph's Hospital Date signed 3/12/40

F 67242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 67242

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1128 S Hanover St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits write RURAL and give town)
(d) Street No. 1128 S Hanover St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

23

3 (a) FULL NAME John F. Cleaver

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Christina (Brosh)
6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) June 27, 1902

8. AGE: Years	Months	Days	If less than one day
37	8	10	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business

FATHER
12. Name John Cleaver
13. Birthplace Balto.

MOTHER
14. Maiden Name Catherine ?
15. Birthplace Balto.

16 (a) Informant Mrs. J.F. Cleaver
(b) Address 1128 S HANOVER ST.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Blvd.

18 (a) Funeral director H. McCarthy
(b) Address 120 E Fort Ave.

19 MAR 13 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12, 1940, at 11:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1, 1940, to March 12, 1940, and that I last saw him alive on 3-12-, 1940.

Immediate cause of death	Duration
Pulmonary Tuberculosis	6 Mos.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. C. Bullock M. D.
Address 207 S. Fort Ave., Date signed 3-13-40

VS 8

F 67243

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67243

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2530 E Biddle St. 8-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William Rizzo Sr

If U. S. Veteran specify WAR No

(a) Residence: No. 2530 E Biddle St., Ward. No Social Sec No

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Rizzo

6. DATE OF BIRTH (month, day, year) Jan 1 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	02	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shirt Cutter since 1936

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Rizzo

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Louise Clever

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT William E Rizzo (Address) 2530 E Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date 3/15 1940

19. UNDERTAKER William Goth (Address) 1217 E Oliver St

20. FILED MAR 14 1940 19 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1940 to Mch 12, 1940

I last saw him alive on Mch 12, 1940. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	Feb 29 1940
Other contributory causes of importance: Chronic Myocarditis	Years ago
Myocardial Insufficiency	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard B Lemmon M. D.

(Address) 718 N Patterson Pk ave

F 67244

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 67244 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2041 N. Green St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herbert Lee Cartledge

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 215-01-6214

4. Sex: M.
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Margaret Cartledge
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6-1896

8. AGE: Years 43 | Months 9 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Draftsman

11. Industry or business Parker Lamborn

FATHER
12. Name Unknown Cartledge
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Md

16 (a) Informant Mrs. Margaret Cartledge
(b) Address 204 N. Green St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 15-1940 (month) (day) (year)
(c) Cemetery or crematory Maryland Park
Location Baltimore Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul Street

19 (a) Waiting for Williams, M.D. (Date rec'd by Registrar) Registrar

MAR 14 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-12-40 19 at 9:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-12 1940, to 3-12 1940 and that I last saw h[illegible] alive on 3-12 1940

Immediate cause of death	Duration
Cerebral hemorrhage	3-12-40
Due to Hypertension	?
Cardio-Vasc.-Renal disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. W. H. Mansfield M.D.
Address Md. Gen. Hosp Date signed 3-13-40

H. L. Kalfenmeyer, M.D. Assistant Medical Examiner, pro. 2 Doctors

F 67245 PARKER F 67245

BALTIMORE CITY HEALTH DEPARTMENT 83-a Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 801 N. Gilmor St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) V V

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 801 Gilmor St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lora Parker

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widowed

6 (b) Name of husband or wife Clarence Parker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/20/54 or 39, Abt

8. AGE: Years	Months	Days	If less than one day
V	2	12	hr. min.

9. Birthplace Balto, Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name George Johnson
13. Birthplace Md

MOTHER
14. Maiden Name Lora Johnson
15. Birthplace Md

16 (a) Informant Mrs Wilkins
(b) Address 1303 Hunter St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location B. A. Co.

18 (a) Funeral director Sam'l. W. Broadbent
(b) Address 638 N. Gilmor St.

19 (a) (Date received by registrar) (b) H. L. Williams Registrar

MAR 17 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/13/40 19 2a P, M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/10/40 to 3/13/40 and that I last saw h[illegible] alive on 3/12/40

Immediate cause of death Pneumonia
Kidney Heem- 3 days
orrh.
Due to Chronic
Arteris Sclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Lee Rice M. D.
Address 1 W Mt Royal Ave Date signed 3-14-40

Thomas U Goldstraw

67246

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 67246
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Balto. Gen. Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 2-7-10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1618 Olive St (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Thomas U Goldstraw

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birthdate of deceased (mo., day, yr.) Aug 19 1937

8. AGE: Years	Months	Days	If less than one day
2	7 6	10 24	____ hr. ____ min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Thomas U Goldstraw
13. Birthplace md

MOTHER
14. Maiden Name Vincenzina C Brocato
15. Birthplace N. Y.

16 (a) Informant Vincenzina C Goldstraw
(b) Address 1618 Olive St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 16 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location East North Ave

18 (a) Funeral director William M Mareck
(b) Address 716 E. Lexington St.

19 (a) Hunting or Williams, M.D. (Deputy registrar) Registrar

AR 14 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-13-40 19 40 at 6 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-7 1940 to 3-13 1940 and that I last saw h[illegible] alive on 3-13-40.

Immediate cause of death	Duration
Lobar Pneumonia	
Due to Pericarditis, acute	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Samuel L. Hopp M.D.
Address 20 Balto. Med. Bldg. Date signed 3/13

67247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-B

F 67247 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Hanover St.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1213 Hanover St., (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-05-6099

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Mary E. Smith

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Oct. 14, 1866

8. AGE: Years 73 | Months 4 | Days 26 27 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired Engineer

11. Industry or business B. & O. R. R.

FATHER:
12. Name Robert M. Smith
13. Birthplace Delaware

MOTHER:
14. Maiden Name Rebecca Allen
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Mary E. Smith
(b) Address 1213 Hanover St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 14, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.,

18 (a) Funeral director G. Howard Strong
(b) Address 715 Light St.,

19 (a) Date received 1940 (Registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 11, 1940 at 11.00 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 45 1939 to March 11 1940 and that I last saw him alive on March 11 1940

Immediate cause of death
General Paralysis
or, "Paresis"
Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 1215 Hanover St. Date signed 3/12/40

67248

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 67248

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1502 N. Bethel St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Magers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 12-1885

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housepainter

11. Industry or business

FATHER
12. Name Chas Magers
13. Birthplace Md

MOTHER
14. Maiden Name Amelia Mooney
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 16 40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick ave

18 (a) Funeral director Conroy Lutz
(b) Address 1203 N. Broadway

19 (a) 14 (Date rec'd by registrar) (b) Huntington Williamson, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 12 1940, at 11:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 12 1940, to Mar 12 1940, and that I last saw him alive on Mar 12 1940.

Immediate cause of death Cardiac Failure — Duration: 36 hrs
Pneumonia Type XII
Due to Hypertensive Cardio Vascular Disease — Duration: ? yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pneumonia Lobar

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John S Hunt M. D.
Address Johns Hopkins Hosp Date signed 3-13-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67249

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 N. Patterson Park Ave. Ward 3)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Patrick J. Mc. Ginn

(a) Residence: No. 502 N. Patterson Park ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Single

6. DATE OF BIRTH (month, day, year) Aug 4th 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Patrick J. McGinn

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine O'Dowd

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Louis Willinger

(Address) 415 N. Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date March 15 1940

19. UNDERTAKER Frank V. Pipitone

(Address) 2818 E. Baltimore St. Huntington Hillcrest, Md.

20. FILED Registrar.

MAR 14 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1940

22. I HEREBY CERTIFY, That I attended deceased from 3/11 1940, to 3/12 1940

I last saw h[illegible] alive on 3/11 1940 Death is said to have occurred on the date stated above, at 7:00 A m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Coronary Thrombosis	3 days
Heart Disease, Arteriosclerotic	

Other contributory causes of importance

Food Poisoning

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Frank V. Manieri M. D.

(Address) 342 S. Ead Ave

Manieri

67250 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 67250

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1009 Bonaparte ave St. 9-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Annunziata Annarino

(a) Residence: No. 1009 Bonaparte ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vincent Annarino

6. DATE OF BIRTH (month, day, year) Aug 9 1876

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	63	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Termani Italy

FATHER

13. NAME Carmelo Annarino

14. BIRTHPLACE (city or town) (State or country) Termani Italy

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Husband Vincent Annarino
(Address) 1009 Bonaparte ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date March 15 1940

19. UNDERTAKER Frank V. Pipitone
(Address) 2018 E. Baltimore st

Huntington Williams, M.D.
Registrar.

20. FILED 3/14 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12 1940

22. I HEREBY CERTIFY, That I attended deceased from May 6 1938 to March 12 1940

I last saw ... alive on March 12 1940, Death is said to have occurred on the date stated above, at 8 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Renal Disease & Hypertension	5/38.
Other contributory causes of importance: Cerebral Hemorrhage	3/12/40
Respiratory Failure	

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Littman M. D.

(Address) 1306 E. Chase

FORM B

F 67251

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-E

F 67251

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2301 E North Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 2301 E North Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jennie Schnabel

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 5th 1868

8. AGE: Years	Months	Days	If less than one day hr.	min.
71	5	7		

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John Weiss

FATHER 13. Birthplace Md

MOTHER 14. Maiden Name —

MOTHER 15. Birthplace —

16 (a) Informant George Schnabel

(b) Address 2301 E North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 15th 1940 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Road

18 (a) Funeral director Leo B. Leask

(b) Address 1701 N Patt Park Ave.

19 (a) Apr 14 1940 (Date rec'd by registrar) (b) Harrington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1940 at 10:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 4 1940 to March 12 1940. and that I last saw her alive on 3/10 1940.

Immediate cause of death

Acute Cardiac Insufficiency

Due to Cyst of Ovary

Due to Varicose ulcers

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

48 hrs

years

years

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Fred L. Zimmerman M. D.

Address 2958 Hartford Rd Date signed 3/14/40

VS 3

F 67252

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-a

F 67252
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3043 W North Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3043 W North Ave
(If rural give location)
15
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME MRS. Emma F EVANS

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife Louis Evans
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 21-1839

8. AGE: Years	Months	Days	If less than one day
79	11	2/22	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business at Home

MOTHER
12. Name William C. Frederick
13. Birthplace Germany

FATHER
14. Maiden Name Katherine R. Coons
15. Birthplace Germany

16 (a) Informant Mrs. John L. Evans
(b) Address 3043 W North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore City

18 (a) Funeral director J. B. Wippert & Son
(b) Address 1 Huntington Ave Baltimore Md

19 MAR 14 1940 (b) ____
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1940, at 3 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Coronary occlusion	sudden
Due to Arteriosclerosis, general	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. H. Z. Wallenmeyer M.D.
Medical Examiner.
Date signed 3-13-40

VS 6

F 67253 67253 F 67253

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or Institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1614 N. Bethel St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H. Hunter

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Ida

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-7-1872

8. AGE: Years	Months	Days	If less than one day
67	5	5	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Blacksmith helper

11. Industry or business BCH

FATHER
12. Name George Hunter
13. Birthplace Md.

MOTHER
14. Maiden Name Fannie Hopper
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore City

18 (a) Funeral director F. B. Wisner & Son
(b) Address 1111 E. Baltimore St.

19 (a) MAR 14 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1940, at 4:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 10 1940, to March 12 1940, and that I last saw him alive on March 12 1940.

Immediate cause of death	Duration
Cerebral Hemmorhage	3 days
Due to	
Due to	
Other Conditions Hypertensive cardio-vascular disease	unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murray Steele M. D.
Address Balto City Hosp. Date signed 3-12-40

VS 2

F 67254

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63 C

F 67254 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2691 Wilkens Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore, City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2691 Wilkens Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Ouella B. Weinhardt

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband or wife William R.

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 3 1882

8. AGE: Years	Months	Days	If less than one day
57	3	8	— hr. — min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at Home

FATHER
12. Name John Willett
13. Birthplace Virginia

MOTHER
14. Maiden Name Margaret Meister
15. Birthplace Virginia

16 (a) Informant William R. Weinhardt
(b) Address 2691 Wilkens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City

18 (a) Funeral director F. B. Wisehart & Sons
(b) Address 1300 Eutaw Pl. & Huntington Ave, Baltimore, Md.

19 MAR 14 1940 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1940, at 11:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 8 1940, to Mar 11 1940, and that I last saw her alive on Mar 11 1940.

Immediate cause of death Acute Cardiac Dilatation — Duration 1 day

Due to Chr. Myocarditis

Due to —

Other Conditions Myxedema
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature J. Harry Glassman

Address 753 W. Fayette St Date signed 3/12/40 (M. D.)

VS 3

F 67255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3-B

F 67255 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 505 S. Durham Street
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 505 S. Durham Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Zoran

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	None	Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) About 1892 ?

8. AGE: Years	Months	Days	If less than one day
48 ?			hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

MOTHER / FATHER
12. Name Lawrence Zoran
13. Birthplace Poland
14. Maiden Name Frances Brylewski
15. Birthplace Poland

16 (a) Informant Mary Kocent (Sister)
(b) Address 3201 Dudley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3--16-40 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore, Md.

18 (a) Funeral director George A. Weber
(b) Address 705 S. Ann Street

MAR 14 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13th 1940 at 10=A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 10 1940 to 12 1940 and that I last saw h[illegible] alive on March 12 1940

Immediate cause of death: Cerebral hemorrhage — Duration: 1 da.
Due to: Pulmonary TB — 5 yrs.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John V. Feyerbacher M. D.
Address 1802 Eastern Ave Date signed 3-13-40

VS 3

67256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3/31-a F 67256 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1835 E Eager St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1835 E Eager St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Georgia Boyd

3 (b) If veteran, name war No | 3 (c) Social Security Account No. No

4. Sex: Female | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Elias Boyd

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1889

8. AGE: Years 50 51 | Months 7 | Days | If less than one day hr. min.

9. Birthplace King and Queen Co Va (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Anthony White

13. Birthplace King Queen Co, Va

MOTHER 14. Maiden Name Clara ?

15. Birthplace King Queen Co Va

16 (a) Informant Elias Boyd

(b) Address 1835 E. Eager St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/40 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cemetery

Location A A Co Md.

(a) Funeral director Robert E Williams

Address 1515 W Eldery St

19 (a) 1940 (Date received by registrar) Huntington Williams M.D. (Registrar)

MAR

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-11 1940 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/1 1940 to 3/11 1940 and that I last saw h alive on 3/10 1940

Immediate cause of death: Chronic Interstitial Nephritis (Uremia) — Duration: unknown

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Rayner Brown

Address 1500 E. Madison St Date signed 3/13/40

67257

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-E

F 67257
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dos
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 309 S. Caroline St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM MANNING.

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-1407

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace Norfolk, Virginia
(Town, county, and state)

10. Usual Occupation Steel worker - wire dept.

11. Industry or business Bethlehem Steel

FATHER
12. Name ?
13. Birthplace Virginia

MOTHER
14. Maiden Name ?
15. Birthplace Virginia

16 (a) Informant Fannie Counts
(b) Address 302 S Caroline St

17 (a) Burial (b) Date thereof 3/6/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location A A Co Md

18 (a) Funeral director Robert E. Williams
(b) Address 15-17 McElderry St Huntington Building, Md

19 (a) 3/4/1940 (b)
(Date received by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1st 1940, at 3:15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Duration
acute
40 yrs

Immediate cause of death: Coronary occlusion

Due to: Sclerosis of coronary arteries

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy see above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. T. Wollenweber M.D.
Medical Examiner.

Date signed 3-4-40

over

F 67258

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-V

Registered No. F 67258

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 429 N. Pine St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 429 N. Pine St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME India Scallis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	C	Widowed

6 (b) Name of husband or wife S. Roman

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 3-19-1852

8. AGE: Years	Months	Days	If less than one day
87	11	23	hr. min.

9. Birthplace Blackstone Va.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Thea Jones
13. Birthplace Va

MOTHER
14. Maiden Name India Jones
15. Birthplace Va

16 (a) Informant Rodger Scallis
(b) Address 429 N. Pine St

17 (a) (Burial, cremation, or removal) (b) Date thereof 3/15/1940 (month) (day) (year)

(c) Cemetery or crematory Blackstone Va
Location Co

18 (a) Funeral director Byron & Monroe Wright
(b) Address 216 McCulloh St

19 MAR 14 1940 (Date received by registrar) Huntingtown, Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-12-1940, at 12:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-25-1939 to 3-12-1940, and that I last saw h[illegible] alive on 3-10-1940.

Immediate cause of death	Duration
Gastric Collapse	1 week.
Intestinal Paralysis	
Due to Uremia Collapse	3 months.
Due to Myocarditis	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph E. Warren M. D.
Address 2340 Madison Ave. Date signed 3-13-40

VS 3

F 67259

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. F 67259

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 55 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 138 N. Bond St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME FREDERICK MCKNIGHT

3 (b) If veteran, name war —

3 (c) Social Security Account No. S.S. 218-01-2789

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown 1862

8. AGE: Years 37 | Months | Days | If less than one day hr. min.

9. Birthplace Florida (Town, county, and state)

10. Usual Occupation Packer-Laborer

11. Industry or business Flour Mill

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Ollie Wilson
(b) Address 138 N. Bond st

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

JOHNS HOPKINS MEDICAL SCHOOL MAR 1 - 1940
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore.

19 (a) MAR 1 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

5158

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7th 1940, at 11:45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pneumonia, lobar	unknown
Influenza	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. T. Wollenweber M.D. Medical Examiner.

Date signed Mar 7th 1940

F 67260 ✓ F 67260

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2904 Oak Hill Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2904 Oak Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bessie Harman Wiber

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Charles H. Wiber
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 23 1857

8. AGE: Years	Months	Days	If less than one day
82	4	20 21	hr. min.

9. Birthplace Staunton Va (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Charles H. Wiber
13. Birthplace Virginia

MOTHER
14. Maiden Name Fannie Dunlap
15. Birthplace Virginia

16 (a) Informant Charles H. Wiber Jr
(b) Address 2904 Oak Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 16 1940 (month) (day) (year)
(c) Cemetery or crematory Thornrose
Location Staunton Va.

18 (a) Funeral director Harry R. Simmons
(b) Address 4209 Ridgewood Ave

MAR 14 1940 (Date rec'd by registrar) Hunter G. Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1940 at 6 20 a M

21. I certify that death occurred on the date above stated; that I attended deceased from March 11 1940 to March 14 1940. and that I last saw h[illegible] alive on March 13 1940.

Immediate cause of death Diabetes coma — Duration 2 days
Due to Diabetes Coma — I
Due to arterio-sclerosis — about 10 yrs
Other Conditions myocarditis 7 hypertension — 1 yr

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external ~~causes, fill in the following:~~
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter D. Corkett
Address 2220 Garrison Blvd Date signed March 14 1940

VS 3

F 67261

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 169

Registered No. F 67261

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1621 W. Lanvale St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Otis Autrey

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-05-8489

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 15 13

8. AGE: Years	Months	Days	If less than one day: hr.	min.
26	6	26		

9. Birthplace Hamilton, N. Co. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name William Autrey
13. Birthplace Federal, N. Co.

MOTHER
14. Maiden Name Molly Ethengoin
15. Birthplace Halifax, N.C.

16 (a) Informant Molly Autrey
(b) Address 1621 W. Lanvale St

17 (a) (Burial, cremation, or removal) (b) Date thereof Mar 15, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Lions
Location Mrs Katie R. Williams

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) Date received by registrar Mar 14 1940 (b) Registrar Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1940, at 5 15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon (Autopsy or Inquiry) and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Shot wound of chest, left severing A.V. ventricular septum, aorta	
Due to Hemothorax, left	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 3-9-40
(c) Where did injury occur? Mount Carmel Sta (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street While at work? (Specify type of place)
(e) Means of injury Shot wound chest - fighting

23. Signature Wm W. Wandell M.D. Medical Examiner.
Date signed 3/12/40

E 67262 Orrey Mayo

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

F 67262

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs.) mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 126 W. Perry St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

27

3 (a) FULL NAME Orrey Mayo

3 (b) If veteran, name war: World War

3 (c) Social Security Account No. — — —

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-25-1901

8. AGE: Years 39 | Months 2 | Days 14 | If less than one day: hr. min

9. Birthplace North Carolina
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Penny Mann
15. Birthplace North Carolina

16 (a) Informant Elsie Floyd
(b) Address 126 W. Perry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Ct
Location Balto City

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 101 W. Montgomery St

19 MAR 14 1940 (Date rec'd by registrar) (Signature of registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-9- 1940, at 12 [illegible] P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Gun shot wound of mandible.
Due to Hemorrhage
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 3-9-40
(c) Where did injury occur? Baltimore (City or town) Maryland (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Bullet wound, 126 W. Perry St

23. Signature Thomas J. Waldron M.D.
Medical Examiner.
Date signed 3-10-40

VS 6

F 67263

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 117-B

55608 P 67263 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 62 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town).
(d) Street No. ? (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gus Miller

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 62 yrs.? | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Va (Unable to get further information) (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name John Miller

13. Birthplace Va

MOTHER 14. Maiden Name unknown

15. Birthplace Va

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 / 14 / 40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Baltimore Md

18 (a) Funeral director Isaiah L Brumbon

(b) Address 108 W Montgomery St

19 (a) ____ (Name of informant) (Date rec'd by local registrar)

MAR 14 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1940, at 4.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 9 1940, to March 10 1940, and that I last saw him alive on March 10 1940.

Immediate cause of death: Cerebral hemorrhage — Duration: 3 days

Due to:

Due to:

Other Conditions: Ruptured duodenal ulcer — Duration: unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: cerebral hemorrhage? duodenal ulcer

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Waghelstein M. D.

Address Balto City Hosp. Date signed 3-12-40

F 67264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No. F 67264

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1911 W. Fayette St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1911 W. Fayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dennis J. O'Leary

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mamie A. O'Leary
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Nov 23, 1876

8. AGE: Years	Months	Days	If less than one day
63	3	19 20	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Thomas O'Leary
13. Birthplace Ireland

MOTHER
14. Maiden Name Annie Joyce
15. Birthplace Virginia

16 (a) Informant Mamie A. O'Leary
(b) Address 1911 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 16, 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Baltimore

18 (a) Funeral director Holt & B. M. Walters
(b) Address Pratt & Stricker Sts

MAR 14 1940 (Date rec'd by registrar)

(b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March, 13, 1940 at 9.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1, 1940 to Mar 13, 1940 and that I last saw him alive on 3/13, 1940.

Immediate cause of death — Duration

Chronic Int. Nephritis — 3 mo.

Due to —

Due to —

Other Conditions none.

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas. Norton, M. D.
Address 856 W. Lanvale St Date signed 3/14/40

V8 3

F 67265

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 67265 Registered No. 131-N

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 511-E-21st Street
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 511 E. 21st Street.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Anna A. McGinn

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: —
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) JAN 13-1877
8. AGE: Years 63 | Months 2 | Days - | If less than one day: hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Retired-School Teacher
11. Industry or business

FATHER
12. Name Bernard McGinn
13. Birthplace Ireland

MOTHER
14. Maiden Name Katherine L. Hayden
15. Birthplace Baltimore, Md

16 (a) Informant Bernard H. McGinn
(b) Address 505 E. 20th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Old Frederick Road

18 (a) Funeral director Chas F. Evans & Son
(b) Address 118 W. Mt Royal Avenue

19 MAR 14 1940 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1940, at PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/17 1933, to 3/13 1940, and that I last saw h[illegible] alive on March 10 1940.

Immediate cause of death	Duration
Myocardial Insufficiency	
Due to Hypertensive Cardio-Vascular Renal Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. R. Goodbrough M. D.
Address 2923 St Paul St Date signed 3/13/40

VS 8

67266

LB 51091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

114-D Registered No. F 67266

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days 1 mths
(e) Length of stay in Baltimore (yrs., mos., or days) unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 25 S. Bond St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ernest Johnson

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	married (Sep.)

6 (b) Name of husband or wife unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years	Months	Days	If less than one day
59 ?	?	?	hr. min.

9. Birthplace unknown
(Town, county, and state)

10. Usual Occupation unknown

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 15 40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Mt Wilson

18 (a) Funeral director E. A. Wilson
(b) Address 1000 Brantley Rd

19 (a) MAR 14 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1940, at 10:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 16 1940, to March 12 1940, and that I last saw him alive on March 12 1940.

Immediate cause of death	Duration
Lung Abcess	2 mos.
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Lung abcess.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murray DeLaben M. D.
Address Balto City Hosp. Date signed 3-13-40

VS 8

F 67267

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 67267 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4307 Frankford Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4307 Frankford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eva Gutberlet

3 (b) If veteran, name war	3 (c) Social Security Account No.
	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	widow

6 (b) Name of husband or wife Albert C.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-3-1871

8. AGE: Years	Months	Days	If less than one day
68	5	10	hr. min.

9. Birthplace Balto Co. Md (Town, county, and state)
10. Usual Occupation at Home
11. Industry or business

FATHER
12. Name John Mildebling
13. Birthplace Germany

MOTHER
14. Maiden Name Eva.
15. Birthplace -

16 (a) Informant Charles Gutberlet
(b) Address 4307 Frankford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Edward J. Lucks
(b) Address 5305 Harford Rd

R 1 1940

19 (a) (Date rec'd by registrar) (b) Pennington Hill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 13 1940 at 3 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 16 1939 to Mar 13 1940, and that I last saw h[illegible] alive on Mar 13 1940.

Immediate cause of death Myocarditis (Chronic)
Due to
Due to
Other Conditions Arterio-Sclerosis
(Include pregnancy within 3 months of death)

Duration between onset and death

8 -

Major findings:
Of operations -
Of autopsy -

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work? ✓
(e) Means of injury ✓

23. Signature Benj. D. Hayden M. D.
Address 3114 Harford Rd Date signed 3-14-40

VS 3

F 67268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 67268

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1029 Lamont St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1029 Lamont St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

94-a

3 (a) FULL NAME John Kutcher (Kuara)

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 212-01-5304

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/28/1894

8. AGE: Years 45 | Months 10 | Days 15 | If less than one day: hr. min.

9. Birthplace Balto, Md (Town, county, and state)

10. Usual Occupation Plumber

11. Industry or business

FATHER 12. Name Joseph Kutcher

FATHER 13. Birthplace Czecho-Slovakia

MOTHER 14. Maiden Name Paubek

MOTHER 15. Birthplace Czecho-Slovakia

16 (a) Informant Jean Yuridley (Sister)

(b) Address 1029 Lamont St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Road

18 (a) Funeral director Charles E. Schimunek

(b) Address 2603 E. Madison St.

19 (a) MAR 14 1940 (Date received by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION short gen

20. DATE OF DEATH March 13 1940 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H H Vanderhoff M.D. (Medical Examiner.)
Date signed 3/13/40

VS 6

F 67269

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-0 Registered No. F 67269

1. PLACE OF DEATH: Social Security # 214-01-3795
(a) Baltimore City, Maryland
(b) Street address Fulleene + Caton Aves
(c) Hospital or institution: St Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Elkridge (If outside city or town limits, write RURAL and give town)
(d) Street No. 754 St Augustine Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mr John Fultz

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-3995

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Minnie E. Riddle Fultz

6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) June 8, 1882

8. AGE: Years 57 | Months 9 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace Virginia (town, county, and state)

10. Usual Occupation Carpentar

11. Industry or business

FATHER
12. Name John S. Fultz
13. Birthplace Virginia

MOTHER
14. Maiden Name Lucy L McDonald
15. Birthplace Virginia

16 (a) Informant Herbert Fultz
(b) Address 774 West Broadway City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/[illegible]-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location #1 Grave

18 (a) Funeral director Charles P Towell
(b) Address 2427 Edmondson Ave

19 (a) [illegible] (b) Huntington Williams, M.D. Registrar
(Signature of local registrar)

MAR 14 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-12 1940, at 3:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-11-1940, to 3-12 1940, and that I last saw him alive on 3-12-1940.

	Duration
Immediate cause of death Uremia	
Due to Chronic nephritis	
Due to Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles V. Lewis M. D.
Address St Agnes' Hosp. Date signed 3-13-40

F 67270

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 67270

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1120 N. Calvert Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) About 75 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1120 N. Calvert Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? ------- years

3 (a) FULL NAME Anna A. Valentine

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife -------
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) ------- 1865

8. AGE: Years	Months	Days	If less than one day
About 75	--	--	hr. --- min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name Francis Valentine
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Mary R. Podesta
15. Birthplace Baltimore, Maryland

16 (a) Informant Miss Katherine T. Valentine
(b) Address 1120 N. Calvert Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Frederick Road & Augusta Ave

18 (a) Funeral director H. B. Mears & Son
(b) Address 805 N. Calvert Street

MAR 14 1940 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1940, at 3:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 18 1940, to March 13 1940, and that I last saw her alive on March 12 1940:

Immediate cause of death	Duration
Acute Cardiac Dilatation	1 mo.
Due to Hypertensive Cardio-Vascular disease.	2 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Zimmerman M.D.
Address Medical Arts Bldg Date signed 3/13/40

VS 8

F 375957
F 67271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. F 67271

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Minn. (b) County
(c) City or town Minneapolis
(If outside city or town limits, write RURAL and give town)
(d) Street No. 95 Normandy Hotel
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Olive Jennie

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years 51 | Months | Days | If less than one day: hr. min.

9. Birthplace Wisconsin (Town, county, and state)

10. Usual Occupation Teacher

11. Industry or business

FATHER
12. Name Aloza Jennie
13. Birthplace Wisconsin.

MOTHER
14. Maiden Name Elizabeth Maxwell
15. Birthplace Wisconsin

16 (a) Informant Records
(b) Address Johns Hopkins Hosp

17 (a) (Burial, cremation, or removal) **(b) Date thereof** (month) (day) (year)
(c) Cemetery or crematory Osseo Cemy
Location Osseo Wisconsin

18 (a) Funeral director John A. Waterfield Sons
(b) Address 1900 Eutaw Place

MAR 14 1940 (b) Huntington Williamsport, Md.
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 14, 1940 at 11:20 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 22 1940 to Mar 14 1940 and that I last saw h[illegible] alive on Mar. 14 1940.

Immediate cause of death Carcinoma liver metastatic from — Duration 6 mo
Due to Carcinoma Breast — 7 years
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Warfield M. Firor, M. D.
Address Jot Hop Date signed Mch 14 '40

VS 3

Kellerberoo

F 67272

BALTIMORE CITY HEALTH DEPARTMENT 83-a

CERTIFICATE OF DEATH

Registered No. F 67272

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 621 BRADLEY ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 621 Bradley
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ROBERT KELLERBEROO.

3 (b) If veteran, name war —

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	COL	MARRIED

6 (b) Name of husband or wife ESTELLE

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 10-2-1891

8. AGE: Years	Months	Days	If less than one day
48	5	12	hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation Presser

11. Industry or business of Clothes

FATHER
12. Name Isaac Kellerberoo.
13. Birthplace N.C.

MOTHER
14. Maiden Name Della Lawrence
15. Birthplace N. C.

16 (a) Informant Estelle Kellerberoo.
(b) Address 621 Bradley st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 16 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Balto County Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pedro ave

MAR 15 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 14 1940 at 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 12 1940 to Mar 14 1940 and that I last saw h[illegible] alive on Mar 14 1940.

Immediate cause of death	Duration
Cardiac Hemorrhage	2 Hrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 3/14/40

VS 1

F 67273

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 67273 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3026 Belmont Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3026 Belmont Ave. 67
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida E. Daum,

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Albert A. Daum,
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) May 17. 1896

8. AGE: Years	Months	Days	If less than one day
43	9	24	hr. min.

9. Birthplace Baltimore City
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Herman L. Meinerich,
13. Birthplace Baltimore City.

MOTHER
14. Maiden Name Katherine H. Higdon,
15. Birthplace Baltimore City

16 (a) Informant Albert A. Daum,
(b) Address 3026 Belmont Ave.

17 (a) Burial (b) Date thereof 3-15-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore City.

18 (a) Funeral director Geo H Little
(b) Address 2700 Edmondson Ave.

19 MAR 15 1940 by Victor Williams Jr
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1940. at 4:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1939. to March 12 1940. and that I last saw h alive on March 12 1940.

Immediate cause of death: Coronary occlusion — Duration 1 day
Due to
Due to
Other Conditions: Hypertension - arterio-sclerosis — 18 mo.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external ~~causes, fill in the~~ following:
(a) Accident, suicide, or ~~homicide~~
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur ~~about home~~, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hallie Dreibelbis M. D.
Address 2220 Harlem Date signed March 13/40

VS 2

F 67274

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 67274 Registered No. 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street and No. 1826 North Broadway
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Roth

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 16 1856

8. AGE: Years	Months	Days	If less than one day
83	4	27	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John C Roth
13. Birthplace Europe

MOTHER
14. Maiden Name Annie C.
15. Birthplace Europe

16 (a) Informant Miss Annie C Roth
(b) Address 1826 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 16 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore Md

18 (a) Funeral director William J Tipken & Sons
(b) Address North & Pennsylvania Ave

19 (a) MAR 15 1940 (Date rec'd by registrar) Chas. Williams, M.D. Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1940 at 9:57 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 12 1940 to March 13 1940, and that I last saw h e r alive on March 13 1940.

Immediate cause of death Lobar pneumonia — Duration 3 days

Due to

Due to

Other Conditions Hypertension & V. disease Cardiac decompensation.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas Sutton M. D.
Address Mercy Hosp. Date signed 3/13/40

F 67275

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 67275 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Orleans Sts
(c) Hospital or institution:
St Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street and No. 807 Montpelier Street (If rural, give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME MARYLENA REDMILES (Marylena Redmiles)

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Francis A. Redmiles

6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) Sept 21 1907

8. AGE: Years 32 | Months 5 | Days 22 | If less than one day: hr. ___ min. ___

9. Birthplace Lynchburg Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER
12. Name John Broader
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary L. Harris
15. Birthplace Virginia

16 (a) Informant Mr Francis A. Redmiles
(b) Address 3801 Ridgecroft Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 16-1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ New Cathedral
Location Baltimore, Md

18 (a) Funeral director J. J. Fuchs & Sons
(b) Address 2 N Fa Ave

19 (a) MAR 15 1940 (Date rec'd by registrar) (b) Hunting for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1940, at 4:45 a.m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said ~~inquest~~ (Autopsy or Inquiry) find that said deceased came to ~~her~~ death on the day stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	sudden
Due to Rheumatic heart disease	unknown
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wolfenmeyer M.D. Medical Examiner.
Date signed 3-13-40

VS 6

67276 HEALTH DEPARTMENT—CITY OF BALTIMORE F 67276

CERTIFICATE OF DEATH 144-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital St. 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Freeman Bragg Jr.

If U.S. Veteran specify WAR

(a) Residence: No. 827 N Arlington Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nellie Bragg.

6. DATE OF BIRTH (month, day, year) Jan 25 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Warrenton, NC

FATHER

13. NAME George F. Bragg

14. BIRTHPLACE (city or town) (State or country) Warrenton N.C

MOTHER

15. MAIDEN NAME Mary B Williams

16. BIRTHPLACE (city or town) (State or country) Same

17. INFORMANT Nellie Bragg

(Address) 2503 Montella Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Mem Pk Date 3/15 1940

19. UNDERTAKER Mrs. Geo H. Hreland

(Address) 1631 Druid Hill Ave

20. FILED MAR 15 1940 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 23 1940 to March 12 1940

I last saw him alive on March 12 1940 Death is said to have occurred on the date stated above, at 7.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkins Disease	Feb 1940
Other contributory causes of importance: Hypostatic Pneumonia	3/8/40

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Geo. McDonald M. D.

Address 844 N Carey St.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

67277

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (93-1)

F 67277 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1824 E. Lombard Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Peter William Duffy

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
WW	None	Male	White	Single

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1884

8. AGE: Years	Months	Days	If less than one day
55	2	24	hr. ..... min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Park laborer for city

FATHER
12. Name Joseph Duffy
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Annie Whelen
15. Birthplace Ohio

16 (a) Informant Records-U.S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Elgar Rd.

18 (a) Funeral director Selby & Eichelberger
(b) Address 503 E. Monument St.

19 (a) ..... (Date received by registrar) Huntington Pittsburgh, Pa.
MAR 15, 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12, 1940, at 2:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 11, 1940, to Mar. 12, 1940, and that I last saw him alive on Mar. 12, 1940.

Immediate cause of death	Duration
Lobular pneumonia	3 days
Due to Cardiac failure	2 weeks
Due to Chronic myocarditis	2 weeks
Other Conditions Marked obesity	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature T. B. H. Anderson M. D.
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 3/13/40

F 67278

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 67278 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 913 S. Highland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 6 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 913 S. Highland Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Martin Behringer.

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary.
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) June 21/1884

8. AGE: Years	Months	Days	If less than one day
55	6	21	..... hr. ..... min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business Own business

FATHER
12. Name Andrew Behringer
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Sepperick
15. Birthplace Germany

16 (a) Informant Anna Behringer Wife
(b) Address 913 S. Highland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 16/40 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart. Cem
Location German Hill Rd.

18 (a) Funeral director Lilly & Zeller Inc
(b) Address 403 S. Wolfe St.

19 (a) Hunting Ton Williams (Date rec'd by registrar) MAR 15 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 13 1940 at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/1 1940 to 3/13 1940.
and that I last saw him alive on 3/13 1940.

Immediate cause of death: Cystic Dilatation of Heart — Duration

Due to

Due to

Other Conditions Chronic Lat Nephritis Chronic myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dwight A. Hughes, M.D.
Address 3323 E. Baltimore Date signed 3/15/40

F 67279

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. F 67279

1. PLACE OF DEATH: St Agnes Hospital
(a) Baltimore City, Maryland
(b) Street address Wilkens + Caton Aves
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day 20 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 270 a Monastery
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rt Joseph John Neuberger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Barbara M

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 22 [illegible]

8. AGE: Years	Months	Days	If less than one day: hr.	min.
79	2	22		

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Machinist

FATHER
12. Name Paul Neuberger
13. Birthplace Germany

MOTHER
14. Maiden Name Mary A. Heigerich
15. Birthplace Germany

16 (a) Informant Mrs Mary J. Charles
(b) Address 3414 W Franklin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/40 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cem
Location 4300 Old Frederick Rd

18 (a) Funeral director John Howard Bowers
(b) Address 96 Stallings St

19 MAR 15 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

242

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/13/1940, at 6 55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/13/1940 to 3/13 1940, and that I last saw h. alive on 2/13 1940.

Immediate cause of death Lobar pneumonia - right lower lobe - type 3

Duration: 2 days

Due to

Due to

Other Conditions Arteriosclerosis Hypertensive cardio-renal disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles V. Sewell M. D.
Address St Agnes Hosp Date signed 3-13-40

VS 3

67280

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

483 Registered No. F 67280

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ✓
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-2
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ✓
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. # 43 S. Stricker St (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Nora T. Moran

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	single

6 (b) Name of husband or wife ✓
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) November 1873

8. AGE: Years	Months	Days	If less than one day
67	✓	✓	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation house work
11. Industry or business

FATHER
12. Name John Moran
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary McGann
15. Birthplace Ireland

16 (a) Informant Mr Bernard J. Moran
(b) Address 43 S Stricker St

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 3/16/1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd

18 (a) Funeral director John J Conway & Son
(b) Address 901 Hopkins St

19 (a) MAR 15 1940 (Date accepted by registrar) (b) Houston Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14th 1940, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/20 1936 to 3/14 1940 and that I last saw her alive on 3/17 1940.

Immediate cause of death Carcinoma of Uterus — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William A. Triplett M. D.
Address 1326 W Lombard Date signed 3/15/40

VS 3

F 67281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

F 67281 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2913 E Balto St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2913 E Balto St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Theresa Mary Garrett

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife David Garrett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1879

8. AGE: Years about 60 | Months | Days | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation None

11. Industry or business —

FATHER 12. Name Matthias Herr
13. Birthplace Germany

MOTHER 14. Maiden Name Margaret Ditzel
15. Birthplace Balto

16 (a) Informant Elizabeth Herr
(b) Address 2913 E Balto St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 16 40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director Jos J Herr & Son
(b) Address 3001 Kentucky Ave

19 MAR 15 1940 (Date rec'd by registrar) (b) Huntington Whitehouse M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mch 13 1940, at 12.7 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 1938 to Mch 13 1940, and that I last saw h[illegible] alive on Mch 8 1940.

Immediate cause of death Anemia or Ch malnutrition — Duration

Due to Carcinoma Large Gut i.e. descending Colon.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E Hayward

Address 115 E Eager St Date signed Mch 14 40

VS 3

F 67282

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5372 SD 95-B Registered No. F 67282

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3503 Lewiston Place
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Benson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 20, 1918

8. AGE: Years	Months	Days	If less than one day
21	6	23	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Can Shop
11. Industry or business

FATHER
12. Name Frances (d)
13. Birthplace Balto.

MOTHER
14. Maiden Name Mary Crown
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 16 40 (month) (day) (year)
(c) Cemetery or crematory London P.R. Cem
Location Frederick Rd.
18 (a) Funeral director John A. Miller
(b) Address 2364 Jefferson St.
19 (a) MAR 15 1940 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1940, at 4:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 12 1940 to March 13 1940, and that I last saw him alive on March 13 1940.

Immediate cause of death	Duration between onset and death
Rheumatic Heart Disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature [signature] M. D.
Address Balto City Hosp. Date signed 3-13-40

VS 3

F 67283

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108

F 67283
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 228 N. Gilmore St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William J. Scott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife Merel Muir
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 26, 1892

8. AGE: Years	Months	Days	If less than one day
47	8 5	17	hr. min.

9. Birthplace Franklintown, N. C.
(Town, county, and state)
10. Usual Occupation WPA
11. Industry or business WPA

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Lucy (Unknown)
15. Birthplace Unknown

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 18 40 (month) (day) (year)
(c) Cemetery or crematory National
Location Frederick Road

18 (a) Funeral director E. O. Wilson
(b) Address 1000 Brantly Ln

19 (a) (Entered in register) (b) Registrar

MAR 15 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13, 1940, at 7:15P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 23, 1940, to Mar. 13, 1940, and that I last saw him alive on Mar. 13, 1940.

Immediate cause of death	Duration
Cerebrospinal, meningitis, pneumococcic, Type III	Unknown
Due to Pneumonia, lobar, type III	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature U. S. Marine Hospital
Address Baltimore, Maryland Date signed M 3 D 14/40

F 67284

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 67284 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver St.
(c) Hospital or institution:
St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1819 East Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Lou Curtain

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 20-1939

8. AGE: Years	Months	Days	If less than one day
0	11	6 24	hr. min.

9. Birthplace Balto Co. Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Ella Curtis
15. Birthplace Balto. Md.

16 (a) Informant Mr. Wm F. Curtis
(b) Address 1819 East ave.

17 (a) Burial (b) Date thereof 3-17-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location O Donnell Sta Rd.

18 (a) Funeral director John B. Connelly
(b) Address Essex, Md.

19 (a) Date 3-15-1940 (b) Registrar Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14th 1940, at 8 50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 11th 1940, to March 14 1940 and that I last saw her alive on March 14 1940.

Immediate cause of death: Lobar Pneumonia — Duration: one week
All lobes involved Bilateral
Due to
Due to
Other Conditions Otitis Media Bilateral — 2 weeks
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Pneumonia Consolidation

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Felmerson M. D.
Address St. Joseph's Hosp Date signed 3-14-40

F 67285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B Registered No. F 67285

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 621 Bradley St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emily Wise (53516)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6, 1916

8. AGE: Years 24 23 | Months | Days 2 | If less than one day ..... hr. ..... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name George Wise
13. Birthplace ? ?

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace ? ?

16 (a) Informant Hospital Records
(b) Address

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)
(c) [illegible] MAR 15 1940
Location

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore,

19 (a) MAR 15 1940 (Local registrar) Huntington Williams M.D. (b) 5458

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8, 1940 at 12:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 6, 1940 to Mar. 8, 1940 and that I last saw her alive on Mar. 8, 1940.

	Duration
Immediate cause of death: Tuberculosis of the lungs	Feb 1940
Due to	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Baltimore City Hospitals Signed 3/8/40

VS 8

F 67286

67286 HEALTH DEPARTMENT—CITY OF BALTIMORE 98229 F

CERTIFICATE OF DEATH ✓ 107

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1443 N. Bond St. 8-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 Years yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Santo Cimino

If U. S. Veteran specify WAR

(a) Residence: No. 1443 N. Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Cimino

6. DATE OF BIRTH (month, day, year) Mar 8-1856

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
84	—	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Andrea Cimino

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Barbara greco

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Francesco Cimino

(Address) 1443 Bond St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. March 16, 1940

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735 Hanford Ave.

FILED MAR 15 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 13, 1940

22. I HEREBY CERTIFY, That I attended deceased from Mar 6, 1940 to Mar 13, 1940

I last saw him alive on March 13, 1940 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	
Other contributory causes of importance:	
Exhaustion	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Luigi S. DiStefano M. D.

(Address) 407 N. Eutaw St

OCCUPATION is very important. See instructions on back of certificate. Statement of

F 67287 LB 55720

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1108

F 67287 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1219 Holbrook St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Bernard F. Wright

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 29, 1937

8. AGE: Years 2 | Months 7 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Frances E Wright
13. Birthplace Md.

MOTHER
14. Maiden Name Agnes Breighner
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director George J. Roth Co
(b) Address 1734 Harford Ave Balto Md

19 (a) 3-15-1940 (b) Registrar [illegible] Washington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/14/40 19 , at 7.45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/1-/40 19 to 3/14/40 19 , and that I last saw h alive on 3/14/40 19

Immediate cause of death: Acute Pneumonia (Lobar) — Duration 6 days.

Due to:

Due to:

Other Conditions: Acidosis, Diabetes, otitis media
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. L. Dacus M. D.
Address Balto City Hosp. Date signed 3-15-1940

HEALTH DEPARTMENT—CITY OF BALTIMORE

67288 F 67288

CERTIFICATE OF DEATH

61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Cordrey

If U. S. Veteran specify WAR

(a) Residence: No. 430 F St., Sparrows Point Ward. Balto. Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ? ? 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
36	38	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction Co.

10. Date deceased last worked at this occupation (month and year) Feb. 1940 | 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? Maryland

FATHER

13. NAME Samuel H. Cordrey

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Rose Tonroe

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Brother - Francis C.

(Address) Sparrows Point, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Great Holy Redeemer Date March 16, 1940

19. UNDERTAKER Harry H. Wolfe

(Address) 401 Eastern Ave.

20. FILED MAR 15 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1940 to March 13, 1940

I last saw him alive on March 13, 1940 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus.	1932
Uremia and Coma.	3/12/40

Other contributory causes of importance:

Mental deficiency	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? LAB Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John James Martin R. M. D.

(Address) University Hospital

F 67289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 166

F 67289 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Pod
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Towson (If outside city or town limits, write RURAL and give town)
(d) Street No. 35 Cedar Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME JOHN K. WATERBURY

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-14-8839

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1916

8. AGE: Years	Months	Days	If less than one day
25	—	—	hr. min.

9. Birthplace Asbury Park, N.J. (Town, county, and state)
10. Usual Occupation Consulting Engineer
11. Industry or business

FATHER
12. Name John A. Waterbury
13. Birthplace —

MOTHER
14. Maiden Name Anna P. Browning
15. Birthplace N.J.

16 (a) Informant Mr. A. B. Waterbury
(b) Address 208 Colonial Ave. Pelham, N.Y.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3 16 40 (months) (day) (year)
(c) Cemetery or crematory Plainsfield, N.J.
Location

18 (a) Funeral director J. Lipton Friedenfeld
(b) Address 501 E. 20th St. Balto

MAR 15 1940 (Date received by Registrar) (b) Hunter for Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1940, at 11:35 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy, find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
166 Homicide by firearms Bullet wound of chest	
Due to	
Due to	
Other Conditions Hemorrhage left pleural cavity (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence March 13, 1940
(c) Where did injury occur? Woodland Ave & Greenspring Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public Place While at work? No (Specify type of place)
(e) Means of injury .38 Caliber bullet

23. Signature H. L. Wolfenmeyer M.D. Medical Examiner.
Date signed 3-14-40

Form—1-10-21—MAT—1500 Blks.

67290

HEALTH DEPARTMENT—CITY OF BALTIMORE F 67290

CERTIFICATE OF DEATH. ✓ 131-a

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2402 Guilford Ave. St., 12-3 WARD)

2-FULL NAME Alice Lemmon Aiken

(a) RESIDENCE No. 2402 Guilford Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 83 yrs. 8 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Wm. H. Aiken

6 DATE OF BIRTH (month, day, and year) Mar. 8, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ~~40~~ min.
	83		5 6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Dr. J. H. Lemmon

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Richmond, Va.

12 MAIDEN NAME OF MOTHER Catherine King

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Georgetown, D. C.

14 Informant Miss Adelaide Aiken
(Address) 2402 Guilford Ave.

MAR 15 1940 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14, 1940

17

I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1940, to March 14, 1940, that I last saw her alive on March 14, 1940, and that death occurred, on the date stated above, at 8.40 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis Hypertension, Arteriosclerosis

(duration) 7 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Tests

(Signed) M. Gale, M. D.

3-14, 1940 (Address) 6014 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	3/16 1940
20 UNDERTAKER Mary M. Hirschfeld	ADDRESS 501 E. 22nd St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. PHYSICIANS should

375902
F 67291

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 67291 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 dy
(e) Length of stay in Baltimore (yrs.) mos., or days) 26

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 326 N. Bond St (If rural give location)
(e) If foreign born, how long in U. S. A.? 26 years

3 (a) FULL NAME Zacharko Zacher Maksimuk
3 (b) If veteran, name war —
3 (c) Social Security Account No. 213-07-3398

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Stepanova Maksimuk
6 (c) If alive, give age 50 years
7. Birth date of deceased (mo., day, yr.): Not known
8. AGE: Years 51 | Months | Days | If less than one day: hr. min.
9. Birthplace: Poland (Town, county, and state)
10. Usual Occupation: Crane Operator
11. Industry or business: Bethlehem Steel
12. Name of father: Nicholas Maksimuk
13. Birthplace: Poland
14. Maiden Name of mother: Mary ?
15. Birthplace: Poland
16 (a) Informant: Record
(b) Address: JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 16, 1940 (month) (day) (year)
(c) Cemetery or crematory: Holy Trinity Russian
Location: Anne Arundel County
18 (a) Funeral director: John J. Grebliunkas, Jr.
(b) Address: 423 S. Paca Street
19 MAR 15 1940 (Date received by Registrar) [signature] M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 13 1940, at 5 A/M
21. I certify that death occurred on the date above stated; that I attended deceased from 2-21 1940, to 3-13 1940, and that I last saw h[illegible] alive on 3-13 1940.

Immediate cause of death: Widespread Carcinomatosis — Duration: 1
Due to: ? Primary Ca ? Gallbladder
Due to:
Other Conditions: Liver, mesenteric nodes, & peritoneum involved. (Include pregnancy within 3 months of death)
Major findings: Of operation: Widespread Carcinomatosis - G.B., Liver, nodes
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature: Bruno Bardare, Jr. M. D.
Address: Johns Hopkins Hosp. Date signed: 3/13/40

VS 3

F 67292

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

F 67292 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 N Calhoun St.
(c) Hospital or institution: Franklin Sq Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 69 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Butler, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rosa Talbert

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Chas. A. Talbert.
6 (c) If alive, give age < years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1871

8. AGE: Years	Months	Days	If less than one day
69	1	13	hr. min.

9. Birthplace Md. (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Hanson
13. Birthplace Howard Co.

MOTHER
14. Maiden Name Ridgely
15. Birthplace Howard Co.

16 (a) Informant Mr. Charles A. Talbert
(b) Address Butler, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 18 '40 (month) (day) (year)
(c) Cemetery or crematory St. Thomas Cem.
Location Reisters town Road

18 (a) Funeral director Jno. Berryman & Sons
(b) Address Reisters town, Md.

MAR 15 1940 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-15- 1940, at 1 50 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-9- 1940, to 3-15 1940, and that I last saw h.e alive on 3-15 1940.

Immediate cause of death: Bilateral Bronchopneumonia — Duration: 4 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Appendectomy Abscess

Of autopsy Bilateral Bronchopneumonia

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan Woy, M. D.
Address Franklin Sq Hosp Date signed 3-15-40

VS 3

F 67293 Ind.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-P

F 67293 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 11 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 727 W. Lexington St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ethel Ingram (53666)

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Dan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 27, 1907

8. AGE: Years	Months	Days	If less than one day
32	10	16 17	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name Nalley Caffe
13. Birthplace Va.

MOTHER
14. Maiden Name Kinnie ?
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) 3-15-40 (Burial, cremation, or removal) (b) Date thereof 3-16-40 (month) (day) (year)
(c) Cemetery or crematory Mount Olivet
Location Frederick Road

18 (a) Funeral director Leo E. Cook
(b) Address 1701 N. Patterson Park Ave.

MAR 15 1940 (Date received by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14, 1940, at 1:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 11, 1940 to Mar. 14, 1940, and that I last saw her alive on March 14, 1940.

Immediate cause of death	Duration
Tuberculosis of lungs	June 1939
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Balto. City Hospital Date signed 3/14/40

VS 3

52873 SD

67294

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 67294

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1622 Church Street (If rural give location)
(e) If foreign born, how long in U. S. A.? yrs.

3 (a) FULL NAME Harvey Hayes

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-0733

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife Josephine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/8/1885

8. AGE: Years	Months	Days	If less than one day
54	4	7	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Fireman
11. Industry or business Unemployed

FATHER
12. Name Edward Hayes
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Susan ?
15. Birthplace Ireland

16 (a) Informant Records
(b) Address ~~Baltimore City Hospitals~~

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Baltimore Co.

18 (a) Funeral director George A. Weber
(b) Address 705 E. Lanvale St.

19 (a) (Registrar's signature) (b) Huntington Williams, M.D. Registrar

(Registered number) MAR 13 1940 VS

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1940, at 1:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 14 1940, to March 15 1940, and that I last saw him alive on March 15 1940.

Immediate cause of death	Duration
Hypertensive cardiovascular disease	unknown
Due to Terminal bronchopneumonia	5 days.
Due to	
Other Conditions Syphilis	unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murphy Johnson M. D.
Address Balto City Hosp. Date signed 3-15-40

F 67295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 67295

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 502 W Fayette St.
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 39-8-16

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1519 N. Caroline St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME JOSEPH CORNELIUS SHEEHAN

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-6571

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife ------

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) June 27, 1900

8. AGE: Years	Months	Days	If less than one day
39	8	16	hr. --- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Carroll Fuel Oil & Coal Co.

FATHER
12. Name Timothy V. Sheehan
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Elizabeth G. Fitzpatrick
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Elizabeth G. Sheehan
(b) Address 1519 N. Caroline Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Frederick Road & Augusta Ave.

18 (a) Funeral director H. U. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) (Deputy Registrar) Huntington Williams, M.D.

MAR 15 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1940, at 10 45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Asphyxia — Duration probably

Due to Posture

Due to Acute alcoholism

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M.D.
Medical Examiner.
Date signed 3-13-40

F 67296

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137-a Registered No. E 67296

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2007 Wilhelm St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2007 Wilhelm St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William T. Williams.

3 (b) If veteran, name war: None.
3 (c) Social Security Account No. None.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed.
6 (b) Name of husband or wife: Mary L. Williams.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 5th. 1861.

8. AGE: Years 78 | Months 4 | Days 9/10 | If less than one day hr. min.

9. Birthplace Mathews - Va.
(Town, county, and state)
10. Usual Occupation Farmer.
11. Industry or business

FATHER
12. Name John T. Williams.
13. Birthplace Mathews - Va.

MOTHER
14. Maiden Name Mary L. Hall.
15. Birthplace Mathews - Va.

16 (a) Informant William G. Williams.
(b) Address 2007 Wilhelm St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof March 15 1940 (month) (day) (year)
(c) Cemetery or crematory Kingston Cemetery.
Location Mathews - Va.

18 (a) Funeral director Charles J. Schupb.
(b) Address 505 N. Monroe St.

19 (a) MAR 15 1940 (Date rec'd by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15th. 1940. at 12.05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1 1939 to Mar 15 1940 and that I last saw h[illegible] alive on Mar 15 1940

Immediate cause of death	Duration
Cancer hypernephroma of prostate	6 mos.
Due to acute uremia	3 days.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benjamin Miller M.D.
Address 2020 Hickens ave Date signed 3/15/40

HEALTH DEPARTMENT—CITY OF BALTIMORE

67297 **CERTIFICATE OF DEATH** 198 F 67297

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 954 Forrest St. 10 3 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 3 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alvin Kenton If U. S. Veteran give WAR

(a) Residence: No. Maryland Penitentiary St., Ward Jessup Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mildred Lowman Kenton

6. DATE OF BIRTH (month, day, year) July 7, 1916

7. AGE: Years 23 | Months 8 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm hand
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Goldsborough Md

FATHER
13. NAME Ole Kenton
14. BIRTHPLACE (city or town) (State or country) Queen Anne Co. Md

MOTHER
15. MAIDEN NAME Daisy Taylor
16. BIRTHPLACE (city or town) (State or country) Caroline Co. Md

17. INFORMANT Penitentiary Records
(Address) Bel Air

18. BURIAL, CREMATION, OR REMOVAL Place St Mary's - Howard Co. Date May 16 1940

19. UNDERTAKER Stewart & Myers Co.
(Address) Catonsville

20. MAR 15 1940 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1940

22. I HEREBY CERTIFY, That I attended deceased from December 5 1939 to March 15 1940

I last saw him alive on March 15 1940. Death is said to have occurred on the date stated above, at 12:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
hanged by order of Court	
Other contributory causes of importance: Dislocation of 5th Cervical vertebra	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) 34th & Guilford Ave.

F 67298

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. F 67298

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3200 Bayonne Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3200 Bayonne ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Dorothea McHarge

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Leo McHarge
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 4 1891

8. AGE: Years 48 | Months 4 | Days 10 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation
11. Industry or business At Home

FATHER 12. Name Jacob Kause
13. Birthplace Germany

MOTHER 14. Maiden Name Elizabeth Thies
15. Birthplace Germany

16 (a) Informant Leo McHarge
(b) Address 3200 Bayonne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 16 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore

18 (a) Funeral director John Ellerick
(b) Address 200 S Dallas

19 (a) MAR 15 1940 (Date rec'd by Reg. Bur'l) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1940, at 1:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 14 1940, and that I last saw h[illegible] alive on March 14 1940.

Immediate cause of death Mammary Carcinoma — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operation Mastectomy
Of autopsy Adeno carcinoma

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis Krause M. D.
Address Medical Bldg Date signed

V8 8

67299

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-B Registered No. F 67299

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1626 N. Washington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George H. Ulrich

3 (b) If veteran, name war

3 (c) Social Security Account No. 578-05-9691

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary E. Ulrich
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) April 30 KS4

8. AGE: Years	Months	Days	If less than one day
55	10	14	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Wood Finisher
11. Industry or business Pianos

FATHER
12. Name John T. Ulrich
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Preiss
15. Birthplace Germany Balto.

16 (a) Informant Mary E. Ulrich
(b) Address 1626 N Washington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 18. (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 2005 Allegheny St

19 MAR 15 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1940 at 4:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-5 1940. to 3-14 1940. and that I last saw him alive on 3-14 1940.

Immediate cause of death: Carcinoma of Bladder — Duration: 11 mos. over

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John M. Scott M. D.
Address Maryland Gen. Hosp. Date signed 3-14-40

VS 3

F 67300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

√83 Registered No. F 67300

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1718 Wilkens Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1718 Wilkens Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

19-4

3 (a) FULL NAME Susan B Miller

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife John F Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 31 1871

8. AGE: Years	Months	Days	If less than one day
68	4	14	13 hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Hayes
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Slaybd
15. Birthplace Md

16 (a) Informant John F Miller
(b) Address 1718 Wilkens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Geo A Farley
(b) Address Fulton & Fayette

19 (a) MAR 15 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 - 14 1940, at 9 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-13-1940, to 3-14-40 1940, and that I last saw her alive on 3-14 1940.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Miller MD M. D.
Address 2036 Wilkens Ave Date signed 3-14-40

VS 3

50867 - MB

F 67301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193-D Registered No. F 62501

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo., 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5601 Merville Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Ryan

3 (b) If veteran, name war

3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1861

8. AGE: Years	Months	Days	If less than one day
78	6	2	hr. min.

9. Birthplace Penna. (Town, county, and state)

10. Usual Occupation Old Age Pensioner

11. Industry or business

FATHER 12. Name Charles Ryan

13. Birthplace Ireland

MOTHER 14. Maiden Name Mary Galligher

15. Birthplace Ireland

16 (a) Informant Records

(b) Address Balto. City Hosps.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/40 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Balto. County

18 (a) Funeral director John J. Fahey & Sons

(b) Address [illegible]

19 (a) MAR 16 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1940, at 5:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 9 1940, to March 12 1940, and that I last saw him alive on March 12 1940.

Immediate cause of death	Duration between onset and death
Arteriosclerotic Heart disease	
Due to	
Due to	
Other Conditions Terminal bronchopneumonia	5 days.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murray Steele M. D.

Address Balto City Hosp. Date signed 3-15-40

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67302

CERTIFICATE OF DEATH ✓ 13-B

F 67302

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 925 Lemmon St. 18-3 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Isaac B. Chapman

If U. S. Veteran specify WAR no

(a) Residence: No. 925 Lemmon St., Ward. Soc. Sec. No. None

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of Martha J. Chapman

6. DATE OF BIRTH (month, day, year) April 4th 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bricklayer

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Roma

FATHER

13. NAME Matthias Chapman

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary J Burns

16. BIRTHPLACE (city or town) (State or country) Roma

17. INFORMANT Martha J. Chapman

(Address) 925 Lemmon St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 16th 1940

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED MAR 16 1940 Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 14th, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1940, to Mar 14, 1940

I last saw him alive on Mar 14, 1940 Death is said to have occurred on the date stated above, at 4:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Duration of attack
Pulmonary Tuberculosis	? Years
Other contributory causes of importance: Cardiac Insufficiency	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Abram Goldman M. D.

(Address) 2313 W. North Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67303 CERTIFICATE OF DEATH 93-D F 67303

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805 Dukeland St 5-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Randolph Rust Smith If U. S. Veteran specify WAR No

(a) Residence: No. 1805 Dukeland St Ward. 5 Same White

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Annie E. Smith

6. DATE OF BIRTH (month, day, year) Aug 31st 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	6	11 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Car Sealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Thomas B. Smith

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Annie E. Smith

(Address) 1805 Dukeland St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 3/18 1940

19. UNDERTAKER Wm Cook

(Address) 1217 E. Baltimore St

20. FILED MAR 16 1940 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 14th, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 1934 to Mar 14th 1940

I last saw h alive on Mar 14th 1940 Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension and Arteriosclerosis	1934
Disease	
Other contributory causes of importance: Coronary Occlusion	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Huntington Williams M. D.

(Address) 304 E. Lafayette Ave

Instructions. See instructions on back of certificate.

F 67304

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 67304

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wilkens & Caton Ave.

(c) Hospital or institution: St. Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-7

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3408 W. Franklin St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Sarah Beattie

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married

6 (b) Name of husband James

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 2nd 1867

8. AGE: Years	Months	Days	If less than one day
73 (72)	(7)	(3)	hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER 12. Name Samuel Cairns

13. Birthplace Ireland

MOTHER 14. Maiden Name Mary Ellen ~~Jane~~ Kennedy

15. Birthplace Ireland

16 (a) Informant Mrs James Beattie

(b) Address Norfolk Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 18th 1940 (month) (day) (year)

(c) Cemetery or crematory Western

Location Balto Md.

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St.

19 (a) MAR 16 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/15 1940, at 12:55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-16 1940, to 3-15 1940, and that I last saw h[illegible] alive on 3/15 1940.

Immediate cause of death	Duration
Hypostatic Pneumonia	
Due to Arteriosclerosis	
Due to	
Other Conditions Probably cholelithiasis Diabetes mellitus (Include pregnancy within 3 months of death)	

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Charles V. Lemmon M. D.

Address St Agnes Hospital Date signed 3-15-40

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67305 CERTIFICATE OF DEATH 46-F F 67305

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2910 Walbrook ave (St.) 15 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maurice W Laupheimer

If U. S. Veteran specify WAR WRecruit

(a) Residence: No. 2910 Walbrook ave St., ... Ward 23 214-01-3958

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Ida May Laupheimer

6. DATE OF BIRTH (month, day, year) May 12 - 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Insurance Agt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. John Hancock Co

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME David Laupheimer

14. BIRTHPLACE (city or town) Baltimore (State or country) md

MOTHER

15. MAIDEN NAME Mary Luther

16. BIRTHPLACE (city or town) Baltimore md (State or country)

17. INFORMANT Ida May Laupheimer (Address) 2910 Walbrook ave

18. BURIAL, CREMATION, OR REMOVAL

Fr London Cem Date Mar 18 1940

19. UNDERTAKER William Coor (Address) 1217 St Paul St.

20. FILED MAR 16 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1939 to March 15, 1940

I last saw him alive on March 14, 1940 Death is said to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Period of onset
Adeno-carcinoma of liver	Sept 1939
Other contributory causes of importance: Anaemia, Secondary	Sept 1939

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Blood Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) S. Kendig Wallace M. D.

(Address) 2836 Walbrook Ave

OCCUPATION is very important. See instructions on back of certificate. Exact statement of ... is necessary ... properly classified.

VS 3

53238 - 38

67306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a Registered No. F 67306

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 69 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) If foreign born, how long in U. S. A.? 69 yrs. years

3 (a) FULL NAME Margaret Stock

3 (b) If veteran, name war

3 (c) Social Security Account No. Unknown

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or ~~wife~~ Conrad (dead)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/1/1854

8. AGE: Years 86 | Months 0 | Days 13 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Old Age Pensioner

11. Industry or business

FATHER
12. Name Conrad Engelder (dead)
13. Birthplace Germany

MOTHER
14. Maiden Name Corrina Sundoch (dead)
15. Birthplace Maryland

16 (a) Informant Records Balto. City Hosps.
(b) Address

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Mar 18-40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Western
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address

19 (a) MAR 16 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-14 1940 at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-26 1940. to 3-14 1940.
and that I last saw her alive on 3-14 1940.

Immediate cause of death: Bronchopneumonia — Duration: several days
Due to: Intertrochanteric fracture left femur — Duration: about 3 weeks
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-25-40
(c) Where did injury occur? Baltimore Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Hospital While at work? No
(Specify type of place)
(e) Means of injury Became dizzy & fell out of bed

23. Signature L. Krebs-Arnold Jr. M. D.
Address Balto City Hosp. Date signed 3-15-40

H. J. Moldeis, M.D. Chief Med. Examiner
per — B. Kitzes

67307

HEALTH DEPARTMENT—CITY OF BALTIMORE

67307

CERTIFICATE OF DEATH

131a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2338 Madiem Av. St. 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillie V. Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 2338 Madeira Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Widowed

5a. If married, widowed, or divorced (or) WIFE of Justice C. Johnson, Sr.

6. DATE OF BIRTH (month, day, year) June 27, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	8	15	76

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME George A. Matthews

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Josephine C. Lewis

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John M. Johnson, Son (Address) 1700 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cem. Date 3-17-40

19. UNDERTAKER Robert L. Young (Address) 804 N. Caroline St.

20. FILED MAR 16 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1940

22. I HEREBY CERTIFY, That I attended deceased from 2-20-40, 19, to 3-13, 1940

I last saw h[illegible] alive on 3-12, 1940. Death is said to have occurred on the date stated above, at 2:53 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular Renal disease	
Other contributory causes of importance:	

Was an operation performed? — Date of

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. W. B. Butler M. D.

(Address) 2033 Druid Hill Ave.

OCCUPATION is very important. See instructions on back of certificate.

VS 2

VF 67308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 67308

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1645 Barnes St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1645 Barnes St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hattie Boyd.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Henry Boyd.

6 (c) If alive, give age: 46 years

7. Birth date of deceased (mo., day, yr.): November 16, 1909

8. AGE: Years 30 | Months 3 | Days 29 | If less than one day: hr. min.

9. Birthplace: Henderson N.C.
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business:

FATHER
12. Name: James Cheeks.
13. Birthplace: Henderson N.C.

MOTHER
14. Maiden Name: Julia Young.
15. Birthplace: Henderson N.C.

16 (a) Informant: Henry Boyd.
(b) Address: 1645 Barnes St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/40 (month) (day) (year)
(c) Cemetery or crematory: Mt. Calvary
Location:

18 (a) Funeral director: Robert L. Young
(b) Address: 804 W. Caroline St.

19 MAR 16 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1940 at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 24 1940 to Mar 14 1940 and that I last saw h alive on Mar 12 1940.

Immediate cause of death: Acute Bronchial Pneumonia

Due to: Pneumonia

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration: Feb 24 1940

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Geo. L. Gallen, M.D.
Address: 5 E. Preston St. Date signed: 3-15-40

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B Registered No. F 67309

F 67309

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 47 W York St
(c) Hospital or institution: Balto City

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-2-1 Mos
(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 47 W. York St (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Francis M. Johnson

3 (b) If veteran, name war nor | 3 (c) Social Security Account No. nor

4. Sex female | 5. Color or race colored | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Md.

8. AGE: Years 49 | Months — | Days — | If less than one day ___ hr. ___ min.

9. Birthplace Md. (Town, county and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Montgomery
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Hollis
15. Birthplace Md.

16 (a) Informant Rachel Adams
(b) Address 913 S. Sharp St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Baltimore City

18 (a) Funeral director Isaiah L. Brown
(b) Address 108 W Montgomery St

MAR 16 1940 (Date filed by Registrar) Thurlington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-13-1940, at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 3 1940, to March 13 1940, and that I last saw h[illegible] alive on March 13 1940.

Immediate cause of death Nephritis

Due to own

Due to ✓

Other Conditions Influenza

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

Duration: Months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James C Carper M. D.
Address 910 S. Sharp St Date signed

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67310 — CERTIFICATE OF DEATH — 198 — F 67310

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 954 Forrest St. 10-3 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 3 mos. 10 ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Thomas G Sanchez

If U. S. Veteran specify WAR Spanish Am

(a) Residence: No. Maryland Penitentiary St., ___ Ward. Meriadel Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced — BUSBAND of (or) WIFE of: Mrs. Maria Benavedez

6. DATE OF BIRTH (month, day, year): March 7th 1899

7. AGE: Years 41 | Months 40 | Days — | If LESS than 1 day, ___ hrs. or ___ min. 8

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farm hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ___

10. Date deceased last worked at this occupation (month and year): ___ | 11. Total time (years) spent in this occupation: ___

12. BIRTHPLACE (city or town) (State or country): El Paso Texas

FATHER

13. NAME: Juan B. Sanchez

14. BIRTHPLACE (city or town) (State or country): San Francisco Cal.

MOTHER

15. MAIDEN NAME: Francisca Lopez

16. BIRTHPLACE (city or town) (State or country): Santa Rosalie Mexico

17. INFORMANT: Md. Penitentiary Records
(Address) Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL: Place Loved Rest Cem. 3/16 19 40

19. UNDERTAKER: John J. Fahey Jr.
(Address) 1310 Eutaw St.

20. FILED MAR 16 1940 Huntington Wisconsin

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 15, 1940

22. I HEREBY CERTIFY, That I attended deceased from December 5 1939 to March 15 1940

I last saw him alive on March 15 1940 Death is said to have occurred on the date stated above, at 12:30 a.m. 12:30 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hanged by order of Court	
Dislocation of 5th Cervical vertebra	
Other contributory causes of importance:	

Was an operation performed? No Date of ___

For what disease or injury? ___

Name of operation ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___ If so, specify ___

(Signed) John J. Fahey M. D.

(Address) 344 Guilford Ave.

Very important. See instructions on back of certificate. Exact statement of

55615 - MB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-B Registered No. F 67311

F 67311

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1132 Woodyear St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Delano Booker

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1935

8. AGE: Years	Months	Days	If less than one day
4	3	29	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Calvin Arthur
13. Birthplace Maryland

MOTHER
14. Maiden Name Vivian Booker
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) (Burial, cremation, or removal) (b) Date thereof Mar 18, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 322 N Schroeder St

19 (Signature of Registrar) MAR 16 1940 Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/14/40 19 , at 8:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/9/40 19 , to 3/14/40 19 , and that I last saw h. alive on 3/14/40 19 .

Immediate cause of death	Duration
BRAIN Tumor.	1 year
Due to	over
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Brain tumor

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David h. Talbot M. D.
Address Balto. City Hosp. Date signed 3/15/40

F 67312

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 67312

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 818 George St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 64 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Kent
(c) City or town Rural Chestertown (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Walter Rasin

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Eliza Rasin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years 64 | Months | Days | If less than one day hr. min.

9. Birthplace Kent Co. Md. (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER 12. Name Warren Rasin
13. Birthplace Md

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Annie Whitby
(b) Address 818 George St

17 (a) (Burial, cremation, or removal) (b) Date thereof March 16, 1940 (month) (day) (year)
(c) Cemetery or crematory Wt. Moriah
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 S Scheeder Ave.

19 (a) MAR 16 1940 (Date received by registrar) (b) Huntingtown Md. Register

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1940. at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 10 1940. to March 12 1940. and that I last saw h alive on March 12 1940.

Immediate cause of death: Acute Bronchopneumonia — Duration 2nd days

Due to

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles T. Woodland, M.D.
Address 861 Park Pl Date signed 3-17-40

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

67313

CERTIFICATE OF DEATH

95-C

F 67313

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 164 Dolphin St., 11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma M. Johnson Royal Scott

If U. S. Veteran specify WAR

(a) Residence: No. 164 Dolphin St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fe

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: James Scott

6. DATE OF BIRTH (month, day, year): 1849

7. AGE: Years 57; Months; Days; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private home

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Andrew Johnson

14. BIRTHPLACE (city or town) (State or country): Alexandria Virginia

MOTHER

15. MAIDEN NAME: Annetta Redmond

16. BIRTHPLACE (city or town) (State or country): Alexandria Virginia

17. INFORMANT: James Scott

(Address): 164 Dolphin St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Date: Mar 16, 1940

19. UNDERTAKER: Mrs Katie R. Williams

(Address): 322 N. Schroeder St

20. FILED: MAR 16 1940 [illegible] for Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 12, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1939 to March 12, 1940

I last saw her alive on March 12, 1940. Death is said to have occurred on the date stated above, at 10P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease	[illegible]

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Phy. Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R. Garland Abercrombie M. D.

(Address) 1534 Druid Hill Ave

VS 2

F 67314

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-E Registered No. F 67314

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 703 E.BIDDLE ST
(c) Hospital or institution: F666
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 703 E.BIDDLE ST.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME GORDAN JOSEPH BLUM.

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE
4. Sex: MALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: SINGLE
6 (b) Name of husband or wife
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) MAR.2 1940
8. AGE: Years | Months | Days 12 | If less than one day ____ hr. ____ min.
9. Birthplace BALTO.MD.
(Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name JOHN BLUM
13. Birthplace BALTO.MD.

MOTHER
14. Maiden Name LILLIAN SMITH
15. Birthplace BALTO.MD.

16 (a) Informant JOHN BLUM FATHER
(b) Address 703 E.BIDDLE ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR.10/40 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BEL AIR ROAD

18 (a) Funeral director Tilly & Zeilenhas
(b) Address 403 S.WOLFE ST.

MAR 16 1940 (Date received by Registrar) (Year) Huntington for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MARCH 14 1940, at 11/5A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 2 1940 to March 14 1940 and that I last saw h alive on March 13 1940.

Immediate cause of death — Duration
Congenital Heart — 12 day
Due to Fracture
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature William J Rosario
Address 501 N Kenwood Date signed 3/15/40

VS 3

F 67315

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1 31 - 9 F 67315 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2049 Woodbury Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2049 Woodbury Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Henry Kleeman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Catherine L. Morrison
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Jan. 13, 1890

8. AGE: Years	Months	Days	If less than one day
50	2	2	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name August Kleeman
13. Birthplace Maryland.

MOTHER
14. Maiden Name Elizabeth
15. Birthplace Maryland

16 (a) Informant Catherine L. Morrison / Kleeman
(b) Address 2049 Woodbury Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 18/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615 Chestnut Avenue

19 (a) MAR 16 1940 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1940, at 1 3/2 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cardiovascular-renal disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ns
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury ?

23. Signature W. H. Garde Graff M.D. Medical Examiner.
Date signed 3/15/40

F 67316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-N

F 67316 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3021 Keswick Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 3021 Keswick Road. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John E. Wheeler.

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lina V. Wheeler
6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) July 1, 1885

8. AGE: Years	Months	Days	If less than one day
54	8	14	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Penna. R. R.

MOTHER - FATHER
12. Name Stephen Wheeler.
13. Birthplace Md.
14. Maiden Name Georgetta Shader.
15. Birthplace Md.

16 (a) Informant Lina V. Wheeler.
(b) Address 3021 Keswick Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 18, 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Thos. W. Bowman
(b) Address 361 W. Fayette St. Huntington Hospital, Md.

MAR 16 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15, 1940 at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 7 1940 to March 15 1940, and that I last saw him alive on March 15 1940.

Immediate cause of death	Duration
Carcinoma oesophagus	1 yr
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. N. Wilson
Address 617 W. 40th Date signed 3/15/40

VS 3

F 67317

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 67317 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2013 E. 32nd St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) [illegible] County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2013 E. 32nd St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Ida Anna Krueger

3 (b) If veteran, name war	3 (c) Social Security Account No.
No.	No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Louis H. Krueger
6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) July 3 - 1872

8. AGE: Years	Months	Days	If less than one day
67	8	10	... hr. ... min.

9. Birthplace Baltimore City, (Town, county, and state)
10. Usual Occupation Housewife at
11. Industry or business Home

FATHER
12. Name Henry Albrecht
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Neidler
15. Birthplace Germany

16 (a) Informant Mrs. Louis Krueger
(b) Address 2013 E. 32nd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City

18 (a) Funeral director J. B. Wiffert & Son
(b) Address 1306 Eutaw Place

19 MAR 16 1940 (b) Huntington Williams M.D.
(Date received, registered) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1940, at 5:30 P.M.

21. I certify that death occured on the date above stated; that I attended deceased from Sept. 1939 to March 1940 and that I last saw h[illegible] alive on March 13 1940.

Immediate cause of death Coronary Thrombosis

Duration 3 wks.

Due to ...

Due to ...

Other Conditions Mitral valvular disease 8 yrs.
Diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations ...
Of autopsy ...

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ...
(b) Date of occurrence ...
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? ...
(e) Means of injury ...

23. Signature Manuel G Bueno, M.D.
Address 2426 Eutaw Pl Date signed 3/17/40

VS 3

F 67318

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67318

CERTIFICATE OF DEATH

131-2

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 600 N. Milton Ave 7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Lindeman

If U.S. Veteran specify WAR

(a) Residence: No. 600 N. Milton Ave St., Ward 21-2-10-1512

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Lindeman

6. DATE OF BIRTH (month, day, year) March 9, [illegible] 89

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
49	yrs	0	4 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storeroom clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George Lindeman

14. BIRTHPLACE (city or town) (State or country) Baltimore County

MOTHER

15. MAIDEN NAME Mary Ewald

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Mrs Elena Lindeman

(Address) 600 N. Milton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date March 18 1940

19. UNDERTAKER Elenora F. Hoffman

(Address) 2723 E. Preston St.

20. MAR 16 1940 Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1940 to March 14, 1940

I last saw h[illegible] alive on March 13, 1940. Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 week
Hypertensive Cardio-Vascular Renal Disease	3 yrs

Other contributory causes of importance

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Exam. Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Israel Rosen M. D.

(Address) 2413 E. Monument St

55627 - RB

F 67319

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

✓ F 67319 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1731 E. Bank St.
(If rural give location)
(e) If foreign born, how long in U. S. A.) 36 yrs. years

3 (a) FULL NAME Thomas Pawelczyk (Pawelczyk)

3 (b) If veteran, name war

3 (c) Social Security Account No. ~~Unknown~~ None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Josephine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? ?

8. AGE: Years	Months	Days	If less than one day
About 59	?	?	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Supported by brother

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Records Balto. City Hosps.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Odonnell St Ext

18 (a) Funeral director Wm. S. Fialkowski
(b) Address 2007 Eastern Ave

APR 16 1940 (Date rec'd by Registrar) Huntington Nic Cause, W. V.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1940, at 8:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 9 1940, to March 14 1940, and that I last saw h-im alive on March 14 1940.

Immediate cause of death Arteriosclerotic heart disease with heart failure — Duration Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Weyglekiewicz M. D.
Address Balto City Hosp. Date signed 3-15-40

VS 8

67320

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 67320
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2122 W. North Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ———
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2122 W. North Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? —— years

15 F

3 (a) FULL NAME Elizabeth E. Caskey

3 (b) If veteran, name war ———
3 (c) Social Security Account No. ———

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Joseph S. Caskey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 31st 1878

8. AGE: Years	Months	Days	If less than one day
61	4	14	hr. min.

9. Birthplace Westminster, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Robert F. Hunter
13. Birthplace Westminster, Md.

MOTHER
14. Maiden Name Elizabeth Davis
15. Birthplace Westminster, Md.

16 (a) Informant Mr. J. Donald Caskey
(b) Address 1830 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 18-1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Aves.

19 (a) MAR 16 1940 (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15th 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 14 1940, to March 15 1940, and that I last saw her alive on March 15 1940.

Immediate cause of death	Duration
Infarction of myocardium due to arterio-sclerotic coronary thrombosis	March 14, 1940
Due to Hypertensive vascular disease	1936
Due to	
Other Conditions Diabetes mellitus	1935

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Kendig Wallace
Address 2839 Wallbrook Ave Date signed 3-16-40 M. D.

67321

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 67321

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2449 Holland st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2449 Holland st
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME BENJAMIN F. METZGER

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
m	W	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22, 1874

8. AGE: Years	Months	Days	If less than one day
65	10	22	hr. min.

9. Birthplace Baltimore Co.
(Town, county, and state)

10. Usual Occupation Carpenter - unemployed
11. Industry or business own self?

FATHER
12. Name ? Metzger
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Son Albert F Metzger
(b) Address Essex Rd, Pikesville Md

17 (a) Burial (b) Date thereof March 18 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Md

18 (a) Funeral director Wallace J Zukner + Sons
(b) Address North + Pennsylvania Aves

19 MAR 16 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14, 1940, at 9:10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said inquiry find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Hypertensive heart disease — Duration —
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Asst Medical Examiner.
Date signed 3-14-40

VS 6

F 67322

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 67322 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) About 80 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 1505 Aisquith
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Otto Molz.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	Married Crescentia

6 (b) Name of husband or wife Crescentia Molz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not known

8. AGE: Years	Months	Days	If less than one day
About 80 yrs.			hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Christian Molz
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Ernst.
15. Birthplace Germany

16 (a) Informant Crescentia Molz (wife)
(b) Address 1505 Aisquith St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March-18-1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Belair Rd.

18 (a) Funeral director Henry Stoecker & Sons Inc.
(b) Address 1301 E. Eager St.

MAR 16 1940 (Date received by local registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1940, at 12 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-11 1940, to 3-14 1940, and that I last saw him alive on 3-14 1940.

Immediate cause of death	Duration
Chronic nephritis & uremia	6 weeks
Due to Arteriosclerosis	6 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J M Collins M.D. M. D.
Address Bon Secours Hosp. Date signed 3-14-40

VS 3

LB 43181
F 67323

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

Registered No. F 67323

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days 11 mth.
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1301 Whatcoat St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emanuel Collins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	married

6 (b) Name of husband or wife Jenny
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
71 ?	?	?	hr. min.

9. Birthplace Washington, D. C. (Town, county, and state)
10. Usual Occupation stevedore
11. Industry or business unemployed

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Rachel
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto. Md.

18 (a) Funeral director Dan Chase & Son
(b) Address 638 Gilmor St

19 (a) Mt. Auburn Cemetery (Registrar)
(b) Date received MAR 16 1940 Washington Suburban, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1940, at 7⁰⁵ AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 23 1939, to March 15 1940, and that I last saw h[illegible] alive on March 15 1940.

Immediate cause of death	Duration
Bronchopneumonia	unknown
Due to	
Due to	
Other Conditions generalized arteriosclerosis	unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pneumonia, pulmonary edema

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murphy Coleman M. D.
Address Balto City Hosp. Date signed 3-16-40

F 67324

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 67324

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 708 MOSHER ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town BALTIMORE.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 708 MOSHER. ST
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EDWARD BROWN.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	COL.	WIDOWED.

6 (b) Name of husband or wife MATTIE BROWN.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 4-1-1883.

8. AGE: Years	Months	Days	If less than one day
56	11	15	hr. min.

9. Birthplace GREENVILLE - S. C.
(Town, county, and state)
10. Usual Occupation COOK.
11. Industry or business RESTUARANT.

FATHER
12. Name BENJAMIN BROWN.
13. Birthplace S. C.

MOTHER
14. Maiden Name CLARA SAUNDERS.
15. Birthplace S. C.

16 (a) Informant MASLINA SAUNDERS.
(b) Address 601. PITCHER. ST.

17 (a) BURIAL. (b) Date thereof 3-18-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory MT. CALVARY
Location ANNA ARUNDEL COUNTY MD.

18 (a) Funeral director William A Jackson
(b) Address 916 Penna. ave

19 (a) MAR 16 1940 (b) Augustus Williams M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1940, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 13 1940, to March 16 1940, and that I last saw him alive on March 8 1940.

Immediate cause of death	Duration
Lobar pneumonia	3 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Date signed

VS 8

F 67325

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-E Registered No. F 67325

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
Street No. 117 N. Madeira
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dorothy Buckson

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-27-39

8. AGE: Years | Months: 5 | Days: 22 | If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Child

11. Industry or business

FATHER 12. Name: Joseph Buckson
13. Birthplace: S.C.

MOTHER 14. Maiden Name: Annie Jones
15. Birthplace: S.C.

16 (a) Informant: Joseph Buckson
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3 · 16 40 (month) (day) (year)
(c) Cemetery or crematory: Chester Cemetery
Location: Chester Dorothy Confirmed

18 (a) Funeral director: William A Jackson
(b) Address: 916 Pennsylvania Ave

MAR 16 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MARCH 15 1940 at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/15 1940 to 3/15 1940, and that I last saw h[illegible] alive on 3/15 1940.

Immediate cause of death: Bronchopneumonia
? Cardiac malformation — Duration: >

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Enlarged heart

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry P. Goldberg
Address Johns Hopkins Hosp Date signed 3.16.40

VS 2

F 67326

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

182

Registered No. F 67326

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2802 Fox St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna M Byrd

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APR. 18-1939

8. AGE: Years X | Months 10 | Days 26 | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Roosvelt Byrd
13. Birthplace Martinsburg, VA

MOTHER
14. Maiden Name Grace Wilson
15. Birthplace Balto. Md

16 (a) Informant Grace Byrd
(b) Address 2802 Fox St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md

18 (a) Funeral director S W Chase & Son
(b) Address 637 N Gilmor, St

19 MAR 16 1940 (Date rec'd by registrar) Harold Stanley Addison, M.D. Registrar
Cemetery

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-15- 1940, at 2:15 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Right Congestive Cardiac Failure
Myocardial Failure,
Due to: Edema, Congestion of Lungs,
Due to: Arteriosclerosis
Other Conditions: Congestion of all other viscera.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental Death
(b) Date of occurrence 3-15-40
(c) Where did injury occur? Baltimore, Maryland (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Suffocation by clothing?

23. Signature Howard J. Weidemeyer M.D. Medical Examiner.
Date signed 3-16-40

VS 6

F 67327

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-E Registered No. F 67327

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6420 Reisterstown Road

(c) Hospital or institution: Mount Hope Retreat

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0. 10 - 28

(e) Length of stay in Baltimore (yrs., mos., or days) 0 - 10 - 28

2. USUAL RESIDENCE OF DECEASED:

(a) State Pa (b) County

(c) City or town Holmesburg (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sister Mary Augustine (Rose) Fugere

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 15 - 1891

8. AGE: Years 49 | Months 2 | Days | If less than one day hr. min.

9. Birthplace St. Genevieve Canada (Town, county, and state)

10. Usual Occupation Religious

11. Industry or business

FATHER 12. Name Samuel Fugere

13. Birthplace Canada

MOTHER 14. Maiden Name Celina Germain

15. Birthplace Canada

16 (a) Informant Mt. Hope Records

(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar-16-40 (month) (day) (year)

(c) Cemetery or crematory Holmesburg-Pa

Location do do

18 (a) Funeral director Sherwood Memorial Co.

(b) Address 1084 W Lombard St.

19 (a) [illegible] (b) Thurlington Williams, M.D. Registrar

MAR 16 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1940 at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1939 to Mar. 15 1940 and that I last saw her alive on Mar. 15 1940.

Immediate cause of death	Duration
Involutional Psychosis	18 Mo.
Due to Exhaustion with myocardial decompensation	3 wks
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Samuel P. Magee M. D.

Address Date signed

F 67328

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 67328 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo26da
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State D.C. (b) County
(c) City or town Washington
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5101 8th St., N.W.,
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leslie MOORE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lila Tolson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1885

8. AGE: Years	Months	Days	If less than one day
55	1	2	hr. min.

9. Birthplace Morehead City, North Carolina
(Town, county, and state)
10. Usual Occupation Chief Boatswain, C
11. Industry or business U. S. Coast Guard

FATHER
12. Name Alfred Moore
13. Birthplace Marshallberg, N. C.

MOTHER
14. Maiden Name Charlotte Mason
15. Birthplace Marshallberg, N.C.

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 16-40 (month) (day) (year)
(c) Cemetery or crematory
Location Morehead City N. Carolina

18 (a) Funeral director Tolle & B. M. Watters
(b) Address Heath Street Sta

19 (a) APR 17 1940 (Date rec'd by Registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16-1940 19 , at 12:08 a.m. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 19, 1940, to Mar. 16, 1940, and that I last saw him alive on Mar. 16, 1940.

	Duration
Immediate cause of death Coronary thrombosis and	2 mo.
Pulmonary thrombosis, rt. lung	1 week
Due to Arteriosclerosis, general	Unknown
Due to	
Other Conditions Myocarditis, chronic	Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature O. E. Denney, M. D.
Address U.S.Marine Hospital, Date signed 3/16/40
Baltimore, Maryland.

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67329 **CERTIFICATE OF DEATH** V107 F 67329

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 5-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Catherine Parsons

If U. S. Veteran specify WAR

(a) Residence: No. 3404 Catwood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 2, 1939

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME John Parson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Zellie Johnson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John Parson

(Address) 3404 Catwood Pl.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cemetery Date Mar 16 19 40

19. UNDERTAKER Henry A. Wetzke

(Address) 4181 Harrison Ave.

20. FILED MAR 17 1940 By Thomas Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1940 to March 14, 1940

I last saw her alive on March 14, 1940 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Laryngo-tracheal bronchitis	Indef.
Other contributory causes of importance:	
Monoplism	11 mo.

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry A Wetzke M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 67330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 67330
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs 4 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(b-2) Street No. 617 N. Mount
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eli Major

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: BLACK | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1903

8. AGE: Years 36 | Months | Days | If less than one day hr. min.

9. Birthplace VA
(Town, county, and state)

10. Usual Occupation Longshoreman

11. Industry or business

FATHER 12. Name Tilman Major

13. Birthplace VA

MOTHER 14. Maiden Name Alice Newman

15. Birthplace

16 (a) Informant RECORDS

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 19 40 (month) (day) (year)

(c) Cemetery or crematory South Boston Va

Location South Boston Va

18 (a) Funeral director Elroy O Wilson

(b) Address 1100 Bdantley Av

19 (a) MAR 17 1940 (Date rec'd by Registrar) (b) Registrar Hurtsville Mecklenburg Co Va

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 15 1940, at 1554 M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 14 1940. to MAR 15 1940, and that I last saw HIM alive on MAR 15 1940.

Immediate cause of death	Duration
Lobar pneumonia	1 week
Due to Pneumococcus type 4	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W B McAllister Jr M. D.

Address Date signed 3-15-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

67331

67331

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2805 Woodbrook Ave St.) (3-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elizabeth B. Royston

If U. S. Veteran specify WAR. no

(a) Residence: No. 2805 Woodbrook Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Wm Thos. Royston

6. DATE OF BIRTH (month, day, year): May 15th 1859

7. AGE: Years: 81; Months: 0; Days: 10; If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: William Amos

14. BIRTHPLACE (city or town) (State or country): Balto Co. Md.

MOTHER

15. MAIDEN NAME: Annie Amos

16. BIRTHPLACE (city or town) (State or country): Balto. Md

17. INFORMANT: Clara B. Hoskins

(Address) 2805 Woodbrook Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Mar 18th 1940

19. UNDERTAKER: Wm Cook

(Address) 1217 St. Paul St

MAR 17 1940 Thurlington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 15th 1940

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1939 to March 15, 1940.

I last saw her alive on March 14 1940 Death is said to have occurred on the date stated above, at 12:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1939
Other contributory causes of importance: Arteriosclerotic Cardiovascular Renal Disease	1938

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Samuel B. Wolf M. D.

(Address) 1331 E. Northern.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

HEALTH DEPARTMENT—CITY OF BALTIMORE

67332

67332

CERTIFICATE OF DEATH

33.a

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 322 E. Lorraine Ave) 2-3 Ward)

Length of residence in city or town where death occurred 55 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME John T. Ward — If U. S. Veteran specify WAR WS

(a) Residence: No. 322 E. Lorraine St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Sarah T. Ward

6. DATE OF BIRTH (month, day, year) Sept 29th 1852

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
87	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Book Keeper

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

FATHER

13. NAME Luther S. Ward

14. BIRTHPLACE (city or town) (State or country) Finksburg Md

MOTHER

15. MAIDEN NAME Emily B. Cornelius

16. BIRTHPLACE (city or town) (State or country) Gorsuch Mills Md.

17. INFORMANT Edith R. Ward

(Address) 322 E. Lorraine Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Mar 18th 1940

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED Mar 17 1940 — Thomas Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 15th, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1940 to March 15, 1940

I last saw him alive on March 14, 1940 Death is said to have occurred on the date stated above, at 1150 A.M.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
General Arteriosclerosis	3 Years
Arterial Hypertension	20.
Other contributory causes of importance:	
Influenza & Acute Bronchitis.	11 days ago

Was an operation performed? No Date of —

For what disease or injury? —

Nature of operation —

What complications, if any? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19__

Where did injury occur? ___ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) Albert Cranberg M. D.

(Address) 2025 E. North Ave

OCCUPATION is very important. See instructions on back of certificate. Exact statement of ... may be properly classified. ... should ...

F 67333

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-0 Registered No. F 67333

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3820 Cottage Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3820 Cottage Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? √ o years

3 (a) FULL NAME Leon Kantor

3 (b) If veteran, name war √ | 3 (c) Social Security Account No. √

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mamie Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
64	6		hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Retired Musician
11. Industry or business

FATHER
12. Name Israel Baer Kantor
13. Birthplace Poland

MOTHER
14. Maiden Name Wittle
15. Birthplace Poland

16 (a) Informant Mamie Kantor
(b) Address 3820 Cottage Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-40 (month) (day) (year)
(c) Cemetery or crematory Greenlawn
Location Old Rd. Near Fairmount Ave

18 (a) Funeral director Jack Lewis Son.
(b) Address 1429 E. Pratt St

19 (a) MAR 17 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/17/40 19 , at √ 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1939, to 3/16 19 40, and that I last saw him alive on Dec 16 19 39.

Immediate cause of death	Duration
Cerebral hemorrhage	1 day
Due to arteriosclerosis and hypertension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maurice Frederick M. D.
Address 2225 Fenhurst Date signed 3/17/40

VS 8

67334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-C Registered No. F 67334

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2618 Guilford Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2618 Guilford Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

12-3

3 (a) FULL NAME Mary Daly Dunn

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Harry S. Dunn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 10, 1862

8. AGE: Years	Months	Days	If less than one day hr.	min.
77	4	5		

9. Birthplace Philadelphia, Pennsylvania (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John A. Daly
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Annie V. Duckett
15. Birthplace ----- Pennsylvania

16 (a) Informant Harry S. Dunn
(b) Address 2618 Guilford Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Frederick Rd. & Augusta Ave.

18 (a) Funeral director A. W. Mears and Son
(b) Address 805 North Calvert Street

MAR 17 1940 (Date rec'd by Registrar) (b) By [illegible] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1940, at 5.10 a M

21. I certify that death occurred on the date above stated; that I attended deceased from ? 1920 to Mar 15 1940 and that I last saw her alive on Mar 14 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	13 hours
Due to Chronic R. mid cerebral Equivalent of General Arteriosclerosis	20 yrs.
Due to Cardiac Hypertrophy	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William P. Geraghty M. D.
Address 10 E. Biddle St. Date signed Mar 16, 1940

COK

67335

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

51722 Registered No. E 67335

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 901 Fall St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Baker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 26, 1903

8. AGE: Years	Months	Days	If less than one day
36	4	14 13	hr. min.

9. Birthplace California
(Town, county, and state)

10. Usual Occupation Boiler Scaler

11. Industry or business

FATHER
12. Name Robert James Baker
13. Birthplace California

MOTHER
14. Maiden Name Mary Gomez
15. Birthplace California

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 3/13/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Laurel Cemetery
Location Eastern Ave & Hill Rd.

18 (a) Funeral director John J. Fahey & Sons
(b) Address 132 S. Eaton St.

19 (a) MAR 15 1940 (b) [illegible] Registrar
(Date rec'd by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/9/1940 at 3:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/9/1940 to 3/9/1940 and that I last saw him alive on 3/9/1940.

Immediate cause of death Tuberculosis of The Lung — Duration Jan 1939

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]
Address BCH Date signed 3/10/40

CGK

50782

F 67336

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. E 67336

The following information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo 12

(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. No Home

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Bernas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-12-1869

8. AGE: Years	Months	Days	If less than one day
70	5	3	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Martin

13. Birthplace Germany

MOTHER 14. Maiden Name Rosie Korok

15. Birthplace Germany

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/40 (month) (day) (year)

(c) Cemetery or crematory Laurel Hill Memorial Park

Location German Hill Rd

18 (a) Funeral director John J. Fahey & Sons

(b) Address 1701 E. Baltimore St.

19 (a) (Date rec'd by registrar) (b) by Registrar

MAR 17 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1940, at 6:32 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 6 1939, to March 15 1940, and that I last saw h im alive on March 15 1940.

Immediate cause of death	Duration
Bronchopneumonia	
Due to	
Due to	
Other Conditions Generalized arteriosclerosis	unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Murray Sobelson M. D.

Address Balto City Hosp. Date signed 3-16-40

67337

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No. F 67337

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 12 Mallow Hill Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 12 Mallow Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katherine A Stumpf

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: John K Stumpf
6 (c) If alive, give age 67 years
7. Birth date of deceased (mo., day, yr.) 11/17/1876
8. AGE: Years 63 | Months 3 | Days 2879 | If less than one day hr. min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Martyn D. Cahill
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Keeley
15. Birthplace England

16 (a) Informant John K Stumpf
(b) Address 12 Mallow Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/40 (month) (day) (year)
(c) Cemetery or crematory Bethlehem Lutheran
Location Old Frederick Rd.

18 (a) Funeral director John J. Fahey & Sons
(b) Address 1101 Light St.

19 (a) MAR 17 1940 (Date rec'd by Registrar) Hattie Lee Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 15 1940, at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/14 1940 to 3/15 1940 and that I last saw h alive on 19 .

	Duration
Immediate cause of death: Cerebral hemorrhage	3/14/40
Due to: Arterio sclerosis	1932
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Homer A Dodd M.D.
Address 7357 Fulton Ave Date signed 3/16/40

VE 3

F 67338

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 67338 Registered No.

Please write the causes of death clearly and legibly. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2515 Shirley Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2515 Shirley Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 38 years

1534

3 (a) FULL NAME Golda Freilachoff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rev. Isaac

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years 71 | Months | Days | If less than one day: hr. min. 70

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business: House Wife

FATHER
12. Name: Louis Blumstein
13. Birthplace: Russia

MOTHER
14. Maiden Name: Hinda ?.
15. Birthplace: Russia

16 (a) Informant: Fanny Freilachoff
(b) Address: 2515 Shirley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 17, 40 (month) (day) (year)
(c) Cemetery or crematory: Hebrew Rosdale Cem.
Location: Hamilton Ave & Phila. Road

18 (a) Funeral director: Sol Levinson & Bros
(b) Address: 1124 1126 W. North Ave

19 (a) (Date rec'd by Local Registrar) Huntington Williams M.D. Registrar
MAR 17 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16, 1940, at 5 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/1 1939 to 3/16 1940, and that I last saw her alive on 3/16 1940.

Immediate cause of death: Bronchopneumonia — Duration: 1 day

Due to: Acute Nephritis — Duration: 2 weeks

Due to: Hypertension — Duration: 2 yrs.

Due to: Coronary artery disease — Duration: 1920

Other Conditions: Diabetes — Duration: 1920

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Isaac Gentry M.D.
Address 2220 Druid Date signed 3/16 1940 M. D.

F 67339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-13

Registered No. F 67339

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 61st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 17 days

2. USUAL RESIDENCE OF DECEASED:
(a) State D.C. (b) County
(c) City or town Washington (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1218 Wisconsin Ave., N.W. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Stephen SELF

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 13, 1870

8. AGE: Years	Months	Days	If less than one day
70	0	2	hr. min.

9. Birthplace North Umberland County, Virginia. (Town, county, and state)

10. Usual Occupation Master of ship

11. Industry or business Seafaring

FATHER
12. Name Stephen Self
13. Birthplace Northumberland County, Va.

MOTHER
14. Maiden Name Julie Laycock
15. Birthplace Northumberland County, Va.

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial [illegible] (Burial, cremation, or removal) (b) Date [illegible] 3/17/40 (month) (day) (year)
(c) Cemetery or crematory Washington D.C.
Location

18 (a) Funeral director Harry L. Sly
(b) Address 1009 H. St, N.W. Wash, D.C.

19 (a) [illegible] (b) Huntington, Williamsburg, Md.
(If not buried or cremated, give name of cemetery)

MAR 17 1940

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15, 1940, at 12 noon M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 27, 1940, to Mar. 15, 1940, and that I last saw him alive on Mar. 15, 1940.

Immediate cause of death	Duration
Bronchopneumonia	Terminal
Due to Partial bladder resection, transplantation of ureter	9 days
Due to Carcinoma, Bladder	1 yr
Other Conditions Cirrhosis of liver	Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations Partial bladder resection; urethral transplantation.
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Russ Allen, M.D.
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 3/16/40

Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied. Ta

F 67340

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D Registered No.

F 67340

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 32 E. Fort ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto., Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 32 E. Fort ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Edward Floyd

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Margaret Griffin Floyd
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15. 1885

8. AGE: Years	Months	Days	If less than one day hr.	min.
55	—	—		

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Jas. E. Floyd
13. Birthplace Balto., Md

MOTHER
14. Maiden Name Mary E. McCambridge
15. Birthplace Balto., Md

16 (a) Informant Mrs. Floyd mother
(b) Address 32 E. Fort ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 17 40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Road

18 (a) Funeral director Margaret L. Flynn
(b) Address 1422 Light St.

MAR 18 1940 (Date rec'd by Registrar) Hunting for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2 1939 to 3/15 1940, and that I last saw him alive on 3/15 1940

Immediate cause of death Bronchopneumonia — Duration 3 mo.
Due to Arteriosclerosis — 6 mos.
Due to Hypertension — 6 mos.
Due to General debility — 1 mo.
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature C. B. Whitte M. D.
Address 1279 Millham Pl Date signed 3/16/40

VS 8

F 67341

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 51-B

50589 F 67341
Registered No.

Physicians: please write the causes of death clearly and legibly. Especially important. Omission or incorrect information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Gregory

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1868

8. AGE: Years	Months	Days	If less than one day
71	8	10	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation GAP

11. Industry or business

FATHER
12. Name John Gregory (d)
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Emma ? (d)
15. Birthplace Baltimore

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill AA
Location Annapolis Blvd.

18 (a) Funeral director Margaret G. Flynn
(b) Address 1422 Light St.

19 (a) Huntington Williams, M.D.
Registrar

APR 15 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-16 1940, at 5 25 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-30 1937, to 3-16 1940, and that I last saw him alive on 3-15 1940.

Immediate cause of death Carcinoma prostate with metastasis — Duration: one year, 3½ months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. K. Woodward Jr. M. D.
Address Balto City Hosp. Date signed 3-16-40

F 67342

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 67342 131-a Registered No.

Physicians: please write the causes of death clearly and legibly. Any omissions or inaccuracies in information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1918 W. Lanvale St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Nuetzel John Neutzel
3 (b) If veteran, name war
3 (c) Social Security Account No 213-10-0417

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Emma Nuetzel
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Jan 1 1883

8. AGE: Years	Months	Days	If less than one day
57	2	11	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Coach painter
11. Industry or business Balt. Transit Co.

FATHER
12. Name Geo. Nuetzel
13. Birthplace Germany

MOTHER
14. Maiden Name Dont Know
15. Birthplace Germany

16 (a) Informant Emma Nuetzel
(b) Address 1918 W Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 19. (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn

18 (a) Funeral director John Ulrich
(b) Address 2009 Eutaw

19 (a) 1940 (Date received by registrar) (b) Hunter Stokes Williams, M.D.

AB 1

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1940, at 11:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/9 1940, to 3/15 1940, and that I last saw h[illegible] alive on 3/15 1940.

Immediate cause of death Uremia — Duration 6 days
Due to Chronic Nephritis
Due to
Other Conditions Hypertensive Cardio Vascular Renal disease
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas Scates M. D.
Address Mercy Hosp. Date signed 3/15/40

F 67343

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 168

F 67343
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Woodstock (If outside city or town limits, write RURAL and give town)
(d) Street No. 7501 Dans ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME H. Howard Baker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife Martha Jane Baker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7, 1873

8. AGE: Years 66 | Months 11 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore County, Md. (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Howard C. Baker
(b) Address 122 S. Collins Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 18, 1940 (month) (day) (year)
(c) Cemetery or crematory Stablersville
Location Baltimore County, Md.

18 (a) Funeral director E. Leroy Stubblefield Inc.
(b) Address 125 E. North ave.

19 (a) Date received (Registrar) (b) Huntington Williams, M.D.

MAR 18 1940
VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1940 at 3 am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Depressed fracture of skull	
Due to Laceration in cerebral cortex	
Due to Cerebral edema Subarachnoid hemorrhage	

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide Homicide?
(b) Date of occurrence 3/11/40
(c) Where did injury occur? B. & O. R.R. tracks Gilbert's Run (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial (Specify type of place) While at work? no
(e) Means of injury Unknown (by unknown assailant)

23. Signature W. M. Vandersall M.D.
Medical Examiner.
Date signed 3/15/40

Important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied.

F 67344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. F 67344

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UMH
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1317 Wyman Pk Apts (If rural give location) Beech Ave & 40th St
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Jackson Brandt (Annie Lee Brandt)

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Jackson Brandt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 27. 1872

8. AGE: Years 68 | Months 1 | Days 19 | If less than one day: hr. min.

9. Birthplace Norfolk Va, (town, county, and state)

10. Usual Occupation home duties

11. Industry or business

FATHER 12. Name Cornelius J. Whitehurst

13. Birthplace Va

MOTHER 14. Maiden Name Addie R. Jenkins

15. Birthplace Macon Ga

16 (a) Informant Jackson Brandt

(b) Address Wyman Park Apts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto. Md

18 (a) Funeral director John A Mitchell & Sons

(b) Address 900 Eutaw Pl

MAR 18 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 16 1940, at 8:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 15 1940 to Mar 16 1940 and that I last saw her alive on Mar 16 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to arteriosclerosis

Due to

Other Conditions Diabetes Mellitus (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. F. Reace M. D.

Address U. M. H. Date signed Mar 16

VS 3

Important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied.

F 67345

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67345

CERTIFICATE OF DEATH

52-D

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. [illegible] St. 1300 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Zoe Murray Diggs

If U. S. Veteran specify WAR .....

(a) Residence: No. Home for Incurables St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced (or) WIFE of Robert Andrew Diggs

6. DATE OF BIRTH (month, day, year) Nov. 11, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John M. Sutherland

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Suzanna Michael

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Home for Incurable Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Mch. 18 1940

19. UNDERTAKER John D. Mitchell & Sons

(Address) 1900 Eastern Ave

20. FILED MAR 18 1940 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May. 15, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept. 27 1938 to March 15 1940

I last saw her alive on March 15 1940 Death is said to have occurred on the date stated above, at 4.55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder (a)	1939
Hypertensive Cardio-Vasc. Dis.	Several Years
Tuberculous Retinitis - Ulcerative	1938
Chronic Cystitis & Pyelitis	1938

Other contributory causes of importance

Cachectic changes	since Abt 1939

Was an operation performed? Yes Date of Sept 1938

For what disease or injury? Tuberculous ulcerative cystitis

Name of operation Ureterostomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) 11 E. Chase St.

OCCUPATION is very important. See instructions on back of certificate. Write in plain terms, so that it may be properly classified. Exact statement of

F 67346

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

186-a Registered No. F 67346

Every item of information should be carefully supplied. The accuracy is important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1804 Orleans St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rae Wilburn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife –

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1851

8. AGE: Years 89 | Months | Days | If less than one day hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation –

11. Industry or business

FATHER
12. Name Anderson Smotherman
13. Birthplace North Carolina

MOTHER
14. Maiden Name Ellen
15. Birthplace North Carolina

16 (a) Informant Records
(b) Address Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof 3/18/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Brooklynn Maryland.

18 (a) Funeral director Mrs. Ida Bailey
(b) Address 1421 Jefferson St.

19 (a) [illegible] for Williams M.D.

MAR 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1940 at 11:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture L hip
Due to Diabetes Mellitus

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 3/14/40
(c) Where did injury occur? 1804 Orleans St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell down steps

23. Signature [illegible] M.D. Medical Examiner.
Date signed 3/15/40

F 67347

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-3

Registered No. F 67347

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1808 Ettting St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Joseph Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 1871

8. AGE: Years 68 | Months 10 | Days — | If less than one day ..... hr. ..... min.

9. Birthplace Lexington Va. (Town, county, and state)

10. Usual Occupation Farmhand

11. Industry or business

FATHER
12. Name unknown
13. Birthplace Va.

MOTHER
14. Maiden Name unknown
15. Birthplace Va

16 (a) Informant Davis Washington
(b) Address 1506 W. Franklin St.

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 3-18-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Brooklyn

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave

MAR 18 1940 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-14-1940, at 8.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-12-1940 to 3-14-1940 and that I last saw alive on 3-14-1940

Immediate cause of death: Arteriosclerosis — Duration ?
Due to Mitral Insufficiency — ?
Due to .....
Other Conditions Pulmonary Edema & Cardiac Failure
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury .....

23. Signature C. H. Mahoney M. D.
Address Provident Date signed 3/15/40

VS 1

Instructions: Information should be carefully supplied; please write the causes of death clearly and legibly.

F 67348

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 67348 / 1312 Registered No.

Every item of information should be carefully supplied. The accuracy important. — Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 548 W. Mullberry st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 548 W. Mullberry st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
m	c	married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apl. 19 1892

8. AGE: Years	Months	Days	If less than one day
47	11	5	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Wade Brown

13. Birthplace Md.

MOTHER 14. Maiden Name Troy

15. Birthplace Md

16 (a) Informant Georgia Brown

(b) Address 548 W. Mullberry

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-19-40 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Brooklyn

18 (a) Funeral director A. Halstead

(b) Address 918 Druid Hill Ave.

19 (a) (b)

MAR 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1940, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to March 15 1940, and that I last saw him alive on March 15 1940.

Immediate cause of death: Cardiac Complication — Duration 3 hrs

Due to — Duration own

Due to

Other Conditions Appendicitis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Hofstewart M. D.

Address 1328 Edmondson Ave Date signed 3/16/40

67349

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH √166 Registered No. E 67349

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA. 16 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1106 N. Strieker St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME WILLIAM MCKINLEY STEWART

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex m | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 1 - 1904

8. AGE: Years 36 35 | Months | Days 15 | If less than one day hr. min.

9. Birthplace St. Marys Co. Md (Town, county, and state)

10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Thomas Stewart
13. Birthplace St. Mary Co. Md

MOTHER
14. Maiden Name Fannie Barbar
15. Birthplace St. Mary Co. Md.

16 (a) Informant Mrs Margaret Jones
(b) Address 1104 N. Strieker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-40 (month) (day) (year)
(c) Cemetery or crematory Charlotte Hall.
Location St Marys Co. Md

18 (a) Funeral director Mrs Frances A. Hensley
(b) Address 678 N. Biddle St.

19 (a) (Date received by local registrar) (b) Attending physician or Medical Examiner. Registrar

MAR 18 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1940, at 11 50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquest) thereon and from the evidence obtained by said autopsy (Autopsy or Inquest), find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wounds of chest
Due to: homicide
Due to:
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: sudden

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence March 16, 1940
(c) Where did injury occur? 1309 Whatcoat St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? no (Specify type of place)
(e) Means of injury 38 cal. revolver bullets

23. Signature D. T. Wollenweber M.D. Medical Examiner.
Date signed 3-17-40

Type or print. Every item of information should be carefully supplied. Especially important. Physicians: please write the causes of death clearly and legibly.

67350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 67350
Registered No.

Every item of information should be carefully supplied. It is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert Street
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto - County
(c) City or town Rural - Cockeysville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edith Alberta Johnson
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 28, 1915
8. AGE: Years 24 | Months 2 | Days 19 15 | If less than one day: hr. min.
9. Birthplace Cockeysville Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name George Johnson
13. Birthplace Maryland

MOTHER
14. Maiden Name Edith Johnson
15. Birthplace Cockeysville Md.

16 (a) Informant Mr George Johnson
(b) Address Cockeysville Md.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-40 (month) (day) (year)
(c) Cemetery or crematory Bassil Cemetery
Location Baltimore Co. Md.
18 (a) Funeral director Mrs Frances A. Hensley
(b) Address 578 N. Biddle St.
19 (a) Filed (month) (day) (year) (b) Registrar

MAR 18 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/16/ 1940, at 9:05 P. M.
21. I certify that death occurred on the date above stated; that I attended deceased from 8/9 1940, to 3/16 1940, and that I last saw her alive on 3/16 1940.

Immediate cause of death	Duration
Cerebral Embolism	
Due to Post operation for R Hand embolism	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death) over

Major findings:
Of operations Bilateral Salpingectomy appendectomy drainage
Of autopsy Not positive findings

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H. Beck M. D.
Address Mercy Hospital Date signed 3/16/40

67351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

14

F 67351

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts
(c) Hospital or institution: Franklin Square
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 318 Canal St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Filgman Sumpter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race B | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-19-36

8. AGE: Years 3 | Months 8 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Jimmie Sumpter
13. Birthplace

MOTHER 14. Maiden Name Carlene Wilson
15. Birthplace

16 (a) Informant Mrs Carlene Sumpter
(b) Address 318 Canal St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md

18 (a) Funeral director Mrs Frances A. Hensley
(b) Address 578 N. Biddle St.

19 (a) (Date rec'd by registrar) (b) Huntington Md

MAR 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1940, at 2:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/1 1940 to 3/15 1940 and that I last saw h[illegible] alive on 3/15 1940

Immediate cause of death Tuberculous Meningitis — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. B. Daugherty M. D.
Address Franklin Sq. Hosp. Date signed 3-15-40

Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

UF 67352

HEALTH DEPARTMENT—CITY OF BALTIMORE

67352

CERTIFICATE OF DEATH √63B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 N. Milton Ave St. 6-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Maggie May Taylor

(a) Residence: No. 116 N. Milton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Geo. Washington Taylor

6. DATE OF BIRTH (month, day, year) June 21 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Albert Francis

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Lurany P. Dashields

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Geo. Albert Taylor
(Address) 116 N. Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date March 19th 1940

19. UNDERTAKER H. H. Weber & Son
(Address) 2603 Edmondson Ave

20. FILED MAR 18 1940 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16th, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 1 — 1937 to March 16 1940

I last saw her alive on March 16, 1940 Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Colic Gastro Arterial Fibrillation	May 37
Other contributory causes of importance: Myocardial Insufficiency Pulmonary Edema	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Wm. A. Geyer M. D.

(Address) 156 N. Milton Ave.

VS 8

UF 67352

GENERAL INSTRUCTIONS. Every item should be answered. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 67353

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 67353
Registered No.

Every item of information should be carefully supplied. The age is especially important. Physicians: please write the causes of death clearly and legibly. USE INDELIBLE INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1636 E. Madison St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-2
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1636 E. Madison St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella Richard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	C.	Widowed

6 (b) Name of husband or wife Douglass

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/26/1899

8. AGE: Years	Months	Days	If less than one day
41		19	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Maid

11. Industry or business Hospital

FATHER
12. Name Steven Farrell
13. Birthplace Va.

MOTHER
14. Maiden Name Sallie Johnson
15. Birthplace Va.

16 (a) Informant Sallie Johnson
(b) Address 1636 E. Madison St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County Md.

18 (a) Funeral director Joseph C. Locke, Jr.
(b) Address 1324 N. Central Ave.

19 (a) (Date rec'd by registrar) (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1940, at 11:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 16 1940, to March 16 1940, and that I last saw h-- alive on Mar. 16 1940.

Immediate cause of death: Acute Cardiac Dilatation — Bronchopneumonia — Duration 2/15/40 — 2/16/40

Due to

Due to

Other Conditions: Tuberculosis C. Stones
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert L. Lafaver M. D.
Address 822 N. Bond Date signed 3/16/40

APR 18 1940

67354

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-A Registered No. F 67354

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1925 Letitia Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1925 Letitia Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 yrs years

3 (a) FULL NAME JOHN UGIANSKY

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 214-12-0298

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
m	W	married

6 (b) Name of husband or wife: Margaret Lonsaga
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) ? 1882

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace Lithuania (Town, county, and state)
10. Usual Occupation Baker - former
11. Industry or business Gabriel Bakers, Inc

FATHER
12. Name John Ugianshy
13. Birthplace Lithuania

MOTHER
14. Maiden Name unknown
15. Birthplace Lithuania

16 (a) Informant Anna Ugianshy - daughter
(b) Address 1925 Letitia Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 19-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Black Rd

18 (a) Funeral director Joseph Kaminskas Inc
(b) Address 6012 Washington Blvd Mt Washington, Md

19 (a) MAR 18 1940 (Date received by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1940, at 12 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration: sudden

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. L. Wollenweber M.D. Medical Examiner.
Date signed 3-16-40

IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, PRINT IN INK. Every item of information should be carefully supplied. Items 1 to 19 are especially important. Physicians: please write the causes of death clearly and legibly.

F 67355 HEALTH DEPARTMENT—CITY OF BALTIMORE F 67355

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4301 Arabia Ave St. 27-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yr. mos. dy. How long in U. S. If of foreign birth? yrs. mos. dy.

2. FULL NAME Herman L. Engel

If U.S. Veteran specify WAR .....

(a) Residence: No. 4301 Arabia Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

3a. If married, widowed or divorced HUSBAND of (or) WIFE of Katherine M. Engel

6. DATE OF BIRTH (month, day, year) Feb 14 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John C. Engel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth - -

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Katherine M. Engel
(Address) 4301 Arabia Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 3/18/40 19

19. UNDERTAKER Philip Sterling Sons
(Address) 2016 Eastern Ave

20. MAR 18 1940 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/15 1940

22. I HEREBY CERTIFY, That I attended deceased from SEPT 1939 to MARCH 16 1940

I last saw h.. alive on MARCH 15 1940 Death is said to have occurred on the date stated above, at 6 3/4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
MYOCARDIAL FAILURE	1937
A. OF RECTUM	1937
UREMIC COMA	1940
Other contributory causes of importance:	

Was an operation performed? NO Date of .....

For what disease or injury? .....

What test confirmed diagnosis? CANCER Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) [illegible] M. D.

(Address) 4305 Liberty Rd.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should

67356 d
37356

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 67356
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore, Maryland Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7305 Bosley Avenue Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William George Marley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of ~~husband~~ wife Sarah Elizabeth Marley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-31-72

8. AGE: Years	Months	Days	If less than one day
68	1	16	hr. min.

9. Birthplace Md.
(Town, county and state)

10. Usual Occupation Retired Lawyer

11. Industry or business

FATHER
12. Name John Marley
13. Birthplace Md

MOTHER
14. Maiden Name Ellen Gardner
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 3/19/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Gowans Presbyterian
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pennsylvania Avenues, Huntington Station, N.Y.

MAR 18 1940
(Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1940 at 12 55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 5 1940 to March 17 1940 and that I last saw him alive on March 14 1940.

Immediate cause of death
Coronary sclerosis with occlusion
Due to Arteriosclerotic heart disease
Due to
Other Conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations Diabetic gangrene right foot
Of autopsy As above -

Duration
45 Min
?
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David W. Briggs M.D.
Address Johns Hopkins Hospital Date signed 3/17/40

Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

F 67357

67357

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No. F 67357

Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3036 Barclay St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-2

(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3036 Barclay St (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Margaret M. Moore

3 (b) If veteran, name war: None

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Daniel Moore

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31 - 1850

8. AGE: Years 89 | Months 7 | Days 15 | If less than one day: hr. min.

9. Birthplace Ireland (town, county and state)

10. Usual Occupation at home

11. Industry or business

FATHER 12. Name John McKewen

13. Birthplace Ireland

MOTHER 14. Maiden Name Catherine Clark

15. Birthplace Ireland

16 (a) Informant Edward J. Kennedy

(b) Address 3036 Barclay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/1940 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location

18 (a) Funeral director Chas. E. Braud & Son Inc.

(b) Address 118 W. Mt. Royal Ave

19 MAR 18 1940 (Date received) (b) Huntington Mills, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1940 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-30-1937 to 3-16-1940, and that I last saw her alive on 3-15-1940.

Immediate cause of death: Cardio-vascular-renal disease — Duration: 7 Years

Due to: arteriosclerosis

Due to: senility

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. B. Sytert M. D.

Address 2802 Harford Ave Date signed 3-17-40

VS 3

F 67358

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No.

F 67358

Every item of information should be carefully supplied. The ... is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 711 Druid Hill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 711 Druid Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William T. Mason

3 (b) If veteran, name war: World's War
3 (c) Social Security Account No.:
4. Sex: M
5. Color or race: C
6 (a) Single, married, widowed, or divorced: M
6 (b) Name of husband or wife: Cora Mason
6 (c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): 3-28 1841
8. AGE: Years: 98 | Months: 11 | Days: 16 | If less than one day: hr. min.
9. Birthplace: Balto. Md (Town, county, and state)
10. Usual Occupation: Tailor & Dresser
11. Industry or business

FATHER
12. Name: Edwards Mason
13. Birthplace: Middlesex Co - Va

MOTHER
14. Maiden Name: Julia Florida
15. Birthplace: Middlesex Co - Va

16 (a) Informant: Irene Carter
(b) Address: 1047 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-40 (month) (day) (year)
(c) Cemetery or crematory U.S. Nat.
Location Irongate

18 (a) Funeral director: Mrs Katie R. Williams
(b) Address: 322 N. Dolphin St
Huntington Williams, M.D.

19 (a) (Registrar) (b) Registrar

MAR 18 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1940, at 10 Ja P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cardiovascular renal disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature H. B. Lundegrin M.D.
Medical Examiner.
Date signed 3/15/40

F 67359
3763 28

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 67359 Registered No. 131-B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 404 N. Central Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucille Faulcon.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-2-04

8. AGE: Years 36 | Months 1 | Days 13 | If less than one day hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name Adkins West.
13. Birthplace North Carolina.

MOTHER 14. Maiden Name Stella Robinson
15. Birthplace North Carolina

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Annapolis County Md

18 (a) Funeral director Williams & Jackson
(b) Address 916 Pulaski ave

19 MAR 18 1940 Toy Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 15th 1940. at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 4th 1940. to Mar 15th 1940 and that I last saw her alive on Mar 15 1940.

Immediate cause of death: Uremia — Duration

Due to Chronic Glomerular Nephritis

Due to

Other Conditions: Peritonitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. M. Welty M. D.
Address Johns Hopkins Hosp. Date signed 3-18-40

VS 8

F 67360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937 Registered No. F 67360

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2001 E. Fairmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town.)
(d) Street No. 2001 E. Fairmount Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.) Life years

3 (a) FULL NAME James Steimel

3 (b) If veteran, name war No.
3 (c) Social Security Account No. None
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Catherine
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 26 1869
8. AGE: Years 70 Months 9 Days 20 If less than one day hr. min.
9. Birthplace Balto (Town, county, and state)
10. Usual Occupation
11. Industry or business Produce
FATHER 12. Name John Steimel
13. Birthplace Balto
MOTHER 14. Maiden Name Anna Yeager
15. Birthplace Balto
16 (a) Informant Catherine Steimel
(b) Address 2001 E. Fairmount Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 19 40 (month) (day) (year)
(c) Cemetery or ~~cemetery~~ Holy Redeemer
Location 4300 Belair Rd
18 (a) Funeral director Martin F. Dugan
(b) Address 37 S Ann St
19 (a) Date received by registrar MAR 18 1940 (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1940 at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1 1939 to March 16 1940 and that I last saw him alive on March 16 1940

Immediate cause of death
(a) Cystic Cardiac - Obsolete decompensation
Due to (b) Chr. Myocarditis & Chronic emphysema
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

Duration
(a) 12 Yrs
(b) ?
(c)
(d)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac Stevens Co
Address 2002 E. Preston Date signed 3/17/40 M. D.

F 67361

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 67361 Registered No.

Every item of information should be carefully supplied. The ... is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3006 Bayonne Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3006 Bayonne Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.) ... years

3 (a) FULL NAME Emma C. Huggins

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Walter Huggins
6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) June 1, 1877

8. AGE: Years	Months	Days	If less than one day
62 63	29	9 14	... hr. ... min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business Home

FATHER
12. Name William Ohlgart
13. Birthplace Baltimore

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Baltimore

16 (a) Informant Miss Katie Ehlers
(b) Address 127 E. Fort Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-40 (month) (day) (year)
(c) Cemetery or crematory Louden Park
Location Fredrick Rd.

18 (a) Funeral director J. F. McCully
(b) Address 130 E. Fort Ave.

MAR 18 1940 (a) (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-15-40, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 3d, 1940, to March 15 1940, and that I last saw h.r. alive on March 15, 1940.

Immediate cause of death	Duration
Coronary Thrombosis	1 hour
Due to Coronary Arteriosclerosis	
Due to Phlebitis L left leg	2 weeks
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Frank T. Hearn M. D.
Address 4037 Falls Road Date signed 3/17/40

VS 3

F 67362

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No. F 67362

Every item of information should be carefully supplied. Use UNFADING INK. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 105 S. Calhoun St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give name)
(d) Street No. 105 S. Calhoun St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura A. Kelly

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife James Kelly
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 14-1871

8. AGE: Years	Months	Days	If less than one day
69	01	21	hr. min.

9. Birthplace Kent County, Md
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER — 12. Name	Merreen D. Stewart
13. Birthplace	Md
MOTHER — 14. Maiden Name	Laura Lindsey
15. Birthplace	Md

16 (a) Informant Merreen Kelly
(b) Address 313 S. Woodyear St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 19-40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem.
Location Baltimore City
18 (a) Funeral director Pratt & B. M. Walters
(b) Address Pratt & Stricker Sts

MAR 18 1940 Date received by local registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1940, at 2 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 2 1940, to March 16 1940, and that I last saw h[illegible] alive on March 16 1940.

Immediate cause of death cerebral hemorrhage — Duration 10 Hours

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Rosman M. D.
Address 706 S. Gilmor St Date signed 3-18-40

67363

F 67363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 104

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1717 Woodland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 3
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME E. Wilson King Jr.

3 (b) If veteran, name war None

3 (c) Social Security Account No. 212-03-4918

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Rose M. King

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Jan 1 1880

8. AGE: Years 60 | Months 2 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Painting & Work

11. Industry or business Contracting

FATHER
12. Name Edwin W. Kingdon
13. Birthplace Balto Md

MOTHER
14. Maiden Name Olivia L. Fisher
15. Birthplace Balto Md

16 (a) Informant Mrs Rose M. King
(b) Address 1717 Woodland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 17 1940 (month) (day) (year)
(c) Cemetery or crematory Loraine Park
Location Balto Md

18 (a) Funeral director Fortiath & Sons
(b) Address 2201 Eutaw St

MAR 18 1940

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1940, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1940 to March 16 1940 and that I last saw h[illegible] alive on March 16 1940

Immediate cause of death Angina Pectoris

Due to Coronary Thrombosis

Due to

Other Conditions Hyper. H.D. 16 yrs

Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.

Address 1605 N Bond St Date signed 3/17/40

CORRECTIONS, WITH UNFADING INK. Every item of information should be carefully supplied. Omissions are especially important. Physicians: please write the causes of death clearly and legibly.

M. D. B. 1368-0

67364 HEALTH DEPARTMENT—CITY OF BALTIMORE F 67364

CERTIFICATE OF DEATH 94:a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 E. Chase St., 7-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Austin

(a) Residence: No. 1509 E. Chase St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Austin

6. DATE OF BIRTH (month, day, year) Sept. 25/1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation 16yr

12. BIRTHPLACE (city or town) (State or country) Blackstone Va.

FATHER

13. NAME Turner Austin

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Cornelia Austin

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Martha Austin

(Address) 1921 Argyle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Mar 19 1940

19. UNDERTAKER Rayner Sanders

(Address) 1412 E. Preston St

MAR 18 1940

Huntington Williams Mgr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 15, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1940 to March 15, 1940

I last saw h alive on March 13, 1940 Death is said to have occurred on the date stated above, at 9 15 m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 3-13-40

Other contributory causes of importance:

Arteriosclerosis

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. R. Adams M. D.

(Address) 222 N. Caroline St.

v. s. 2

NOTICE—THIS IS A PERMANENT RECORD. Every question should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 67365

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-a Registered No. F 67365

PRINT CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2918 Shirley Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2918 Shirley Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Caroline Payton

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F.
5. Color or race W.
6 (a) Single, married, widowed, or divorced. married
6 (b) Name of husband or wife John Payton
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 11-5-1864
8. AGE: Years 75 Months 4 Days 10 If less than one day hr. min.
9. Birthplace England (Town, county, and state)
10. Usual Occupation at Home
11. Industry or business

FATHER
12. Name William Payton
13. Birthplace England

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant John Payton
(b) Address 2918 Shirley Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/40 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location
18 (a) Funeral director Leonard J. Rusch
(b) Address 5305 Harford Rd.
19 (a) MAR 18 1940 (Date rec'd by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/15 1940, at 9:35 P. M.
21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1939 to March 15 1940, and that I last saw h[illegible] alive on March 15 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration 9 months
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury: None

23. Signature L. L. Gogdy, M. D.
Address 5106 Harford Rd. Date signed 3-17-40

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 67366 — 137 — AF 67366

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1128 N Gilmor St
(c) Hospital or institution:
D.A. Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1128 N. Gilmor St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Andrew Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 69 | Months | Days | If less than one day hr. min.

9. Birthplace Hillsville Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Perry Johnson

FATHER 13. Birthplace Hillsville Md

MOTHER 14. Maiden Name Harriett Barnes

MOTHER 15. Birthplace

16 (a) Informant Mrs. Johnson Niece

(b) Address 1128 N. Gilmor st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-40 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location A. A. Co. Md

18 (a) Funeral director Jas. M. Skinner

(b) Address 927 N. Mount St

19 (a) Entered by registrar (b) by [illegible] for William M.D. Registrar

MAR 18 1940

VS 6

MEDICAL CERTIFICATION 11 P

20. DATE OF DEATH March 14 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hypertrophy & prostatic Benign Urethral Obstruction	
Due to Hydro and pyo nephrosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.

Date signed 3/15/40

UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

F 67367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ 50

F 67367

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland

12-6

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo19d
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mo. 19 da

2. USUAL RESIDENCE OF DECEASED:
(a) State D.C. (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 2111 Massachusetts Ave., N.W. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alma E. McCormack

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Divorced

6 (b) Name of husband or wife Ralph D. McCormack
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 27, 1900

8. AGE: Years	Months	Days	If less than one day
39	2	20	hr. min.

9. Birthplace Richmond, Virginia (Town, county, and state)
10. Usual Occupation Secretary
11. Industry or business U.S.Public Health Service.

FATHER
12. Name Aloysius Gensler
13. Birthplace Washington, D. C.

MOTHER
14. Maiden Name Marion Oliver
15. Birthplace Washington, D. C.

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Rock Creek (Burial, cremation, or removal) (b) Date thereof 3-20-40 (month) (day) (year)
(c) Cemetery or crematory Woodright Bd.
Location

18 (a) Funeral director Jos. Gawler's Sons
(b) Address 1756 Pa. Ave. N.W. Washington, D.C.

19 (a) (Filed) MAR 18 1940 (b) Registrar Livingston Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17, 1940, at 8:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 28, 1939, to Mar. 17, 1940, and that I last saw her alive on Mar. 17, 1940.

	Duration
Immediate cause of death Inanition, - 2mo.	2 mo.
Anemia	8 mo.
Infection of skin of the chest	8 months
Due to Undifferentiated carcinoma, bilateral of the breast	
Due to	
Other Conditions Infiltration of the skin of the chest	2mo.19da.

(Include pregnancy within 3 months of death)

Major findings:
Of operations Mammectomy, simple, rt.
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. D. N. Anderson M. D.
Address U.S.Marine Hospital Baltimore, Maryland. Date signed 3/18/40

Every item of information should be carefully supplied. Type, with UNFADING INK. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

67368

HEALTH DEPARTMENT—CITY OF BALTIMORE

67368

CERTIFICATE OF DEATH

30 E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James Luckey

If U. S. Veteran specify WAR

(a) Residence: No. 1313 Upton St., Ward. Baltimore

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: single

6. DATE OF BIRTH (month, day, year): 7-12-1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: unemployed

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): S. C.

FATHER

13. NAME: Bryant Luckey

14. BIRTHPLACE (city or town) (State or country): S. C.

MOTHER

15. MAIDEN NAME: Selma Solomon

16. BIRTHPLACE (city or town) (State or country): S. C.

17. INFORMANT: Robert Luckey

(Address): 1713 Mahon St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Calvary Cem Date: 3-18-40

19. UNDERTAKER: Chas H Corpe

(Address): 514 N. Calhoun St.

20. FILED: MAR 18 1940 19 Thos. J. Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-14-40, 19

22. I HEREBY CERTIFY, That I attended deceased from March 13th, 1940, to March 14th, 1940.

I last saw him alive on March 14th, 1940. Death is said to have occurred on the date stated above, at 10:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	3/14/40
Syphilitic Heart disease	?
Aortitis	?
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. J. Lisansky M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 67369

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 67369

Registered No. 46-D

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 618 N. Central Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Goldie Kian

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Wallis Kian

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 28, 1905

8. AGE: Years	Months	Days	If less than one day
35	1	18	hr. min.

9. Birthplace Hopewell, Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Rester Curtis
13. Birthplace Va.

MOTHER
14. Maiden Name Cora Harrison
15. Birthplace Prince George Co. Va.

16 (a) Informant Wallis Kian
(b) Address 1026 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 19, 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

MAR 18 1940 (Date rec'd by registrar) (b) Harry Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1940, at 4:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-14 1940, to 3-16 1940 and that I last saw her alive on 3-16 1940.

Immediate cause of death: Intestinal Obstruction — Duration: 4 days
Due to: Carcinoma of Rectum — 2
Due to:
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Carcinoma of Rectum, Intestinal Obstruction
Of autopsy: None done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John M. Scott M. D.
Address Md. Gen. Hosp. Date signed 3-16-40

BIN 0139

CORRECTION, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67370

CERTIFICATE OF DEATH

83-a

F 67370

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3172 Fristburg St., 15-6 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Emilie H. Geyer

If U. S. Veteran specify WAR .....

(a) Residence: No. 3172 Fristburg St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest F. Geyer

6. DATE OF BIRTH (month, day, year) April 4-1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent at this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Gottlieb Traeger

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Caroline Dimsch

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mr. Paul R. Geyer

(Address) 3172 Fristburg St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Mar. 19 1940

19. UNDERTAKER George E. Schmidt.

(Address) 2101 Frederick Ave.

20. FILED MAR 18 1940 Hampton Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1940 to March 16, 1940

I last saw h... alive on March 16, 1940. Death is said to have occurred on the date stated above, at 4:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Old age	
General Arterio Sclerosis	

Other contributory causes of importance:

Apoplexy	March 10

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) R. E. Moore M. D.

(Address) 116 Cathedral St.

VS 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 67371

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61 Registered No. F 67371

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St
(c) Hospital or institution: J. Balto Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1213 Light St (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Catherine Emma Hildebrandt

3 (b) If veteran, name war ____ | 3 (c) Social Security Account No. ____

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Winfield Hildebrandt
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1872

8. AGE: Years	Months	Days	If less than one day
67	3	1929	hr. ____ min. ____

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Caspar England
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Md.

16 (a) Informant Miss Viola D. Hildebrandt
(b) Address 34 E. Wheeling St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 21 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Anne Arundel County, Md

18 (a) Funeral director Geo. L. Schwaab
(b) Address 2101 Frederick Ave

19 (a) MAR 18 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-18 1940, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-1 1940 to 3-18 1940, and that I last saw h[er] alive on 3-18 1940.

Immediate cause of death cardiac failure — Duration approx. 1 mo

Due to arterio & chronic hypertensive cardiovascular disease

Due to diabetes mellitus

Other Conditions ____

(Include pregnancy within 3 months of death)

Major findings:
Of operations diabetic gangrene of left - amputation
Of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury ____

23. Signature Philip W. Kuntz M. D.
Address J. Balto Gen'l Date signed 3-18-40

F 67372

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108 Registered No. F 67372

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fulkerson + Eaton Ave
(c) Hospital or institution: St. Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1835 Mt. Henry St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Carl L. Sparrow

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 9 - 1939

8. AGE: Years	Months	Days	If less than one day: hr.	min.
	6	5		

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Henry C. Sparrow
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Erma Folkner
15. Birthplace Balto. Md.

16 (a) Informant Henry L. Sparrow
(b) Address 1835 Mt. Henry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 19-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore Md.

18 (a) Funeral director George L. Lehnert
(b) Address 716 W. Fredrick St.

19 (a) MAR 18 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-16 1940 at 11:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-12 1940 to 3-16 1940, and that I last saw him alive on 3-16 1940.

Immediate cause of death: Lobar pneumonia — Duration: 5 days
Due to
Due to
Other Conditions Bilateral otitis media
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles V. Senft M. D.
Address St. Agnes Hospital Date signed 3-16-40

F 67373

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

58-B

Registered No. F 67373

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Milbern & Caton Aves
(c) Hospital or institution: St Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo 13 day
(e) Length of stay in Baltimore (yrs., mos., or days)

25-T

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Rural Woodlawn (If outside city or town limits, write RURAL and give town)
(d) Street No. Ridge Road (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Thompson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 17, 1932

8. AGE: Years	Months	Days	If less than one day
7	7	—	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James H. Thompson
13. Birthplace Md.

MOTHER
14. Maiden Name Helen Gehring
15. Birthplace Md

16 (a) Informant James H. Thompson
(b) Address Ridge Road, Woodlawn

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 20 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3201 Frederick Rd

18 (a) Funeral director Henry A Wittle
(b) Address 411 E Fayette Ave

19 MAR 18 1940 Registrar's office Williamsport MD
(Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-17- 1940, at 5:20 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-1- 1939 to 3-17 1940, and that I last saw him alive on 3-17 1940.

Immediate cause of death	Duration
Cardiac failure	
Due to Rheumatic endocarditis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles N. Sewell M. D.
Address St Agnes' Hospital Date signed 3-17-40

F 67374

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. F 67374

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully noted; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address ~~113 Kenwood Ave (Usual)~~

(c) Hospital or institution: St Joseph Hospital 6-1

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 113 Kenwood Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MRS JULIA DOUGLAS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~or wife~~ Frank E Douglas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, 1907

8. AGE: Years 32 | Months 8 | Days 5 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER

12. Name Charles H. Schenfelter

13. Birthplace Baltimore

MOTHER

14. Maiden Name — Becker

15. Birthplace Baltimore

16 (a) Informant Frank E Douglas

(b) Address 113 Kenwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 19 1940 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location East end 34th Ave

18 (a) Funeral director Harry H Witzke

(b) Address 4101 Edmondson Ave

(c) MAR 18 1940 Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MARCH 15, 1940, at Noon/M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 19 40. to March 15 19 40. and that I last saw h[illegible] alive on Noon March 15 1940

Immediate cause of death

Uremia

Due to Acute Glomerulo nephritis

Due to

Other Conditions Rheumatic Heart Disease

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Rheumatic heart disease of long standing, hypertrophy & dilatation

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Bernard S. Kleiman, M. D.

Address St. Joseph's Hosp. Date signed 3-19-40

F 67375

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-N V

Registered No. F 67375

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 129 Collins Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 129 Collins Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Anna Kraft

3 (b) If veteran, name war 1 | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband ~~or wife~~ Wm. H. Kraft.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 30, 1873

8. AGE: Years	Months	Days	If less than one day
66	4	16	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Home wife
11. Industry or business

FATHER
12. Name John Schmelz
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Michael
15. Birthplace Germany

16 (a) Informant Wm. H. Kraft
(b) Address 129 Collins Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 20, 1940 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave & Longwood St.

18 (a) Funeral director Harry A. Wiltse
(b) Address 4101 Edmondson Ave

19 MAR 18 1940 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 12 1940, to March 16 1940, and that I last saw h. alive on March 16 1940.

Immediate cause of death — **Duration**

Cerebral Hemorrhage — 1 day
Due to General arterio sclerosis — unknown
& Dry Gangrene
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eliot W. Johnson M.D.
Address 3432 Tudor Ave Date signed March 18 1940

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

67376

CERTIFICATE OF DEATH

92-B F 67376

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1705 HOLLINS STREET. St., 19-4 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME JEANNETTE A MEYER.

If U. S. Veteran specify WAR ...

(a) Residence: No. 1705 HOLLINS STREET. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 20, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles F. Meyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Augusta Koenig

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Minnie A. Stehl

(Address) 1705 Hollins St

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Loudon Park Date March 19 1940

19. UNDERTAKER Harry H Witzke

(Address) 401 Edmondson Ave

FILED MAR 18 1940 Hunter for Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MARCH 16 1940.

22. I HEREBY CERTIFY, That I attended deceased from JUNE 21 1939 19 ... to MARCH 16 1940 19 ...

I last saw her alive on MARCH 16 1940. Death is said to have occurred on the date stated above, at 8.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
BRONCHIAL PNEUMONIA MARCH	4.1940
MITRAL REGURGITATION	1935.
ARTERIOR SCLEROSIS	1935
Other contributory causes of importance:	
CHRONIC MYOCARDITIS	1938.
APOPLEXY	1938.

Was an operation performed? NO Date of NONE.

For what disease or injury? ...

Name of operation ... What test confirmed diagnosis? CLINICAL. Was there an autopsy? NO.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Chas. P. Clautice M. D.

MAR 17 1940 (Address) 3013 ST PAUL STREET.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A ... information should be carefully supplied. AGE should be stated EXACTLY ... state CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT ... OCCUPATION is very important. See instructions on back of certificate.

67377

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 67377
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3702 Arcadia Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3702 Arcadia Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME WILLIAM KIRK

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Apr 9 1872

8. AGE: Years	Months	Days	If less than one day
67	11	8	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Mechanic
11. Industry or business B & O R. R.

FATHER
12. Name Adam Kirk
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Susanna Lupton
15. Birthplace Balto Md.

16 (a) Informant Margaret Kirk
(b) Address 3702 Arcadia Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Frederick Ave

18 (a) Funeral director John J Gorman & Son
(b) Address 904 Pollitt St

(a) Date received MAR 18 1940 (Registrar) (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1940, at 7 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Cardiac disease, mitral and aortic insufficiency	unknown
Due to arteriosclerosis, general	
Due to (Arteriosclerotic heart disease 93	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. T. Williams M.D.
Medical Examiner.
Date signed March 17, 1940

F 67378

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 67378 — 195 E Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital 20-8
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Vincent St. Joseph's College 4024 Stafford St (If no street address, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph O' Halloran

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife Katherine Maytard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown (81)

8. AGE: Years	Months	Days	If less than one day
66	58	10	17 hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business St Jos College

FATHER 12. Name Joseph O' Halloran

13. Birthplace Ireland

MOTHER 14. Maiden Name Unknown

15. Birthplace Ireland

16 (a) Informant Joseph J. O'Halloran Jr

(b) Address 4024 Stafford St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-40 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Edmondson Ave

18 (a) Funeral director John J. Dorsan Son

(b) Address 90 Baltimore St

19 (a) (Date received by registrar) (b) Thurston Whitehead Registrar

MAR 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1940, at 9.15a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death Crushing injury Chest — Duration

Fractures of Pelvis

Due to Retroperitoneal hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3-17-40 25-1
(c) Where did injury occur Mt. St. Joseph's College (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? School (Specify type of place) While at work? Yes
(e) Means of injury Scaffold fell on him

23. Signature W. H. Garden Clift M.D. Medical Examiner.

Date signed 3/18/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 67379

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 67329

PLEASE PRINT PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1801 N. Washington (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry J. Reynolds

3 (b) If veteran, name war 0 | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Dora Reynolds
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
73	4	3	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Not known
13. Birthplace " " "

MOTHER
14. Maiden Name Not known
15. Birthplace " " "

16 (a) Informant Sphrm Hall
(b) Address 1801 N. Washington st
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 21 40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick ave
18 (a) Funeral director Henry Lutz
(b) Address 1203 N. Broadway
19 (a) (Date received by Registrar) (b) Registrar

MAR 18 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-17-40 19 at 11:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-10 1940, to 3-17 1940, and that I last saw him alive on 3-17 1940.

Immediate cause of death	Duration
Cerebral hemorrhage	7 days
Due to Hypertensive C.V.R disease	?
Due to Bronchopneumonia	4-5 days
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W K Manafee M. D.
Address Md. Gen Hosp Date signed 3-18-40

Registrar Wm. Williams, M.D.

67380

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95 B V

Registered No. F 67380

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4506 Sfarford Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 2
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 4506 Sfarford Road (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Kathryn M. Webster (Nee Sfilton

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-3809

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Benny J. Webster

6 (c) If dive, give age 38 years

7. Birth date of deceased (mo., day, yr.) March 8 1883

8. AGE: Years 57 | Months | Days 9 | If less than one day hr. min.

9. Birthplace Westminister Md (Town, county, and state)

10. Usual Occupation Assistant Auditor

11. Industry or business Emmarson Hotel

FATHER
12. Name Elijah J. Sfilton
13. Birthplace Frederick County Md

MOTHER
14. Maiden Name Lillian Wampler
15. Birthplace Westminister Md

16 (a) Informant Earl P. Sfilton
(b) Address 4506 Sfarford Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 19 40 (month) (day) (year)

(c) Cemetery or crematory Baltimore
Location E. North ave

18 (a) Funeral director Henry Lutz
(b) Address 1203 N. Broadway

19 (a) MAR 18 1940 (Date received by Registrar) (b) Registrar

Thursday for Interment

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1940 at 5 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan - 1938 to Mar 17 1940 and that I last saw h-- alive on Mar 16 1940

Immediate cause of death: Pulmonary Tuberculosis Pulmonary Edema Pneumonic Heart Disease — Duration 2 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. V. Leyrer M. D.

Address 12 W. Mulberry Date signed

F 67381

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 67381

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 227 S. Washington St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 227 S. Washington Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME John Smidt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Stanislawa
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Simon Smidt
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Stanislawa Smidt
(b) Address 227 S. Washington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/40 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location O'Donnell Street

18 (a) Funeral director M. F. Jadowski & Sons
(b) Address 1848 Eastern Ave

19 (a) MAR 18 1940 (Date rec'd by registrar) (b) Huntington Cemetery, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1940, at 7:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 13 1940, to March 15 1940, and that I last saw him alive on March 14 1940.

Immediate cause of death Coronary Thrombosis — Duration 2 days.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jos L. Kolacki, M.D.
Address 1265 Patterson Park Ave. Date signed March 16 1940

F 67382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

77-C

Registered No. F 67382

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

THE MORGUE

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1420 Eden St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 521
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eli Haskins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years about 45 yrs | Months | Days | If less than one day hr. min.

9. Birthplace
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location

JOHNS HOPKINS MEDICAL SCHOOL MAR 15 1940
Commissioner of Health

18 (a) Funeral director Per H. A. Moore

(b) Address

19 (a) MAR 18 1940 Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

9461

VS 6

MEDICAL CERTIFICATION

3 15

20. DATE OF DEATH 3/10 1940, at P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Acute Alcoholism — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm A Anderson M.D.
Medical Examiner.

Date signed 3/13/40

F 67383

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 62383

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 257 N. Exeter St
(c) Hospital or institution: Wolman Baking Co
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 302 Forest St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Mc Sean

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 67 | Months | Days | If less than one day: hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAR 1 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) MAR 18 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar 3462

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1940, at 11 a.m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Sandbrook M.D.
Medical Examiner
Date signed 3/12/40

Square #1

F 67384

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

Registered No. F 67384

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Found in water
(b) Street address at Pier #2 Clinton
(c) Hospital or institution: ft. Standard Oil Pier.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Unidentified white male

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
about 55			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory PUBLIC CEMETERY
Location

MAR 18 1940
Commissioner of Health
Per H. A. Moore

18 (a) Funeral director
(b) Address

19 (a) (b) Huntington Williams, M.D.
Registrar

MAR 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1940, at 8:51 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said autopsy find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death	Duration
drowning, due to	2 days?
Due to circumstances unknown	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy see above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide probably accident
(b) Date of occurrence probably March 2, 1940
(c) Where did injury occur? found Pier 2 Clinton St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? —
(specify type of place)
(e) Means of injury unknown

23. Signature H. L. Wollenweber M.D.
Asst. Medical Examiner.
Date signed March 4, 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE MARGIN RESERVED FOR UNIONS MUST NOT BE MUTILATED

F 67385

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 67385

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE MORGUE

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 746 Waverly St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME LOUIS THOMAS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	S

6 (b) Name of husband or wife

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
		14	hr. ... min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) ... (Burial, cremation, or removal) b Date thereof (month) (day) (year)
(c) Cemetery or crematory PUBLIC CEMETERY Location

MAR 18 1940
Commissioner of Health
Per H. A. Moore

18 (a) Funeral director
(b) Address

19 (a) MAR 18 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1940, at 3:25 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: malnutrition — Duration 2 days

Due to: prematurity

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.

Date signed 3-14-40

VH 6

67386

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-a Registered No. F 67386

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 134 N. Mount St
(c) Hospital or institution: F7059
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 134 Mount St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Campbell

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
0	0	1	27 hr. 35 min.

9. Birthplace Balto, Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Norman
13. Birthplace Balto, Md

MOTHER
14. Maiden Name Lucile Haycock
15. Birthplace Balto Md

16 (a) Informant Bessie Terrell, Mother
(b) Address 1530 W. Lexington St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory PUBLIC CEMETERY MAR 18 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) MAR 18 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1940, at 3:05 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.

Immediate cause of death Hemorrhage, disease of New Born
Due to Hemorrhage into left cerebellum (intra
Due to Cranial birth injury).

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. B. Vandegrift M.D.
Medical Examiner.
Date signed

VS 6

67387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-6 Registered No. 67387

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3028 Fleetwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3028 Fleetwood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Erenstine Beker

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	married

6 (b) Name of husband or wife Geo. W.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1 - 1880

8. AGE: Years	Months	Days	If less than one day
60	2	14	hr. min.

9. Birthplace Germany (Town, county and state)
10. Usual Occupation at Home
11. Industry or business

FATHER
12. Name Henry Lindolph
13. Birthplace Germany

MOTHER
14. Maiden Name Hartman
15. Birthplace

16 (a) Informant George W. Baker
(b) Address 3028 Fleetwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location

18 (a) Funeral director Leonard J. Rauch
(b) Address 5305 Harford Rd.

19 (a) (b) Huntington Williams, M.D. Registrar

MAR 18 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-15 1940 at 1130 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/12 1940 to 3/15 1940 and that I last saw him alive on 3/12 1940.

Immediate cause of death: Cardiac Decompensation — Duration 7 hrs
Due to Toxic Enteritis — Duration 2 yrs
Due to Chronic Nephritis — Duration 2 yrs
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Hawkins
Address 2 Randall St. Date signed 3/18/40

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67388 **CERTIFICATE OF DEATH** 52-B F 67388

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 N. Linwood Ave, Ward 6)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5/5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph W. Mainster

If U. S. Veteran specify WAR D

(a) Residence: No. 214 N. Linwood Ave St. Ward. Soc. Sec. No. 216-09-3566

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Mainster

6. DATE OF BIRTH (month, day, year) Nov 28 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Louis C. Uhl - Son

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jacob Mainster

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mary Hopkins

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mary A. Mainster

(Address) 214 N. Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cemetery Date 3/19, 1940

19. UNDERTAKER Wilkinson Cook

(Address) 1717 St Paul St

20. FILED MAR 18 1940 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 16th, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 9, 40 to March 16, 40

I last saw him alive on March 16, 1940 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	3/7/40
Other contributory causes of importance: Carcinoma of bladder (Urinary)	Oct 1939

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Specify)

(Signed) William J. Rosario M. D.

(Address) 501 Kenwood Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS B

LB 67389

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 67389

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians—please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 mth. 5 mths. 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street address 1707 Mnor St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ephriam Frank Horn

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/19/1857

8. AGE: Years	Months	Days	If less than one day hr.	min.
82	11	26		

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation huckster
11. Industry or business

FATHER
12. Name Henry
13. Birthplace Md.

MOTHER
14. Maiden Name Hannah Chalk
15. Birthplace unknown

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Final (Burial, cremation, or removal) (b) Date thereof 3/19/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave

18 (a) Funeral director E. Gibson Colt
(b) Address 3107 E. Lnt St

19 (a) MAR 18 1940 (Date rec'd by registrar) Henrietta for Wilbur Bernard M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1940, at 1.03 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 28 1931, to March 15 1940, and that I last saw h alive on March 15 1940.

Immediate cause of death: Hypertensive cardiovascular disease — Duration: unknown

Due to

Due to

Other Conditions generalized arteriosclerosis — unknown.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murray Kleinschmidt M. D.
Address Bello City Hosp. Date signed 3-16-40

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67390

CERTIFICATE OF DEATH

92-7 F 67390

1. PLACE OF DEATH — Linden Ave

CITY OF BALTIMORE: (No. 1408 ~~St. Paul~~ St. 14th Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME — Edward Warren

If U. S. Veteran specify WAR ____

(a) Residence: No. 1408 ~~St. Paul~~ St. ____ Ward. ____

(Usual place of abode) Linden Ave (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Etta Warren

6. DATE OF BIRTH (month, day, year) — Oct 4th 1861

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
78	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Builder

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) — England

FATHER

13. NAME — John Warren

14. BIRTHPLACE (city or town) (State or country) — England

MOTHER

15. MAIDEN NAME — Mary Martin

16. BIRTHPLACE (city or town) (State or country) — England

17. INFORMANT — Mrs Marie Tounds

(Address) 1408 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem March 20/1940

19. UNDERTAKER — William Cook

(Address) 1217 St. Paul St

20. MAR 18 1940 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) — Mar 17th, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1940

I last saw ~~him~~ alive on March 16, 1940. Death is said to have occurred on the date stated above, at 3:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	Not definite
Other contributory causes of importance: Bronchial Pneumonia	7 days

Was an operation performed? — Date of —

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) H. L. Reynolds M.D.

(Address) 620 N. Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should be careful to see that all information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 67391

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C Registered No. F 67391

THE MORGUE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2410 E Preston St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LEWIS A. YUHN

3 (b) If veteran, name war: No
3 (c) Social Security Account No. NOE

4. Sex: M
5. Color or race: White
6 (a) Single, married, widowed or divorced: Married
6 (b) Name of husband or wife: Gertrude
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 4, 1880
8. AGE: Years 59 | Months 11 | Days 13 | If less than one day: hr. min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Self

FATHER
12. Name Jos. Yuhn
13. Birthplace Unknown

MOTHER
14. Maiden Name Christina David
15. Birthplace Unknown

16 (a) Informant Mrs Gertrude Yuhn
(b) Address 2323 E Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross - Raford Rd
Location Govans Md

18 (a) Funeral director Wellington Cook
(b) Address 1217 St Paul St.

19 (a) MAR 18 1940 (Date rec'd by registrar) Huntington Williams, Reg.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1940, at 3:10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hemorrhage, subarachnoid	
Due to Fracture; skull	
Due to	
Other Conditions Fracture, left tabial fibula	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 16, 1940
(c) Where did injury occur? on front 4616 Belair Road (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? no (Specify type of place)
(e) Means of injury struck by auto while crossing street

23. Signature H. L. Gallemore M.D. Medical Examiner.
Date signed 3-17-40

VS 6

67392

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 67392

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2124 Barclay St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2124 Barclay St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JAMES RICHARD STANDIFORD

3 (b) If veteran, name war —
3 (c) Social Security Account No. — NIHE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Elsie M. Reidie
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Sept 4, 1872

8. AGE: Years	Months	Days	If less than one day
68	6	12	hr. min.

9. Birthplace Maryland (town, county, and state)
10. Usual Occupation Lawyer - retired
11. Industry or business own home

FATHER
12. Name Adolphus Standiford
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Mackay
15. Birthplace Maryland

16 (a) Informant Wife Elsie Standiford
(b) Address same.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Moreland Memory Gardens
Location Baltimore Md.

18 (a) Funeral director Williams Cook
(b) Address 24 E. Saint Paul St

19 (a) MAR 18 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1940, at 4:15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to —

Due to —

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Lee Wallenmeier M.D.
Medical Examiner.
Date signed 3-16-40

VS 6

F 67393

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 63-B

Registered No. F 67393

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: So. Balto. Genl. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 wks.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years 70

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1904 W. Baltimore St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME Alois Plassnig

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Alina J. Plassnig

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1872

8. AGE: Years 67 | Months 6 | Days 6 | If less than one day: hr. min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation Decorator

11. Industry or business self

FATHER
12. Name Richard Plassnig
13. Birthplace Austria

MOTHER
14. Maiden Name Unknown
15. Birthplace Austria

16 (a) Informant Dr. Edwin Plassnig (Son)
(b) Address 1904 W. Baltimore St.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3-20-40 (month) (day) (year)
(c) Cemetery or crematory Fort Lincoln
Location

18 (a) Funeral director Frederick C. Pole
(b) Address 1700 W. Lombard St.

19 (a) MAR 18 1940 Registered by
(b) [illegible] Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1940, at 7 00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/6/40 19 to 3/18 1940 and that I last saw h[illegible] alive on 3/17/40.

Immediate cause of death	Duration
Cardiac Failure	
Thyrotoxicosis	
Due to Lung Abscess L.	
Pleurisy & Effusion L.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Goitre.
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel L. Fay M. D.
Address So. Balto. Genl Hosp Date signed 3/12/40

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 67394 — Registered No. 94-N — F 67394

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2322 W. Lexington St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 Yr.
(e) Length of stay in Baltimore (yrs., mos., or days) 13 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2322 W. Lexington St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George V. Barton

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-0227

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Married

6 (b) Name of husband or wife Ruth B. Barton
6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) July 1, 1889

8. AGE: Years	Months	Days	If less than one day
50	8	15	hr. min.

9. Birthplace Tarrytown, N.Y. (Town, county, and state)
10. Usual Occupation Manager
11. Industry or business Garage

FATHER
12. Name ? Barton
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Ruth B. Barton
(b) Address 2322 W. Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-40 (month) (day) (year)
(c) Cemetery or crematory Greenhill
Location Waynesboro, Pa.

18 (a) Funeral director Frederick A. Dole
(b) Address 1200 W. Fayette St.

19 (a) MAR 18 1940 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16th, 1940, at 2:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 24 1939 to March 1940, and that I last saw h[illegible] alive on March 12 1940.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dellen Loughlin M.D.
Address 400 N. Payson St. Date signed 3/18/40

F 67395

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-a

Registered No. F 67395

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 622 Linnard St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 622 Linnard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James H. Sullivan

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Louisa G. Sullivan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 15, 1844

8. AGE: Years 96 | Months 7 | Days 1 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Captain Railroad Retired
11. Industry or business

FATHER
12. Name Peter Sullivan
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah A. Thawley
15. Birthplace Md.

16 (a) Informant Mrs. M. Evelyn Hopwood
(b) Address 622 Linnard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 19 1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Harry H. Wiltse
(b) Address 4101 Edmondson Ave

19 MAR 18 1940 (b) Huntington Wilson, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 16 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1935, to Mch 16 1940, and that I last saw h alive on Mch 15 1940.

Immediate cause of death	Duration
Dehydration & exhaustion	
Due to Refusal to eat	10 days
Due to Probable Malignancy ? Esophagus.	1 Month
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edw. V. Piet[illegible]
Address Medical Arts Bldg. Date signed 3-18-40 M. D.

VS 8

67396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

Registered No. F 67396

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Caroline & Oliver St.

(c) Hospital or institution: St. Joseph's Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2712 E. Monument St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles H. Buschman.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-07-2298

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Louise G. Buschman

6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) Aug. 2, 1902

8. AGE: Years	Months	Days	If less than one day
37	7	15	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation General Engineer

11. Industry or business Water Power

FATHER

12. Name Charles G. Buschman

13. Birthplace Baltimore

MOTHER

14. Maiden Name Christina Danek

15. Birthplace Pa.

16 (a) Informant Louise G. Buschman

(b) Address 2712 E. Monument St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 20/40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Baltimore

18 (a) Funeral director Frank Coppersmith Son

(b) Address 1806 Eastern Ave

19 MAR 18 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17th 1940, at 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 17 1940, to March 17 1940, and that I last saw him alive on March 17 1940.

Immediate cause of death Uremia Acidosis. — Duration 3 days

Due to Nephritis — Duration ?

Due to —

Other Conditions Cardiac Dilation — Duration 1 day

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Harry Feldman M. D.

Address Date signed

VS 3

55746 - RB

67397

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181

Registered No. F 67397

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 641 W. Conway St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. Unknown

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Polly

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? ?

8. AGE: Years 64 ? Months ? Days ? If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Unemployed

FATHER
12. Name Sam Johnson
13. Birthplace Maryland

MOTHER
14. Maiden Name Susie ?
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Balto. City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 15th 40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Baltimore

18 (a) Funeral director E. A. Wilson
(b) Address 1000 Pennsylvania Ave, Huntington, W. Va.

19 (a) (b) Registrar

MAR 16 1940

VS 8

CERTIFICATE TO MEDICAL EXAMINER

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-15 1940, at 12:5 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-13 1940, to 3-15 1940 and that I last saw him alive on 3-14 1940.

Immediate cause of death: Second degree burns of lower extremities — Duration: 1 day

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3-13-40
(c) Where did injury occur? Baltimore, Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Clothes caught fire from matches in pocket

23. Signature L. Kibbe Hurd Jr. M. D.
Address Balto. City Hosp. Date signed 3-15-40

53465-FD

67398

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

154 a

Registered No. F 67398

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days

(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1040 Fairmount Ave. W. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jacob Custis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married-seperated

6 (b) Name of husband or wife Inas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-8-1876

8. AGE: Years	Months	Days	If less than one day
63	10	8	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation oyster chucker

11. Industry or business

FATHER 12. Name Jacob

13. Birthplace Md.

MOTHER 14. Maiden Name Hester

15. Birthplace Md.

16 (a) Informant B.V.H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 18th 40 (month) (day) (year)

(c) Cemetery or crematory Jasley Va.

Location Va.

18 (a) Funeral director E O Wilson

(b) Address 4 au Brandt Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.F. Registrar

MAR 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-16 1940, at 11 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-4 1940, to 3-16 1940 and that I last saw him alive on 3-16 1940.

Immediate cause of death Uremia — Duration four days

Due to Osteomyelitis mandible four weeks

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Osteomyelitis mandible

Of autopsy Not completed

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Likely Dr. M. D.

Address Balto city Hosp Date signed 3-16-40

VS 3

Kutz

HEALTH DEPARTMENT—CITY OF BALTIMORE

67399 — CERTIFICATE OF DEATH — F 67399

131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 35 N Kresson St.) (26th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louisa Kutz

If U. S. Veteran specify WAR ... no

(a) Residence: No. 35 N Kresson St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Amster B Kutz

6. DATE OF BIRTH (month, day, year): Jan 15, 1859

7. AGE: Years: 81; Months: 2; Days: 3; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country): Cumberland Md

FATHER

13. NAME: Joseph Krause

14. BIRTHPLACE (city or town) (State or country): Cumberland Md

MOTHER

15. MAIDEN NAME: Mary A Brotherton

16. BIRTHPLACE (city or town) (State or country): Cumberland Md

17. INFORMANT: Amster B Kutz

(Address) 35 N Kresson St

18. BURIAL, CREMATION, OR REMOVAL: Cemetery Lorraine Park Cem. Place ... Date 3/21 ... 1940

19. UNDERTAKER: Herbert Gott

(Address) 1000 Gorsuch Ave

FILED MAR 19 1940

Hunter for Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 18, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1940 to March 18, 1940

I last saw her alive on March 18, 1940. Death is said to have occurred on the date stated above, at 5:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1939
Arteriosclerotic Cardiovascular Renal Disease	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Samuel B Wolfe M. D.

(Address) 1331 E Northern

N. B.—WRITE PLAINLY, WITH UNFADING INK. ... information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

67400

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67400

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 St Johns Rd) (Ward) 27-13

Registered No. 1930

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jeanette E Russell

If U. S. Veteran specify WAR

(a) Residence: No. 625 St Johns Road St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis E

6. DATE OF BIRTH (month, day, year) Dec 14 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frederick Wannemacher

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Reinhart

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Estella E Lamence

(Address) Towson Md

18. BURIAL, CREMATION, OR REMOVAL

Place Johnsville Date March 20 1940

19. UNDERTAKER Wm Coe

(Address) 1217 W Fayette St

20. FILED MAR 19 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1940

22. I HEREBY CERTIFY, That I attended deceased from Mar 30, 1936 to Mar 18, 1940

I last saw her alive on Mar 17, 1940 Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	3/14/40

Other contributory causes of importance:

Myocarditis

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) J. Ellen Taylor M. D.

(Address) 2723 St Paul St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 67401

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1940

F 67401 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 526 N. Eutaw St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 526 N. Eutaw St (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Rose Grossman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Isaac W.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business Grocer Store

FATHER
12. Name David Davidson
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah ?
15. Birthplace Russia

16 (a) Informant Israel Grossman
(b) Address 526 N. Eutaw St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 19, 40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Washington Rd.
Location Washington Blvd.

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W. North Ave

19 (a) MAR 19 1940 (Date received by Registrar) (b) [illegible] Registrar

VS 8

MEDICAL CERTIFICATION 7.45 A

20. DATE OF DEATH March 18, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 13 19 40 to March 18 19 40, and that I last saw h. alive on March 17 19 40.

Immediate cause of death	Duration
Coronary Thrombosis	
a) Pulmonary Infarction	6 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dan Levine M. D.
Address 101 W. Read St Date signed 3/15/40

F 67402

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 67402 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. All correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 600 ½ Chapel St. te Dana

(c) Hospital or Institution: Dalmyo Sanitorium

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2107 Hodkins (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Geo. F Spriggs

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary B Spriggs

6 (c) If give, give age years

7. Birth date of deceased (mo., day, yr.) Feb 19 1869

8. AGE: Years 71 | Months | Days 26 ? | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Const. Supt

11. Industry or business

FATHER 12. Name David F Spriggs

13. Birthplace Md

MOTHER 14. Maiden Name Sarah J Hill

15. Birthplace Va

16 (a) Informant Mrs Mary B Spriggs

(b) Address 2107 Hodkins St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-40 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet Cem

Location Baltimore Md

18 (a) Funeral director Geo E Farley

(b) Address Fulton & Fayette

19 (a) MAR 19 1940 (Date rec'd by Local Reg.) (b) [illegible] (Registrar)

MEDICAL CERTIFICATION

P.

20. DATE OF DEATH March, 16 1940 at 12:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from March, 1 1940 to March, 16 1940 and that I last saw h im alive on March, 15, 40.

Immediate cause of death	Duration
Cerebral Hemorrhage.	1 year
Due to Arterial Hypertension	Years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature S. Lloyd Johnson M. D.

Address 1 E Lexington Date signed 3/19/40

VS 3

F 67403 HEALTH DEPARTMENT—CITY OF BALTIMORE F 67403

CERTIFICATE OF DEATH

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 W Fayette St. 13-7 '97 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Florence V. Chesmore

If U. S. Veteran specify WAR

(a) Residence: No. 2218 Reedom Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry J. Chesmore

6. DATE OF BIRTH (month, day, year) Mar 30 1877

7. AGE			
62 Years	11 Months	17 Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New Windsor (State or country) Carroll Co., Md

FATHER

13. NAME Peter

14. BIRTHPLACE (city or town) New Windsor (State or country) Md

MOTHER

15. MAIDEN NAME Ruth Petri

16. BIRTHPLACE (city or town) New Windsor (State or country)

17. INFORMANT Dwight Reynolds
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 3/20 19 40

19. UNDERTAKER Dwight Stuffey
(Address) Edmondson Ave

20. FILED MAR 19 1940 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1940 to March 17, 1940

I last saw her alive on March 17, 1940. Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	3-14-40
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wayne J. Lemmon M. D.

(Address) 2702 Fredonia Ave City

F 67404

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 64

Registered No. F 67404

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1426 Reynolds St
(c) Hospital or institution: V.A. to Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town 1426 Reynolds St (If outside city or town limits write RURAL and give town)
(d) Street No. Dale. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Claire Graleski

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 21st 1939

8. AGE: Years | Months: 5 | Days: 27 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Carroll Graleski
13. Birthplace Baltimore

MOTHER
14. Maiden Name Evelyn Dores
15. Birthplace Baltimore

16 (a) Informant Carroll Graleski
(b) Address 1426 Reynolds St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Baltimore

18 (a) Funeral director Charles F. Dill.
(b) Address 1501 E Fort Ave.

19 (a) MAR 19 1940 (State fact by local registrar) (b) Time of burial

VS 6

MEDICAL CERTIFICATION 12 Noon

20. DATE OF DEATH March 18 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Status thymicus lymphaticus — Duration

Due to

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M.D.
Date signed (Official Examiner)

F 67405

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 67405 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Balto
(b) Street address 909½ Tedenhall St
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 909½ Tedenhall St
(If rural give location)
If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Mary Pearson Pessell

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex Female | 5. Color or race colored | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Matthew Pessell
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE — Years 51 | Months — | Days 7 | If less than one day hr. ✓ min.

9. Birthplace Md.
(Town, county and state)

10. Usual Occupation Domestic
11. Industry or business ✓

FATHER
12. Name Joseph Lyell
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Scott
15. Birthplace Md.

16 (a) Informant Annie Rose
(b) Address 909½ Tedenhall St

17 (a) (Burial, cremation, or removal) (b) Date thereof 3/20/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location Balto. Md.

18 (a) Funeral director Walter P. Spry & Son
(b) Address 1300 Hamlen St.

19 (a) MAR 19 1940 (Date received by registrar) (b) Thurlington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1940, at 5a M

21. I certify that death occurred on the date above stated; that I attended deceased from March 6 1940, to March 17 1940, and that I last saw her alive on March 16 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 hours
Due to Hypertension	Many years
Due to Acute Nephritis	10 days
Other Conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James C. Carper M. D.
Address 1016 S. Sharp St. Date signed 3-18-40

F 67406

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

F 67406 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2719 N. Calvert St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 2719 N. Calvert St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julia. Ann Andrew

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Fem.
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Chas. A. Andrew
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 24 1856

8. AGE: Years 83 | Months 7 | Days 23-4 | If less than one day hr. min.

9. Birthplace Maryland. (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name Not known
13. Birthplace Maryland.

MOTHER
14. Maiden Name Julia Ann Murray.
15. Birthplace Maryland.

16 (a) Informant Mrs. Estelle Wilson
(b) Address 2719 N Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/40 (month) (day) (year)
(c) Cemetery or crematory Darlington Cem.
Location Darlington Md Harford Co Md.

18 (a) Funeral director H. S Bailey
(b) Address Darlington Md.

MAR 19 1940 (Date rec'd by registrar)
(by) Thurston Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18th 1940 at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 27 1932 to March 18 1940. and that I last saw h. or alive on March 17 1940.

Immediate cause of death: Carcinoma of the caecum — Duration 1 yr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Elwin B. Jarrett M. D.
Address 1115 St. Paul St., Date signed 3/19/40
City.

VS 3

Jarrett 1115 St Paul St Vernon 0303

F 67407

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 67407 / 110-A Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 8

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A A Co
(c) City or town Colley Md (If outside city or town limits, write RURAL and give town)
(d) Street No. Stoney Creek Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? 27 years

9-9

3 (a) FULL NAME Mrs Victoria C. Rice

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F. M.	W	Married

6 (b) Name of husband or wife John C Rice (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 10 1902

8. AGE: Years	Months	Days	If less than one day: hr.	min.
37	6	5		

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name George Smulski
13. Birthplace Poland

MOTHER 14. Maiden Name Bertha Thelmaski
15. Birthplace Poland

16 (a) Informant John C Rice
(b) Address Colley Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 19 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem
Location Brentwood Md

18 (a) Funeral director William M Marech
(b) Address 715 Tiest St

19 (a) (Date rec'd by registrar) Washington Williams M.D. Registrar

MAR 19 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1940 at 9:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-11-40 19 , to 3-15-40 19 , and that I last saw her alive on 3-15-40 19 .

Immediate cause of death Emphysema — Duration 8 Days

Due to Pleurisy & effusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bernard S. Kleiman, M. D.
Address St. Joseph's Hosp Date signed 3-15-40

F 67408

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 67408 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: So. Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write Rural, and give town)
(d) Street No. 507 N. East Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary C. Young

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1923

8. AGE: Years 16 | Months 3 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Albert A. Young
13. Birthplace Annapolis, Md

MOTHER
14. Maiden Name Mary C. Lewis
15. Birthplace Baltimore, Md

16 (a) Informant Mary C. Young
(b) Address 507 N. East Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/40 (month) (day) (year)
(c) Cemetery or crematory Moreland Pk
Location Baltimore, Md

18 (a) Funeral director Howard E. Covington
(b) Address 21 W. 25th St

19 (a) MAR 19 1940 (Date received by local registrar) (b) Hunting to Williamsport, Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/15/40 19, at 4 15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/11/40 D.19 to 3/15/40 D. and that I last saw her alive on 3/15/40 19.

Immediate cause of death
Lobar Pneumonia
Due to Spontaneous Pneumothorax (Rt)
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel L. Lee, M. D.
Address So. Balto. Gen. Hosp. Date signed 3/16/40

F 67409

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1/37

Registered No. E 67409

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1207 Valley St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

10

3 (a) FULL NAME Joseph Sadler (53086)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9, 1875

8. AGE: Years	Months	Days	If less than one day
64	11	6	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name William H Sadler
13. Birthplace Md.

MOTHER
14. Maiden Name Rebecca Anderson (D)
15. Birthplace Md.

16 (a) Informant Mrs Vivian Thompson
(b) Address 1207 Valley Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Baltimore City

18 (a) Funeral director John M Weber
(b) Address 401 S. Chester Street

MAR 19 1940 (Date rec'd by registrar) (b) by Wm. H. Peters, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15, 1940, at 7:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 21, 1940, to March 15, 1940, and that I last saw him alive on March 15, 1940

Immediate cause of death Tuberculosis of lungs — Duration 3 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. J. Bacon M. D.
Address Balto. City Hospitals Date signed 3/15/40

53644-FD

F 67410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 731-a

F 67410 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto.

(If outside city or town limits, write RURAL and give town)

(d) Street No. 930 S. Eutaw St.

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

2 1 1

3 (a) FULL NAME Neal Bright Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-8574

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Lottie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5, 1900

8. AGE: Years	Months	Days	If less than one day
40		7	hr. min.

9. Birthplace Va.

(Town, county, and state)

10. Usual Occupation oyster shucker

11. Industry or business

FATHER 12. Name Miles Bright

13. Birthplace Va

MOTHER 14. Maiden Name Dicky

15. Birthplace Va

16 (a) Informant Daisy Friendale

(b) Address 328 S. Eutaw St

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-23-40 (month) (day) (year)

(c) Cemetery or crematory Gloucester

Location Virginia

18 (a) Funeral director A. Halstead

(b) Address 918 Druid Hill Ave.

19 (a) (Signature of Registrar) (b) Hunter Williams, M.D.

MAR 19 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1940, at 9:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 11 1940, to March 17 1940, and that I last saw him alive on March 17 1940.

Immediate cause of death Arteriolar nephrosclerosis — Duration unknown

Due to

Due to

Other Conditions Terminal bronchopneumonia — 2 days

(Include pregnancy within 3 months of death)

Major findings:

Of operation

Of autopsy not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. Murray Hofstein M. D.

Address Balto City Hosp. Date signed 3-17-40

F 67411

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 67411 Registered No. 83-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2443 McCulloh St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 2443 McCulloh St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

1352

3 (a) FULL NAME Catherine Burt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Wm. Henry Burt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 23, 1882

8. AGE: Years 57 | Months 6 | Days 24 | If less than one day: hr. min.

9. Birthplace Jackson N. C. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business Own Home

FATHER
12. Name James Williams
13. Birthplace N. C.

MOTHER
14. Maiden Name Unknown
15. Birthplace N. C.

16 (a) Informant James Boone
(b) Address 2439 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-40 (month) (day) (year)

(c) Cemetery or crematory
Location Jackson N. C.

18 (a) Funeral director George A. Nelson
(b) Address 1303 Presstman St

19 (a) MAR 19 1940 (Date rec'd by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-17 1940, at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-10 1940, to 3-17 1940, and that I last saw her alive on 3-16 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration: 8 days

Due to Arteriosclerosis

Due to

Other Conditions Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank Hawley M. D.
Address 1029 N. Stricker St Date signed 3-18-40

67412

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 67412 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. - correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 210 N. Ann St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 210 N. Ann St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Vinnia Hammond

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Solomon Hammond

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years 1978 | Months | Days | If less than one day hr. min.

9. Birthplace West River Md.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name unknown
13. Birthplace ?

MOTHER 14. Maiden Name unknown
15. Birthplace ?

16 (a) Informant Elizabeth Bright
(b) Address 210 N. Ann St

17 (a) Burial (b) Date thereof 3-19-1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Belmont Francis K. Kugler
(b) Address 238 McElderry St

MAR 19 1940 (b) Huntington Williams M.D.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 - 1940, at 1:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 18 1940 to March 16 1940, and that I last saw h[illegible] alive on Mar 15 1940.

Immediate cause of death: Cerebral hemorrhage — Duration 3 days
Due to Arteriosclerosis — 10 yrs
Due to
Other Conditions Br. pneumonia Jan 1940 — 3 wks
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas J Keller M. D.
Address 522 W. Monument Date signed Mar 16 40

67413

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 105

F 67413 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1041 N. Eutaw St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME RANDOLPH ROGERS

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-03-6272

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Irene

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-11, 1911

8. AGE: Years 28 | Months 8 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Dresser

11. Industry or business Tailor shop

FATHER 12. Name John Rogers

13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Henrietta Anderson

15. Birthplace Baltimore, Md.

16 (a) Informant Irene Rogers

(b) Address 1041 Eutaw St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem.

Location Baltimore Md.

18 (a) Funeral director Wm. H. Holland

(b) Address 1631 Druid Hill Ave.

19 (a) MAR 19 1940 (Date received) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1940, at 10 15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Asphyxia — Duration 2 days

Due to: Edema Larynx

Due to: Laryngitis, acute phlegmonous

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Williams M.D. Medical Examiner.

Date signed 3-16-40

67414

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 107 E-63444

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2418 Pennsylvania Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2418 Pennsylvania Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Edward Mc Dermott (Edward Agustav McDermott)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife ——————

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec. 10, 1938

8. AGE: Years 1 | Months 3 | Days 8 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Donald McDermott

FATHER 13. Birthplace Baltimore, Maryland

MOTHER 14. Maiden Name Rose Marie Erving

MOTHER 15. Birthplace Baltimore, Maryland

16 (a) Informant Mr. Donald McDermott

(b) Address 2418 Pennsylvania Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-40 (month) (day) (year)

(c) Cemetery or crematory Western Cem. Location Balto. City, Md.

18 (a) Funeral director Wm. J. Tickner & Sons,

(b) Address North & Pennsylvania Avenues

19 (a) MAR 19 1940 (Registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1940, at 3 am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Lobular pneumonia — Duration .....

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Wm Gudelhoff M.D. Medical Examiner.

Date signed 3/18/40

67415 HEALTH DEPARTMENT—CITY OF BALTIMORE 67415

CERTIFICATE OF DEATH 46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2810 E. Baltimore St. 6-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Mason Chesney

U. S. Veteran specify WAR

(a) Residence: No. 2810 E. Baltimore St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jennie Ingram Chesney

6. DATE OF BIRTH (month, day, year) May 17 - 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73 74	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Postman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Mail

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Benjamin H. Chesney

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md

MOTHER

15. MAIDEN NAME Catherine Dippel

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md

17. INFORMANT Wife, Jennie I. Chesney

(Address) 2810 E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date March 19 1940

19. UNDERTAKER Frank V. Pipitone

(Address) 2918 E. Baltimore St.

FILED MAR 19 1940 19 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1940

22. I HEREBY CERTIFY, That I attended deceased from Mch 2 1940 to Mch 16 1940

I last saw him alive on Mar 16 1940. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Tumors Liver	8
Other contributory causes of importance: Bronchopneumonia	8

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alan B Lemmon M. D.

(Address) 715 N Eutaw St

N. B.—WRITE PLAINLY. FAILURE UNDERSTANDINGLY TO FURNISH ANY INFORMATION called for in this certificate is a misdemeanor. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 67416

F 67416

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4600 Maine Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4600 Maine Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

28

3 (a) FULL NAME Mrs. Cornelia Anna Thomas

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Thomas L. Thomas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15-1868

8. AGE: Years	Months	Days	If less than one day
71	9	2	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Henry Keyser
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Edith Evenola Stevens
(b) Address 4600 Maine Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 20-1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director Chas. S. Black
(b) Address 742 W. North Ave.

19 (a) [illegible] (b) Huntington Williams, M.D.
Registrar

MAR 19 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17- 1940 at 9 22 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 19 1940 to March 17 1940, and that I last saw h[illegible] alive on March 16 1940.

Immediate cause of death Coronary occlusion occlusion — Duration 1 day

Due to Arterio-sclerosis — ?

Due to

Other Conditions Influenza followed by pneumonia — about 3 weeks
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature Walter L. Tibbett M. D.
Address 2220 Harrison Blvd Date signed March 17 '40

67417

F 67417

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address E. 33rd St. at Calvert

(c) Hospital or institution: Union Memorial Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days.

(e) Length of stay in Baltimore (yrs., mos., or days) Wk. 9-2

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3308 Ellerslie Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marion Hayen

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife Single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March-10-1878

8. AGE: Years 62 | Months 0 | Days 8 | If less than one day: hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business None

FATHER 12. Name Eberhard Hayen

FATHER 13. Birthplace Germany

MOTHER 14. Maiden Name Jane Paddington

MOTHER 15. Birthplace West Indies Islands

16 (a) Informant Miss Ella Hayen (sister)

(b) Address 3308 Ellerslie Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 20/40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore, Md

18 (a) Funeral director STEWART & MOWEN COMPANY

(b) Address (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

(Date rec'd by registrar) MAR 20 1940 (b) Harrington or Williams Mgr

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/18 1940, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/15 1940 to 3/18 1940, and that I last saw her alive on 3/18 1940.

Immediate cause of death	Duration
Cardiac Failure	3 days
Due to Hypertensia Sclerosis vascular with Uremia	3 days
and Lobar pneumonia Type XV	3 days
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E. D. Sundy M. D.

Address Union Memorial Date signed 3/18/40

67418

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

112

Registered No. F 67418

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 205 N. Arlington Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John William Hursey

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bessie Jones

6 (c) If alive, give age: 45 years

7. Birth date of deceased (mo., day, yr.): October 3, 1890

8. AGE: Years: 49 | Months: 5 | Days: 11 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation: Pensioned veteran

11. Industry or business

FATHER
12. Name: William Hursey.
13. Birthplace: Cambridge, Maryland

MOTHER
14. Maiden Name: Mary Smith,
15. Birthplace: Northumberland Co., Va.

16 (a) Informant: Records-U.S.Marine Hospital.
(b) Address: Baltimore, Maryland.

17 (a) (Burial, cremation, or removal) (b) Date thereof: Mar 19, 1940 (month) (day) (year)

(c) Cemetery or crematory: National Cemetery
Location

18 (a) Funeral director: Mrs Katie R. Williams
(b) Address: 322 N. Schroeder St.

19 (a) MAR 19 1940 (Date received by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 14, 1940, at 4:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 5, 1940, to March 14, 1940, and that I last saw him alive on March 14, 1940.

Immediate cause of death	Duration
Cardiac dilatation	2 days
Due to Pulmonary amphysema	Unknown
Due to Bronchial asthma	Unknown
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy: Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: O. E. Benney, M. D.
Address: U.S.Marine Hospital Date signed: 3/15/40
Baltimore, Maryland.

67419

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F-67419 108 F-67439

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct, especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Baltimore
(b) Street address 11 N. Mount St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 11 N. Mount St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Christopher Jones

3 (b) If veteran, name war

3 (c) Social Security Account No. 246-10-3838

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Ethel Jones
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) March 12 1892

8. AGE: Years	Months	Days	If less than one day
48		4	hr. min.

9. Birthplace Virginia Gloucester Co. (Town, county, and state)
10. Usual Occupation Shipping Clerk
11. Industry or business National Mulberry Co.

FATHER
12. Name Cirus Jones
13. Birthplace Va

MOTHER
14. Maiden Name Mary Jones
15. Birthplace Va

16 (a) Informant Mrs Ethel Jones
(b) Address 11 N. Mount St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Mt. Winans

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Belnord Ave

19 (Date rec'd by registrar) (b) Huntington Nicholas, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-16 1940, at 630 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-8- 1940, to 3-16- 1940, and that I last saw him alive on 3-15-1940.

Immediate cause of death Lobar Pneumonia — Duration 9 days

Due to Type II Pneumococci

Due to Empyema

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank H. Saunders M. D.
Address 1029 N. Caroline St Date signed 3-16-40

F 67420

F 67420

52203 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 E

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution:

Baltimore City Hospitals 3-2

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.

(e) Length of stay in Baltimore (yrs., mos., or days) 31 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1107 Granby Street

(If rural give location)

(e) If foreign born, how long in U. S. A.? 31 yrs. years

3 (a) **FULL NAME** Nichlos Drecchio X

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/11/1878

8. AGE: Years 62 | Months 1 | Days 7 | If less than one day: hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Unemployed

FATHER

12. Name Dominic Drecchio

13. Birthplace Italy

MOTHER

14. Maiden Name Victoria ?

15. Birthplace Italy

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-23-40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Road.

18 (a) Funeral director Wendel & Dysard

(b) Address 1210 5th St. Baltimore Md.

19 (a) Filed MAR 19 1940 (Date rec'd by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1940, at 2.20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 23 1940, to March 18 1940, and that I last saw him alive on March 18 1940.

Immediate cause of death: Syphilitic Heart Disease — Duration: unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp. Date signed 3-18-40

67421 6821

BALTIMORE CITY HEALTH DEPARTMENT 61 F 17421
Registered No.

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2113 E Eager (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rose Gray

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	MARRIED

6 (b) Name of husband or wife John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-6-72

8. AGE: Years	Months	Days	If less than one day
67	8	12	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation - Housewife
11. Industry or business

FATHER
12. Name William Woolen
13. Birthplace MD

MOTHER
14. Maiden Name Louise ?
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 21 40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Co
Location Gay St. & North Ave.

18 (a) Funeral director John F. Miller
(b) Address 2234 Jefferson St.

19 (a) Date received by registrar MAR 19 1940 (b) Registered number
(Filled in by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 18 1940, at 2.50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 12 1940, to MAR 18 1940, and that I last saw her alive on MAR 18 1940.

Immediate cause of death	Duration
Septicemia due to B-hemolytic streptococci	6 days
Due to Infection Rt. little toe	10 days
Due to	
Other Conditions Diabetes mellitus	15 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C W Drummer M. D.
Address Johns Hopkins Hosp. Date signed 3-18-40

F 67422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46F

F 67422 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address West Baltimore Gen'l Hosp.

(c) Hospital or institution: Baltor + Dukeland Sts.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

Street No. 1714 Bradish Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George J. Holland

3 (b) If veteran, name war ?

3 (c) Social Security Account No. 214-01-9947

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Mary Holland

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Dec 8, 1880

8. AGE: Years	Months	Days	If less than one day
60 59	3	8	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation Welds Asbestos about pipes 35 yrs.

11. Industry or business ?

FATHER

12. Name Louis Holland

13. Birthplace ?

MOTHER

14. Maiden Name Emma Brady

15. Birthplace ?

16 (a) Informant wife (Mary Holland)

(b) Address 1714 Bradish Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 19/40 (month) (day) (year)

(c) Cemetery or crematory Baltimore Co. Location Gay St. + North Ave.

18 (a) Funeral director John L. Miller

(b) Address 2334 Jefferson St.

19 (a) Filed MAR 19 1940 (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1940, at 5 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 14 1940, to March 16 1940, and that I last saw him alive on March 16 1940.

Immediate cause of death	Duration
Pulmonary + cerebral edema (hypostatic pneumonia) with terminal bronchopneumonia	
Due to Diffuse carcinomatosis of liver (hepatic insufficiency)	
Due to 35 yrs. Bronchogenic Ca lung (Rt middle)	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Mentioned above.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. R. Shear, M.D.

Address W. 13 G. St. Date signed 3/16/40

F 67423

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164 Registered No. F 67423

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 627 S Stricker St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Poland

3 (b) If veteran, name war
3 (c) Social Security Account No. 212-66-8340

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Mary J. Poland
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 13 - 1883

8. AGE: Years	Months	Days	If less than one day
57	2	5	hr. min.

9. Birthplace Md (City or county, and State)
10. Usual Occupation ~~Electrician~~ Weigher
11. Industry or business ~~Bell~~ Chemical Co.

FATHER
12. Name Henry Poland
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Amelia Greisinger
15. Birthplace Balto. Md.

16 (a) Informant ~~Edward~~ Mary J. Poland
(b) Address 627 S. Stricker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 21/40 (month) (day) (year)
(c) Cemetery or crematory Oakwood Mem.
Location Taylor Ave.

18 (a) Funeral director John A. Miller
(b) Address 2334 Jefferson St.

19 (Date received by Registrar) MAR 19 1940 (Signature of Registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1940, at 6 am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture 1st Lumbar Vertebra	
Retroperitoneal Hemorrhage	
Due to Paralytic ileus	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3/14/40
(c) Where did injury occur? Baugh Chemical Co (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial (Specify type of place) While at work? Yes
(e) Means of injury Fell off top of box car.

23. Signature Wm. Gardner M.D. Medical Examiner.
Date signed 3/18/40

F 67424

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a Registered No. F 67424

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard & Madison Sts
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore Edmondson Village (If outside city or town limits, write RURAL and give town)
(d) Street No. 5331 Overbrooke Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Eva M. Bosle

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: George A Bosle
6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Oct 31, 1869

8. AGE: Years 70 | Months 4 | Days 17 | If less than one day hr. ... min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Henry Pagenhart
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Hammond
15. Birthplace Germany

16 (a) Informant George Bosle (Son)
(b) Address 5331 Overbrooke Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 21 1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem
Location Baltimore Md

18 (a) Funeral director J. Wm. Foust
(b) Address 1217 E. Fayette St

19 (a) Filed MAR 19 1940 (Date received by Registrar) (b) Registrar's No. 186a

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/18 1940, at 7.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/14 1940 to 3/18 1940, and that I last saw her alive on 3/18 1940.

Immediate cause of death
Fracture Left Femur — Duration 4 days
Cardiac Decompensation — 4 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3/14/40
(c) Where did injury occur? Baltimore (City or town) Md (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Fell on floor

23. Signature L. Frederick Shuntz Jr. M. D.
Address Md General Hospital Date signed 3/18/40

Harold D. Maldeis, M.D.
Chief Medical Examiner per E.C. Hamilton

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67425 — CERTIFICATE OF DEATH — 131a F 67425

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Rogers Ave 27 ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Benjamin Scarborough

If U. S. Veteran specify WAR .....

(a) Residence: No. Home for Aged of M. E. Church Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of Beata Shanahan Scarborough WIFE of

7. DATE OF BIRTH (month, day, year) Mar 1st 1869

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	0	17	

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home for Aged

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME Barclay Scarborough

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Rachel Lewin

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

17. INFORMANT Records Home for Aged of M. E. Church

(Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Mar 21st 1940

19. UNDERTAKER Williams Cook

(Address) 1217 St. Paul St

20. FILED MAR 19 1940 Harry A. Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 18th, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1940 to Mar. 18, 1940

that saw h[illegible] alive on Mar. 18, 1940 Death is said to have occurred on the date stated above, at 5th P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Right Hemiplegia.	
Arteriosclerosis	
Other contributory causes of importance:	
Chr. nephritis.	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Geo E Shannon M. D.

(Address) 200 N. Fulton Ave

F 67426

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46E ✓

Registered No. F 67426

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 117 N. Kenwood Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 117 N. Kenwood Ave
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna E. Drury

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-9-1868

8. AGE: Years 72 | Months 1 | Days 8 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business home

FATHER 12. Name Edward Drury

13. Birthplace Ireland

MOTHER 14. Maiden Name Anna E. Dunnigan

15. Birthplace New York

16 (a) Informant Mrs Evelyn Drury

(b) Address 117 N. Kenwood Ave

17 (a) Burial (b) Date thereof 3/20/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Calder Rd.

18 (a) Funeral director John E. Moran

(b) Address 3000 E. Balto. St

19 (a) (b)
(Date received by Registrar) Registrar

MAR 19 1940

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-17 1940; at 5:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 1938, to March 17 1940, and that I last saw her alive on 3-17 1940.

Immediate cause of death Myocardial degeneration — Duration

Due to arteriosclerosis

Due to

Other Conditions Carcinoma descending colon
(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature J. J. Gould M. D.

Address 14 N Eastern Ave Date signed 3-19-40

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 67427 — Registered No. 112 — F 67427

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1410 Fraction St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 13

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1410 Fraction St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Warfield Blunt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
about 56			hr. min

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location [redacted] MEDICAL SCHOOL MAR 19 1940

18 (a) Funeral director — Commissioner of Health

(b) Address — Per H. A. Moore

19 MAR 19 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

5465

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1940 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Bronchial asthma — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Vandegrift M.D. Medical Examiner

Date signed 3/18/40

HEALTH DEPARTMENT—CITY OF BALTIMORE

67428 F7306

CERTIFICATE OF DEATH

160-aF 67428

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Universith Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. dys. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME Grandolpho Leroy Wardlaw

If U. S. Veteran specify WAR

(a) Residence: No. 910 S. Sharp St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/4/40

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Curtis

14. BIRTHPLACE (city or town) S. Carolina (State or country)

MOTHER

15. MAIDEN NAME Lindsey Mason

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Father

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 19 1940

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED MAR 19 1940 Huntington Williams M.D. Registrar.

5464

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 7, 40 1940 to March 16 1940

I last saw her alive on March 16, 1940 Death is said to have occurred on the date stated above, at 7:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12 days
Pneumonia	
Purulent Bronchitis	one
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward A. Bruce M. D.

(Address) Emergency Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67429 F 5496 CERTIFICATE OF DEATH 161-C F 67429

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St., 4-N Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Ethel Leak

If U. S. Veteran specify WAR _____

(a) Residence: No. 618 W. Saratoga St., Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	13	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 7 1940

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	1	939	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) _____ (State or country)

FATHER

13. NAME James Leak

14. BIRTHPLACE (city or town) _____ (State or country) South Carolina

MOTHER

15. MAIDEN NAME Susie Shearin

16. BIRTHPLACE (city or town) _____ (State or country) North Carolina

17. INFORMANT James Leak
(Address) 618 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 19 1940, 19
Commissioner of Health

19. UNDERTAKER _____
(Address) Per H. A. Moore

20. MAR 19 1940, 19 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-16, 1940

22. I HEREBY CERTIFY, That I attended deceased from 2-28, 1940 to 3-16, 1940

I last saw her alive on 3-16, 1940 Death is said to have occurred on the date stated above, at 8⁰⁰ A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sepsis of the Newborn	2-15-40
Multiple Abscesses	2-15-40
Other contributory causes of importance:	
Liver Abscess ?	?
Focic Hepatitis ?	?

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Blood Culture Was there an autopsy? Yes

23. If death was due to external causes (Violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
_____ If so, specify _____

(Signed) R. McCunningham M. D.
(Address) University Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V9 8

5465

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67430 F7353 CERTIFICATE OF DEATH 160-a F 67430

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Inf. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Cisela

If U. S. Veteran specify War

(a) Residence: No. Church Home & Inf. St., Ward. 419 N. Patterson Park Ave

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Never been

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 17 1940

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Sheridan Cisela

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

MOTHER

15. MAIDEN NAME Daisy Stubel

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Mother - Mrs. Stubel
(Address) 419 N. Patterson Park Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London PA Date 4/20 1940

19. UNDERTAKER Philip Stamm Sons
(Address) 2016 Eastern Ave

MAR 19 1940 Thurlington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR. 19, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1940 to March 19, 1940

I last saw her alive on March 19, 1940. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/17/40
	MW

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Thurlington Williams M. D.

(Address) 1506 N. Patterson Park Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 67431

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

Registered No. F 67431

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County
(c) City or town Whitestone, Virginia (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward SCOTT

3 (b) If veteran, name war

3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
64	--	--	hr. min.

9. Birthplace Whitestone, Virginia (Town, county, and state)
10. Usual Occupation Fisherman
11. Industry or business Fishing

FATHER
12. Name Harry Scott
13. Birthplace Eastern Shore, Maryland

MOTHER
14. Maiden Name Lucia Scott
15. Birthplace Whitestone, Virginia

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 20 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director A. Bailey Slade
(b) Address 4917 York Road

19 (Date rec'd by registrar) MAR 19 1940 Huntington Williams, M.D. (registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15, 1940 at 9:15a M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 11, 1940 Mar. 15, 1940 and that I last saw him alive on Mar. 15, 1940.

	Duration
Immediate cause of death Congestive heart failure	2 weeks
Due to Hypertensive arteriolar-sclerosis	Unknown
Due to	
Other Conditions Luetic aortitis	Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations No operation
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. B. N. Audura M. D.
Address U.S. Marine Hospital, Baltimore, Maryland. Date signed 3/18/40

VS 2

F 67432

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133a Registered No. F 67432

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3011 Garrison Blvd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 8
(e) Length of stay in Baltimore (yrs., mos., or days) about 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or incorporate, write RURAL and give town)
(d) Street No. 3010 Garrison Blvd. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mary C. Holmes

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 6 - 1856

8. AGE: Years 83 | Months 4 | Days 17 | If less than one day hr. min.

9. Birthplace Havre De Grace, Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER — 12. Name Daniel Holmes
13. Birthplace Ireland

MOTHER — 14. Maiden Name Hannah Raffey
15. Birthplace Ireland

16 (a) Informant Mrs Alice V. Tatum
(b) Address 3010 Garrison Blvd.

17 (a) — (Burial, cremation, or removal) (b) Date thereof 3/20/40 (month) (day) (year)

(c) Cemetery or crematory —
Location Havre De Grace Md.

18 (a) Funeral director Richard Flannery
(b) Address 1426 Light St.

19 (a) — (Undertaker or Director) (b) Huntington Williamsport, Md.

MAR 19 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1940, at 7.20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1939 to Mar 18 1940, and that I last saw h[illegible] alive on Mar 18 1940.

Immediate cause of death	Duration
General arteriosclerosis	9 ?
Due to Cystitis + cystitis	
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Harry F. Kyle M. D.
Address 1100 E. Lombard Date signed 3/19/40

F 67433

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122B

Registered No. F 67433

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2
(c) Hospital or institution: Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4324 York Road (If rural give location)
(e) If foreign born, how long in U. S. A.? about 40 years

3 (a) FULL NAME Anna Sobal

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Adolph Sobol
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 2 / 1882

8. AGE: Years 58 | Months — | Days 15 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Dzuk
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mr. Adolph Sobol
(b) Address 4324 York Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director John J. Fahey & Son
(b) Address 1318 Eutaw St.

19 (a) MAR 19 1940 (Date rec'd by Registrar) Signature of Registrar William [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 17 1940, at 7 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-17 1940, to 3-17 1940, and that I last saw her alive on 3-17 1940.

Immediate cause of death: Intestinal obstruction — Duration 5 days
Due to: Cause not known
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: No autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. McClafferty M. D.
Address Bon Secours Hosp. Date signed 3-17-40

VS 3

67434 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 67434

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3014 Vineyard Lane 12th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary O. Foss

If U. S. Veteran specify WAR

(a) Residence: No. 3014 Vineyard Lane St. Ward. Rosedale Baltimore

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of John H. Foss

6. DATE OF BIRTH (month, day, year) Sept 30th 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1940

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME J. Rogers

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Kate Bowers

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary E. Pramfert

(Address) 3014 Vineyard Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Mar 21st 1940

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St

MAR 20 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 18th, 1940

22. I HEREBY CERTIFY, That I attended deceased from February 7th, 1940 to March 18th, 1940.

I last saw her alive on March 16th, 1940. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1938
Other contributory causes of importance: Arteriosclerosis	unknown

Was an operation performed? no Date of ---

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? --- Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. W. Montgomery M.D.

(Address) 401 E. 25th Street.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

67435 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 67435

CERTIFICATE OF DEATH 131-N

1. PLACE OF DEATH 427 N. Robinson St. Registered No. 6-1

CITY OF BALTIMORE: (No. ..... St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. ... mos. ... da. How long in U. S. If of foreign birth? 71 yrs. ... mos. ... da.

2. FULL NAME Mrs. Mary Jane Van Bokern If U. S. Veteran specify WAR

(a) Residence: No. 427 W. Robinson St. St., ... Ward. ..... (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Van Bokern

6. DATE OF BIRTH (month, day, year) 3/20/1868

7. AGE: Years 71 | Months 11 | Days 27 26 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wm. E. Dunn

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Margaret Day

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Robert Gilbert (Address) 427 W. Robinson St.

18. BURIAL, CREMATION, OR REMOVAL Place Burial Date March 20 1940

19. UNDERTAKER John Elliott (Address) 2008 Eutaw St

20. FILED MAR 20 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/17, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1939 to March 17, 1940

I last saw her alive on March 17, 1940 Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

Auricular fibrillation — Date of onset 3/17/40

myocardial insufficiency

Other contributory causes of importance:

hypertension, cardiitis, — 1939

chr. nephritis.

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? clinical findings. Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) L. C. Schlegel, M. D.

(Address) 447 N. Kenwood Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

67436

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 67436 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: St Agnes Hospital
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 da
(e) Length of stay in Baltimore (yrs., mos., or days) about 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 629 S Pulaski St (If rural give location)
(e) If foreign born, how long in U. S. A. about 65 years

3 (a) FULL NAME Mrs Ellen O'Brien

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Michael J. O'Brien

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Unknown 1875

8. AGE: Years 65 | Months 64 | Days unknown | If less than one day: hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Michael Laftus
13. Birthplace Ireland

MOTHER
14. Maiden Name Cunningham
15. Birthplace Ireland

16 (a) Informant Edward D. O'Brien
(b) Address 629 S. Pulaski

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location 4300 Old Frederick Rd

18 (a) Funeral director John J. Cowan & Son
(b) Address 901 Baltimore St.

19 (a) Date received by registrar MAR 20 1940 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1940, at 8 50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 7, 1940, to March 19 1940, and that I last saw her alive on March 18 1940.

Immediate cause of death	Duration
Uremia	
Due to Arteriosclerotic Cardiovascular-renal Disease	
Due to (Chronic Nephritis)	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles V. Smith M. D.
Address St Agnes Hosp. Date signed 3-19-40

67437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 67437 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. What age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 E. Madison St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1708 E. Madison St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Willie E. Iserse

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-1157

4. Sex Male

5. Color or race Col.

6 (a) Single, married, widowed, or divorced Single.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13, 1909

8. AGE: Years 30 Months 8 Days 6 If less than one day hr. min.

9. Birthplace N.C. (Town, county and state)

10. Usual Occupation Laborer

11. Industry or business Bethlehem Steel Co.

FATHER
12. Name Donald Iserse
13. Birthplace N.C.

MOTHER
14. Maiden Name Leanna Bland.
15. Birthplace N.C.

16 (a) Informant Leanna Blanford
(b) Address 1708 E. Madison

17 (a) Shipment (Burial, cremation, or removal) (b) Date thereof 3/22/40 (month) (day) (year)

(c) Cemetery or crematory Roxbury N.C.
Location

18 (a) Funeral director Roberts Funeral Co.
(b) Address 804 W. Caroline St.

MAR 20 1940 (Date rec'd by registrar)

Hunter's or Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1940 at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 18 1940 to Mar 19 1940 and that I last saw h[illegible] alive on Mar 18 19 40

Immediate cause of death (Enter only one cause per line for (a), (b), and (c).)
(a) Cerebral Hemorrhage
(b) Apoplexy
Due to Acute Influenza
Due to
Other Conditions —
(Include pregnancy within 3 months of death)

Duration: Mar 17 40

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 5[illegible] Date signed 3-19-40

VS 8

F 67438

F 67438

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3314 Lyndale Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3314 Lyndale Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME THERLA HERDA

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Herman Herda

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) August 10, 1879

8. AGE: Years 60 | Months 7 | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation At home.

11. Industry or business

FATHER
12. Name Valentine Leutbecker
13. Birthplace Germany

MOTHER
14. Maiden Name Don't know
15. Birthplace Germany

16 (a) Informant Mrs. August Foreman
(b) Address 3700 N. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North Ave., Baltimore, Md.

18 (a) Funeral director John Mluch
(b) Address 2008 Orleans St.

MAR 20 1940

(b) [illegible] by (Signature or Stamp) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17th 1940, at 9 30/a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death arteriosclerotic heart disease — Duration 3 years

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.

Date signed 3-19-40

67439

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-W

F 67439 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1632 Harford Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 78

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1632 Harford Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella Reilly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife John H. Reilly

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 1861

8. AGE: Years 78 Months 6 Days — If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business At home

FATHER
12. Name Capt John White
13. Birthplace Baltimore

MOTHER
14. Maiden Name Dorothea Knorr
15. Birthplace Germany

16 (a) Informant Mrs Mary Lenhardt
(b) Address 3905 Parkside Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 21, 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Ave. Balto. Md

18 (a) Funeral director John Ulrich
(b) Address 2008 Orleans St.

19 (a) Date received by Registrar MAR 20 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1940, at 9:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1938 to March 18 1940 and that I last saw her alive on March 18 1940

Immediate cause of death Bronchio-pneumonia — Duration 2 days

Due to Fractured Neck of Left Femur — 10 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Felsenfeld M.D.

Address 1211 N. Milton Ave Date signed 3-20-40

F 67440

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registration No. F 67440

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Street age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street
(c) Hospital or institution:
Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Susie Henderson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Jerry Henderson
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Watkins
15. Birthplace Maryland

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley Street.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) (b) Huntington Williams

MAR 20 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19, 1940 at 6 a. m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 1- 1940 to Mch 19 1940 and that I last saw her alive on Mch 19 1940

Immediate cause of death	Duration
Cerebral Hemorrhage	3 days
Due to Arterio Sclerosis	3 yrs
Due to	
Other Conditions Edema Lungs	1 day

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E Gill Hall M. D.
Address 1631 E North Ave Date signed 3/20/40

F 67441

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 67441 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. 1/20-120 c

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 607 Gold St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15d
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 607 Gold St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Howard E. Rollins

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: M
5. Color or race: cd
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Rosetta
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept. 14, 1901

8. AGE: Years 39 | Months 6 | Days 3 | If less than one day ____ hr. ____ min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business Laborer

FATHER
12. Name Ford T. Rollins
13. Birthplace Md.

MOTHER
14. Maiden Name Zenetta Brown
15. Birthplace Md.

16 (a) Informant Rosetta Rollins
(b) Address 2406 Stockton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Thos. E. Pelson
(b) Address 1303 Presstman St.

19 (a) [illegible] (b) [illegible]

MAR 20 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1940 at 6-10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 17 1940 to Mar 17 1940 and that I last saw him alive on Mar 14 1940

Immediate cause of death: Valvular Heart Disease — Duration: ____

Due to: ____ — Duration: ____

Due to: ____ — Duration: over

Other Conditions: ____ — Duration: ____

(Include pregnancy within 3 months of death)

Major findings:
Of operations: ____
Of autopsy: ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. E. Donnelly M. D.
Address 1602 Rosedale Date signed 3/19/40

F 67442

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 67442 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 772 Dover St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 772 Dover St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Edward Parks

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-1887

4. Sex Male | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. divorced

6 (b) Name of husband or wife

6 (c) If alive, give age N.A. years

7. Birth date of deceased (mo., day, yr.) Mar 18 1882

8. AGE: Years 57 | Months 11 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Laborer Co

FATHER
12. Name James Parks
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Elsie Walker
(b) Address 817 Edmondson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Winans - Md

18 (a) Funeral director Mrs. Kate R. Williams
(b) Address 322 N. Schroeder St.

19 (a) (Date rec'd by registrar) (b) (Registrar)

MAR 20 1940 VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/17 1940, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/13 1940, to 3/17 1940, and that I last saw h alive on 3/16 1940

Immediate cause of death Lobar Pneumonia — Duration 6 Days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 1 W Lee Date signed 3/19/40 M. D.

67443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 67443

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1215 Linden Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Etta Elliott

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex Female | **5. Color or race** White | **6 (a) Single, married, widowed, or divorced.**

6 (b) Name of husband or wife Chas.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-23-1881

8. AGE: Years 58 | Months 11 | Days 24 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Attendant at Phipps

11. Industry or business

FATHER
12. Name Virgin Venable
13. Birthplace Maryland -

MOTHER
14. Maiden Name Elizabeth Russell
15. Birthplace Maryland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Buried (Burial, cremation, or removal) **(b) Date thereof** 3-22-40 (month) (day) (year)

(c) Cemetery or crematory Druid Hill Cemetery
Location Marshall Springs Md

18 (a) Funeral director Leonard J Roth
Address 5306 Harford Road

19 (a) MAR 20 1940 (Date rec'd by reg.) **(b)** Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 19, 1940 at 3.45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 19 1940. to Mar 19 1940. and that I last saw her alive on Mar 19 1940.

Immediate cause of death ? Coronary Thrombosis — Duration 2 days

Due to

Due to

Other Conditions Hypertensive Cardio - Vascular Disease — 5 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C W O'Leary M. D.
Address Johns Hopkins Hosp. Date signed 3-19

VS 3

F 67444

BALTIMORE CITY HEALTH DEPARTMENT

L B 52699

CERTIFICATE OF DEATH 193-D

F 67444 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days 1 mth.

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 415 S. Chapel St. (If rural give location)

(e) If foreign born, how long in U. S. A.? 50 yrs. years

3 (a) FULL NAME Joseph Trawinski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Josephine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 19, 1883

8. AGE: Years 56 | Months 11 | Days 29 | If less than one day: hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER 12. Name Albert (d)

13. Birthplace Poland

MOTHER 14. Maiden Name Mary ? (d)

15. Birthplace Poland

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 21-40 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary

Location Dundalk

18 (a) Funeral director Fred W. Orzewski

(b) Address 1930 Eastern Ave.

19 (a) MAR 20 1940 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1940, at 10 00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 8 1940, to March 18 1940, and that I last saw him alive on March 18 1940.

Immediate cause of death: Hypertensive cardiovascular disease — Duration: unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Edward Lukaszewicz M. D.

Address Balto City Hosp., Date signed 3-18-40

VS 3

67445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87-C

F 67445

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3622 Roland Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RUR. and give town)
(d) Street and No. 3622 Roland Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

15

3 (a) FULL NAME Mrs. Caroline Bevans

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Howard R. Bevans
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31-1873

8. AGE: Years	Months	Days	If less than one day
66	7	17	hr. min.

9. Birthplace Baltimore Co. Maryland
(Town, county, and state)

10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name John Holmes
13. Birthplace England

MOTHER
14. Maiden Name Mary Heavel
15. Birthplace Maryland

16 (a) Informant Howard R. Bevans
(b) Address 3622 Roland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 20-1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

MAR 18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 (a) 20 1940 (Date received by Registrar) (b) Registrar Livingston Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17-1940, at 3:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1939 to March 1940, and that I last saw h[illegible] alive on March 16 1940.

Immediate cause of death Parkinson's Disease — **Duration** 2 yrs.

Due to

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 2020 N Charles St. Date signed

67446

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 67446 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3038 Greenmount
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3038 Greenmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Shaw Fulson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 23 - 39

8. AGE: Years | Months: 8 | Days: 24½ | If less than one day: hr. min.

9. Birthplace: Balto Md. (Town, county, and state)

10. Usual Occupation: none

11. Industry or business

FATHER
12. Name: James Fulson
13. Birthplace: Phila. Pa.

MOTHER
14. Maiden Name: Elsie Frazer
15. Birthplace: Balto. Md.

16 (a) Informant: Elsie Fulson
(b) Address: 3038 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/40 (month) (day) (year)
(c) Cemetery or crematory: St Johns
Location: Greenmount - Balto Md

18 (a) Funeral director: John A. Moran
(b) Address: 3000 E. Balto. St

19 (a) MAR 20 1940 (Date received by registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-16- 1940, at 3:40 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death: Primary Bronchopneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard A. Mudson M.D. Medical Examiner.
Date signed 3-19-40

VS 6

Arthur M Boemmel

67447 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 67447

CERTIFICATE OF DEATH

Registered No. 61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1302 N Milton Ave St. 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME Arthur M. Boemmel

(a) Residence: No. 1302 N. Milton Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Waelburga Jenicke Boemmel

6. DATE OF BIRTH (month, day, year) January 27, 1870

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	70	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Boemmel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna E. Zink

(Address) 1302 N Milton Ave (Daughter)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date March 21 1940

19. UNDERTAKER Frank V. Lefstone

(Address) 2818 E. Baltimore St

MAR 20 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1940

22. I HEREBY CERTIFY, That I attended deceased from March, 1937 to March 19, 1940

I last saw him alive on Feb. 17, 1940. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	15 min.
Mitral Regurgitation	1 yr
Diabetes Mellitus without Coma	3 yrs
Hypertension	3 yrs
Other contributory causes of importance: Chr Interstitial Nephritis	3 yr.

Was an operation performed? No. Date of ...

For what disease or injury? ...

Name of operation None

What test confirmed diagnosis? Urinalysis Blood Chem. + Symp. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) S. Levi. F. A. Stevens M. D.

(Address) 2878 Harford Rd

W. J. Maddrey, M.D. per B. Ridge
Chief Medical Examiner

Get Medical Examiner OK - Jeri's

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

67448 Sherrod

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X F 67448 Registered No. 93-D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 304. N. Eden St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 MO

2. USUAL RESIDENCE OF DECEASED:
(a) State N.C. (b) County
(c) City or town rural - Tarboro (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cornelia Sherrod

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	married

6 (b) Name of husband or wife Jack Sherrod
(c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) 8-5-1899

8. AGE: Years	Months	Days	If less than one day hr.	min.
40	7	10		

9. Birthplace Tarboro N.C. (Town, county, and state)
10. Usual Occupation domestic
11. Industry or business

FATHER
12. Name Abraham Bellamy
13. Birthplace Halifax N.C.

MOTHER
14. Maiden Name Agnes Lyons
15. Birthplace Halifax N.C.

16 (a) Informant Richard Sherrod
(b) Address 304 N. Eden St.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Mar 20 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location West Port

18 (a) Funeral director E. A. Wilson
(b) Address 1000 Brantly

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 3 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-15 1940 at 5-30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/16 1940 to 3/15 1940 and that I last saw her alive on 3/15 1940.

Immediate cause of death	Duration
Cerebral hemorrhage	4 hours
Due to Hypertensive cardiac	
Due to disease	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address 1320 E. Madison St Date signed M. 3/18/40

Wm Albert Tull

67449

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 67449 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bayview City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. Dunfort Crescent (If rural give location)
(e) If foreign born, how long in U. S. A.? 3 days

3 (a) FULL NAME Wm Albert Tull

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: ---
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1905
8. AGE: Years 35 | Months | Days | If less than one day: hr. min.
9. Birthplace Portsmouth, England (Town, county, and state)
10. Usual Occupation Radio Operator
11. Industry or business S.S. Trevarton

FATHER
12. Name George Tull
13. Birthplace England

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Mr. Mulvenny
(b) Address Gillette Bldg.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 20, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet.
Location 2930 Frederick Ave.,

18 (a) Funeral director L. Howard Strong
(b) Address 715 Light St.

MAR 21 1940

19 (a) (Date received by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1940, at 2:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture Cervical Vertebra (2)	
Due to Skull	
Due to Rib	
Due to Hemorrhage	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3-19-40
(c) Where did injury occur? Balto. (City or town) Md. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Pier #1 Hendrick St. While at work? Yes (Specify type of place)
(e) Means of injury Fell from loaded boarding vessel.

23. Signature Thomas J. Mulvenny M.D. Medical Examiner.
Date signed 3-19-40

F 67450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 67450 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5808 York Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Mr. John Hertel

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Georgeanna Hertel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 10, 1860

8. AGE: Years	Months	Days	If less than one day
80	1	9	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Sexton
11. Industry or business Govans Pres. Church

FATHER
12. Name Not Known
13. Birthplace " "

MOTHER
14. Maiden Name Not Known
15. Birthplace " "

16 (a) Informant Wm. H. Hutson
(b) Address 5808 York Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 22, 1940 (month) (day) (year)
(c) Cemetery or crematory Govans Pres. Cemt.
Location 501 Orkney Rd.

18 (a) Funeral director Edward F. Hoffmann
(b) Address 2723 E. Preston St.

19 (a) (b) MAR 20 1940 Huntington Millinery, M.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/19 1940, at 11:20 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/28 1940 to 3/19 1940, and that I last saw h[illegible] alive on 3/17 1940.

Immediate cause of death	Duration
Bronchopneumonia	
Due to	
Due to	
Other Conditions Hypertensive C.V.D. Arteriosclerosis.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edw. F. Hoffmann M. D.
Address Md. Gen. Hosp. Date signed 3/19/40

VS 3

F 67451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 67451 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 649 S. Stiegel St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 649 S. Stiegel St
(If rural, give location)
Belmont ave
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joanna C. Polski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 21, 1938

8. AGE: Years	Months	Days	If less than one day
1	3	27	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Theodore Polski
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Theresa Antzak
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Theodore Polski
(b) Address 649 S. Stiegel St. Belmont ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) Mar 20 40

(c) Cemetery or crematory St. Stanislaus Cem.
Location Highland town Baltimore

18 (a) Funeral director Stephen J. Fialkowski Sons
(b) Address 1100 S. Kenwood Ave.

19 (a) MAR 20 1940 (Date rec'd by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1940 at 11 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1940 to March 19 1940 and that I last saw h er alive on March 19 1940

Immediate cause of death — Duration

Broncho-pneumonia — 3 days

Due to Acute bronchitis — 1 wk.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eugene Zeller M.D.
Address 2759 Eastern Ave Date signed 3/19/40 M. D.

67452

BALTIMORE CITY HEALTH DEPARTMENT 937 Registered No. E 67452

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 879 N. Howard St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 3
(e) Length of stay in Baltimore (yrs., mos., or days) 1[illegible] yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 879 N. Howard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Anna Leonard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June -- 1872

8. AGE: Years	Months	Days	If less than one day
67	9	--	____ hr. ____ min.

9. Birthplace Scranton, Pennsylvania (Town, county, and state)

10. Usual Occupation Domestic Work

11. Industry or business

FATHER
12. Name Patrick Leonard
13. Birthplace ----- Ireland

MOTHER
14. Maiden Name Mary Conway
15. Birthplace ----- Ireland

16 (a) Informant Mrs. Nellie Voigt
(b) Address 879 N. Howard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Scranton, Pennsylvania

18 (a) Funeral director H W Means and Son
(b) Address 805 North Calvert Street

MAR 20 1940

(Date received by registrar) (b) Henry J. Williamson, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-19- 1940, at 1.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-1- 1940 to 3-19 1940, and that I last saw her alive on 3-18 1940.

Immediate cause of death: Pernicious Anaemia — Duration: 2yrs

Due to: Chronic Myocarditis — 4yrs

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert C. Blake, M.D.
Address Med. Arts Bldg. Date signed 3/19/40

F 67453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/a

F 67453 Registered No.

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wilkens + Caton Aves.

(c) Hospital or institution:

St. Agnes' Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town Washington, D.C.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 2581 R. Island Ave N.W.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leonard Crawford

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace Wash. D.C.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Wm. P. Crawford

13. Birthplace Md.

MOTHER 14. Maiden Name Mary White

15. Birthplace Wash. D.C.

16 (a) Informant Hospital Rec.

(b) Address St Agnes Hosp.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-20-40 (month) (day) (year)

(c) Cemetery or crematory Leonard Co.

Location So. Washington D.C.

18 (a) Funeral director Martin F. Higgins

(b) Address 1300 N. St. N.W. Wash. D.C.

19 (a) MAR 20 1940 (b) Filed (Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-20- 1940, at 2.25 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-25 1940 to 3-20 1940, and that I last saw him alive on 3-20 1940.

Immediate cause of death	Duration
Uraemia	
Due to Chronic nephritis	
Due to Arteriosclerosis.	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Charles V. Swift M. D.

Address St Agnes' Hosp. Date signed 3-20-40

F 67454

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

110-a

Registered No. F 67454

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: alley at 908 Moore St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d 14 & 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. no home
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME WILLIAM CHASE

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
60 ?			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Police Dept.
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAR 20 1940

Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) MAR 20 1940 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

5468

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1940, at 9 45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Pleurisy, chronic suppurative
Due to non-tuberculous
Due to
Other Conditions Chronic alcoholism
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

Duration
unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenmaber M.D.
Medical Examiner.

Date signed 3-21-40

F 67455

53305--FU
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937

F 67455
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 133 N. Spring St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 27 years

3 (a) FULL NAME Joseph Lechnowcz

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married-seperated

6 (b) Name of husband or wife Anastasia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-9-1888

8. AGE: Years	Months	Days	If less than one day
52	0	3	hr. min.

9. Birthplace Poland
(Town, county, and state)
10. Usual Occupation carpenter
11. Industry or business

FATHER
12. Name Michael
13. Birthplace Poland

MOTHER
14. Maiden Name Annetta Selanika
15. Birthplace Poland

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-24-40 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Knapps Road

18 (a) Funeral director Mitchell & Hoyt
(b) Address 1400 Eutaw St.

19 (a) MAR 20 1940 (Registered by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1940, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 28 1940, to March 12 1940, and that I last saw him alive on March 12 1940.

Immediate cause of death	Duration
Hypertensive Heart disease of the pulmonary circulation	Unknown
Due to Emphysema.	
Due to	
Other Conditions Asthmatic bronchitis	Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Morgenstein M. D.
Address Balto. City Hosp. Date signed 3-20-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

67456

CERTIFICATE OF DEATH

46 F F 67456

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1800 N. Charles St. St., 12-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie M. Clark

If U. S. Veteran specify WAR

(a) Residence: No. 1800 N. Charles St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James A. Clark

6. DATE OF BIRTH (month, day, year) Jan. 11, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles Hayden

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Alice Hamilton

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT (Address) Mr. James A. Clark 1800 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cemy. Date 3/21/40

19. UNDERTAKER (Address) John D. Mitchell-Embalmer 1900 Eutaw Place

20. FILED MAR 20 1940 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 5 1939 to March 18 1940

I last saw her alive on March 18 1940 Death is said to have occurred on the date stated above, at 7P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	1939
Other contributory causes of importance: Carcinomatosis Lungs Pleura	1940

Was an operation performed? No Date of

For what disease or injury?

Name of operation X. Ray

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. W. Bishop M. D.

(Address) 501 Sheridan Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 67457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. (1940) F 67457

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 605 W Lee St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 605 W. Lee St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

22

3 (a) FULL NAME Clenda Dukes

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex Fe | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/17/75

8. AGE: Years 65 | Months 1 | Days 10 | If less than one day hr. min.

9. Birthplace S. Carolina (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Joseph Brook
13. Birthplace S. C.

MOTHER 14. Maiden Name Clenda —
15. Birthplace S. C.

16 (a) Informant Annella George
(b) Address 605 W Lee St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location A. A. Co. Md

18 (a) Funeral director Mrs P. A. Elliott-Dtt
(b) Address 1129 N. Caroline St

19 (c) Place of death Huntington Williams M.D.

MAR 20 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 18 1940, at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 16 1940, to Mar 18 1940, and that I last saw h alive on Mar 14 1940.

Immediate cause of death	Duration
Acute Cardiac Dilatation	2 days
Due to Hypertension over	?
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. J. Carroll M. D.
Address 911 Warner St Date signed 3/19/40

F 67458

CGK

BALTIMORE CITY HEALTH DEPARTMENT ✓ 53412

CERTIFICATE OF DEATH 55-E

Registered No. F 67458

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1201 Druid Hill Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edith Sturges

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife Samuel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-15- ? 187?

8. AGE: Years	Months	Days	If less than one day
64	?5	?4	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Phillip Murray
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Levels
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-21-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Westport

18 (a) Funeral director A. Halstead
(b) Address 1918 Druid Hill Ave

MAR 20 1940
(Date rec'd by registrar)

(b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-19 1940, at 8:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-2 1940, to 3-19 1940, and that I last saw her alive on 3-19 1940.

Immediate cause of death Carcinoma of abdomen of undetermined site with metastasis ? — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations See above

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward J. [illegible] M. D.
Address Balt. City Hosp. Date signed 3-21-40

VS 3

F 67459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 67459

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 McElderry St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

5-1

3 (a) FULL NAME John Meads (53518)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14, 1885

8. AGE: Years	Months	Days	If less than one day
54	8 9	21 3	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name John Meads (D)
13. Birthplace Va.

MOTHER
14. Maiden Name Susie Johnson
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 23-40 (Month) (Day) (Year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location A & G Co Md

18 (a) Funeral director Robert L Williams
(b) Address 1 S 15 Mc Elderry

19 (Date received) MAR 20 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17, 1940, at 9:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 6, 1940 to March 17 1940 and that I last saw h im alive on March 17, 1940.

Immediate cause of death: Tuberculosis of the lungs — Duration Sept 1939

Due to

Due to Postoperative post-operative hernia & Hernal Hemorrhage

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Galeson M. D.
Address Baltimore City Hospitals Date signed 3/18/40

VS 3

F 67460 F 3797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 67460

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3600 Keystone Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3600 Keystone Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME STEPHANIE LEE MESZAROS

3 (b) If veteran, name war — | 3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec. 16-1939

8. AGE: Years	Months	Days	If less than one day
	3	3	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation child
11. Industry or business

FATHER
12. Name Stephens a meszaros
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Mary Dorothy Stephens
15. Birthplace Maryland

16 (a) Informant Stephen a meszaros
(b) Address 3600 Keystone Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 21-1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Md

18 (a) Funeral director Horace F. Burger
(b) Address 3231 Falls Road

19 MAR 20 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1940, at 11 45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said ~~inquest~~ (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Bronchopneumonia
Due to Pneumonia
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration 1 day

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Williams M.D. Medical Examiner.
Date signed 3-15-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67461

CERTIFICATE OF DEATH

95-B F 67461

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-V Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laurence Chaffinch

If U. S. Veteran specify WAR

(a) Residence: No. Easton, Md. St., ... Ward. Talbot Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 10, 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME William Pratt Chaffinch

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Anna Elizabeth Hull

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT W. P. Chaffinch

(Address) 700 N. Temple Blvd., N. Temple, Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Spring Hill Date Mar 22, 19..

19. UNDERTAKER James A. Spencer

(Address) Easton, Md.

20. FILED MAR 20 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1940, to March 20, 1940

I last saw him alive on March 20, 1940 Death is said to have occurred on the date stated above, at 1:0 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	20 yr.
Left popliteal Embolism	4 wks
multiple embolism - cerebral	minutes
Other contributory causes of importance:	

Was an operation performed? Yes Date of Left Thigh Amputation

For what disease or injury? Gangrene left leg

Name of operation Mid thigh Amputation

What test confirmed diagnosis? ... Was there an autopsy? ...

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Hugh M. George Jr. M. D.

(Address) University Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 67462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 67462

Please write plainly, with unfading ink. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 308 N. Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BENJAMIN CHANCE

3 (b) If veteran, name war: None
3 (c) Social Security Account No. Has none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife: Mary Corbin Chance
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 3, 1880

8. AGE: Years	Months	Days	If less than one day
60 59	4	17	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name George Chance
13. Birthplace Virginia

MOTHER
14. Maiden Name Catherine Mears
15. Birthplace Virginia

16 (a) Informant Mrs Mamie Overman
(b) Address 621 N. Collington Ave

17 (a) Buried. (Burial, cremation, or removal) (b) Date thereof March 21/40 (month) (day) (year)
(c) Cemetery or crematory Mt Holly
Location Onley Va

18 (a) Funeral director J. M. Cook
(b) Address 1217 St Paul St

19 (a) MAR 20 1940 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1940, at 12:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 17 1940, to March 20 1940, and that I last saw h/m alive on March 20 1940.

Immediate cause of death	Duration
Cerebral hemorrhage	3 days
Due to Hypertension arteriosclerotic ? C. V. Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John F. Coolahan M. D.
Address Church Home & Inf. Date signed 3-20-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67463 F 67463

CERTIFICATE OF DEATH

131-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2801 Matthews St. 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Henry Stinefelt

If U. S. Veteran specify WAR No

(a) Residence: No. 2801 Matthews St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret R. Stinefelt

6. DATE OF BIRTH (month, day, year) Dec 4th 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Transit Co.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Benjamin Stinefelt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Stricker

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs Jas. A. Moore

(Address) 2801 Matthews St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Mar 22nd 1940

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St

20. MAR 20 1940 19 Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 19th, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10th 1940 to March 19th 1940

I last saw him alive on March 19th 1940 Death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Other contributory causes of importance: Chronic Nephritis	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Arthur C Monninger M. D.

(Address) 800 E North Ave

V0 3

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

55231 - MB

F 67464

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-P

Registered No. F 67464

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

18-2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1055 W. Lexington St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Blackman

3 (b) If veteran, name war

3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1907

8. AGE: Years	Months	Days	If less than one day
32	9	6	hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation House Work

11. Industry or business Mrs. Sacks, 3626 Towanda Ave.

FATHER
12. Name Hezekiah Blackman
13. Birthplace North Carolina

MOTHER
14. Maiden Name Jane Kent
15. Birthplace North Carolina

16 (a) Informant Records Balto. City Hospitals
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3 21 1940 (month) (day) (year)
(c) Cemetery or crematory
Location Selma North Carolina

18 (a) Funeral director Joseph A Lovely
(b) Address 410 N Mount Street

19 (a) (b) Hunting Registrar

MAR 20 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-16 1940, at 6.35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-26 1940, to 3-16 1940, and that I last saw her alive on 3-16 1940.

Immediate cause of death	Duration
Cerebral Thrombosis	1 week
Due to	
Due to	
Other Conditions Uterine fibroids	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations uterine fibroids
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. K. Woodward Jr. M. D.
Address Balto City Hosp. Date signed 3-16-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67465

CERTIFICATE OF DEATH

30-c

F 67465

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 21-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME Louise Mae Palmer

If U. S. Veteran specify WAR _____

(a) Residence: No. 851 W Ostend St St., _____ Ward. _____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 30 1936

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
3	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Palmer

14. BIRTHPLACE (city or town) (State or country) Franklinton Va

MOTHER

15. MAIDEN NAME MacRee Savage

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT James Palmer
(Address) 851 Ostend St

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date Marchee 1940

19. UNDERTAKER Joseph A Lyerly
(Address) 1129 Edmondson Ave

20. FILED MAR 20 1940 Registrar Wilson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-18, 1940

22. I HEREBY CERTIFY, That I attended deceased from 3-17 (9 P.M.) 1940 to 3-18 1940

I last saw her alive on 3-18 1940 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Bronchopneumonia	1 week
Dehydration	1 day
Malnutrition	1 yr

Other contributory causes of importance

Congenital Syphilis	2 yrs

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? X-ray etc. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
_____ If so, specify _____

(Signed) R. Cunningham M. D.

(Address) Univ. Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 67466

48336 SD F 67466

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. No home, 41 S. Stricker St.
(If rural give location) last address
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Hawkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 30, 1870

8. AGE: Years	Months	Days	If less than one day
69	(10) 9	14	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John (d)
13. Birthplace Wales

MOTHER
14. Maiden Name Ella Jenkins
15. Birthplace Wales

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Removal (b) Date thereof 3/21/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Allegheny Cemetery
Location Frostburg Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) (Signature of undertaker) (b) [illegible]

MAR 21 1940

VE 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1940, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 14 1939, to March 14 1940, and that I last saw him alive on March 14 1940.

Immediate cause of death Arteriosclerotic Heart disease — Duration unknown

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Murray Kelsheimer M.D.
Address 1211 Cathedral St. Date signed 3/14/40

F 67467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

58-B

F 67467 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 BRUCE. ST.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40-yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 BRUCE. ST (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary. C. Nickum.

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex f

5. Color or race Col

6 (a) Single, married, widowed, or divorced MARRIED

6 (b) Name of husband or wife JOHN.

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 1-18-1893

8. AGE: Years 47 | Months 2. | Days 2 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation DOMESTIC

11. Industry or business HOUSEWORK.

FATHER
12. Name GEORGE HOPKINS.
13. Birthplace MD.

MOTHER
14. Maiden Name EMMA JOHNSON.
15. Birthplace MD.

16 (a) Informant JOHN H NICKUM.
(b) Address 1414 BRUCE. ST

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-23-40 (month) (day) (year)
(c) Cemetery or crematory MT. AUBURN.
Location Md.

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania Ave

19 (a) 1940 (Date received by registrar) (b) [illegible] Registrar

MAR 22 1940
MAR 21 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 20 19 40, at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 26 1940 to Mar 20 1940, and that I last saw her alive on Mar 20 1940.

Immediate cause of death	Duration
Acute Endocarditis	1 month
Due to Rheumatism	7 months
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. B. Funk. M.D.
Address [illegible] signed Mar 20 1940

67468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 67468 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 827 E. Chase St
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 64 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore city (If outside city or town limits, write RURAL and give town)
(d) Street No. 827 E Chase St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

10

3 (a) FULL NAME Edward J. Burke

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Mary A. Burke nee Monaghan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4, 1876

8. AGE: Years	Months	Days	If less than one day hr.	min.
64	0	16		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Constable at
11. Industry or business People's Court Balto City.

FATHER
12. Name Thomas Burke
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen Ford
15. Birthplace Ireland

16 (a) Informant Mrs. Leo. Burke
(b) Address 827 E. Chase St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 23/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location 4300 Old Frederick Rd.

18 (a) Funeral director Elmer W. Conklin Sr.
(b) Address 924 E. Eager St.

19 (a) MAR 21 1940 (Date received by registrar) (b) Harold J. Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20, 1940, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1939 to March 1940, and that I last saw him alive on March 18 1940.

Immediate cause of death Arteriosclerotic Cardio-Vascular Renal Disease — **Duration**

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philip V. Lyons M. D.

Address 423 E North Ave Date signed 3-20-40

67469

F 67469

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 910 Harlem Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 910 Harlem Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James A.Black,

3 (b) If veteran, name war	3 (c) Social Security Account No.
-----	----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mabel R.Black,
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) October 11,1884

8. AGE: Years	Months	Days	If less than one day
55	5	9	..... hr. ..... min.

9. Birthplace Baltimore City.
(Town, county, and state)
10. Usual Occupation Retired Pharmacist.
11. Industry or business

FATHER
12. Name James Black,
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Margaret Campbell.
15. Birthplace Ireland

16 (a) Informant Mrs Mabel R.Black,
(b) Address 910 Harlem Ave.

17 (a) Burial (b) Date thereof 3-23-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore Co. Md.

18 (a) Funeral director Geo W. Little
(b) Address 2700 Edmondson Ave.

19 (a) Filed MAR 21 1940 (b) [signature] Registrar
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-20-40 19 , at 6 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1938 to March 20 1940, and that I last saw him alive on March 18 1940.

Immediate cause of death	Duration
Arteriosclerotic Cardio Vascular Disease	5 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Karl Grossman M. D.
Address 212 N. Patterson Pk Ave Date signed 3/21/40

F 67470 F 6864

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-E

F 67470 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1818 N. Caroline St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1818 N. Caroline St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

9

3 (a) FULL NAME Francis J. Ruane

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 7th 1940

8. AGE: Years	Months	Days	If less than one day
		13	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William A. Ruane
13. Birthplace Scranton Penna.

MOTHER
14. Maiden Name Clementine Heyne
15. Birthplace Md

16 (a) Informant Wm. A. Ruane
(b) Address 1818 N. Caroline St

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-22-40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Harford Rd
Location Harford Ave & 30th St.

18 (a) Funeral director Leo G. Cook
(b) Address 1903 N. Patt Park Ave

MAR 21 1940 (Date rec'd by registrar) (b) [illegible] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 20 1940, at 12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 7 1940 to Mar 20 1940, and that I last saw him alive on Mar 20 1940.

Immediate cause of death	Duration
Congenital Cardiac Malformation	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B C Herzog MD M. D.
Address 1305 N Patt Park Ave Date signed Mar 20

F 67471

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No. F 67471

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 937 W. Franklin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 937 W. Franklin St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Benjamin Bradford

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Married

6 (b) Name of husband or wife Rachel Bradford
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 17 1870

8. AGE: Years	Months	Days	If less than one day
70	2	1	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Mose Bradford
13. Birthplace Va

MOTHER
14. Maiden Name Unknown
15. Birthplace Va

16 (a) Informant Rachel Bradford
(b) Address 937 W. Franklin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/21/1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location A. A. Co

18 (a) Funeral director Raynor Sanders
(b) Address 1412 E. Preston St

MAR 21 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1940, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 16 1940 to March 18 1940 and that I last saw h[illegible] alive on March 18 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 days
Due to
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury

23. Signature [illegible]
Address 934 [illegible] Date signed March 20 1940

VS 1

F 67472

F 67472

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

114-D Registered No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 624 Bond St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John McKeever (53304)

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Color	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. ? ?

8. AGE: Years	Months	Days	If less than one day
67	?	?	hr. min.

9. Birthplace Ky. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Benjamin
13. Birthplace Ky.

MOTHER
14. Maiden Name Lee Ella
15. Birthplace Ky.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 21 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location C. A. Co.

18 (a) Funeral director Rayner Sanders
(b) Address 1613 E. Preston St

19 (a) (Registrar's signature) (b) Registrar

MAR 21 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16, 1940, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 28, 1940, to March 16 1940 and that I last saw him alive on March 16 1940.

Immediate cause of death	Duration
abscess of the lung non-tuberculosis	2 yrs
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address Baltimore City Hospitals Date signed 3/18/40 M.D.

F 67473
LB 53832

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83B

F 67473
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 415 S. Regester St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry F. Hartman

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married (Sep.)

6 (b) Name of husband or wife Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 2, 1864

8. AGE: Years	Months	Days	If less than one day
75	4	17	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation O. A. P.
11. Industry or business

FATHER
12. Name Gutley Hartman
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof Mar 22 (month) (day) (year)
(c) Cemetery or crematory Trinity Cem
Location Baltimore Co Md

18 (a) Funeral director Williams Fallsway
(b) Address 1618 Eastern Ave

19 (a) (Date rec'd by registrar) (b) Registrar

APR 1 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1940, at 4:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 16 1940, to March 19 1940, and that I last saw him alive on March 19 1940.

Immediate cause of death Cerebral thrombosis — Duration 3 days

Due to

Due to

Other Conditions Generalized arteriosclerosis — unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address Balto City Hosp Date signed 3-20-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

67474

Lochary

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137 - 67474

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Harford
(c) City or town Bel Air (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fred Lochary

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Clara P. Lochary
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) July 14-1874

8. AGE: Years	Months	Days	If less than one day
66	1	7	hr. min.

9. Birthplace Harford Co Md (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Thomas Lochary
13. Birthplace Harford Co Md

MOTHER
14. Maiden Name Cassandra Wilson
15. Birthplace Harford Co Md

16 (a) Informant Mrs Clara P Lochary
(b) Address Bel Air Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 25-1940 (month) (day) (year)
(c) Cemetery or crematory St Ignatius
Location Harford Co Md.

18 (a) Funeral director Dean & Son
(b) Address Bel Air Md

19 (a) 1940 (Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1940, at 4:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 4 1940, to March 21 1940, and that I last saw him alive on March 21, 1940.

Immediate cause of death	Duration
Shock, surgical	
Due to Operation for prostatic hypertrophy	
Due to	
Other Conditions Asthma	

(Include pregnancy within 3 months of death)

Major findings: Of operations Prostatic hypertrophy
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R Donald Jandorf M. D.
Address So. Balto. Gen. Hosp. Date signed 3-21-40

67475

F 67475

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 E Cross St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) — 2 2 2
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 E Cross St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME BENJAMIN F STEWART.

3 (b) If veteran, name war: no
3 (c) Social Security Account No. no.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mary Bolgia
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) July 1st, 1883

8. AGE: Years	Months	Days	If less than one day
56	8	19	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Street peddler
11. Industry or business own business

FATHER
12. Name George W Stewart
13. Birthplace Crisfield Md.

MOTHER
14. Maiden Name Mary Metaday
15. Birthplace Baltimore Md

16 (a) Informant sister Jeanette Mueller
(b) Address 2 W E Heath St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 23/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E North Ave Ext

18 (a) Funeral director William M Mareck
(b) Address 716 Light St

MAR 21 1940

(Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1940, at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry),
obtained by said inquiry find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Cerebral hemorrhage — Duration 3 months
Due to Arteriosclerosis
Due to
Other Conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 3-24-40

F 67476

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 67476 Registered No. 943

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4604 Kenwood Kenneway
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 dd
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 4604 Kenneway
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LOUISE HUBNER

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married

6 (b) Name of husband or wife Wm R Hubner
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) JAN 10 1879

8. AGE: Years	Months	Days	If less than one day
61	2	10	— hr. — min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business —

FATHER
12. Name Charles S. Schermerhorn
13. Birthplace Albany N.Y.

MOTHER
14. Maiden Name Charlesetta Applegarth
15. Birthplace Balto Md

16 (a) Informant William R. Hubner
(b) Address 4604 Kenneway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof MAR 22 1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Henry W Jenkins Son
(b) Address McCulloh & Pachard Sts

MAR 22 1940 (Date filed by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1940, at 8.30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1939, to Mar 19 1940, and that I last saw her alive on March 19, 1940.

Immediate cause of death	Duration
Coronary occlusion	16 hrs.
Due to	
Due to	
Other Conditions Angina Pectoris	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry T. Colenberg M. D.
Address 2 W. Read St Date signed 3/21/40

F 67477

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-D

Registered No. F 67477

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address W. Fayette St.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-1 2 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto. Co.
(c) City or town Arbutus (If outside city or town limits, write RURAL and give town)
(d) Street No. Sulphur Spring Rd. (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mrs. Mary Snyder

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife William M. Snyder
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 25 1865

8. AGE: Years	Months	Days	If less than one day
74	9	25	hr. ..... min.

9. Birthplace Balto. Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Ferdinand De Boy
13. Birthplace Alsace Lorraine

MOTHER
14. Maiden Name Catherine De Boy
15. Birthplace Alsace Lorraine

16 (a) Informant Son
(b) Address Leonard Snyder

17 (a) New Cathedral (Burial, cremation, or removal) (b) Date thereof March 26. 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto City

18 (a) Funeral director John R Kenny
(b) Address 1248 Ludy Ave. Arbutus.

MAR 23 1940 (Date received by registrar)
(b) Thomas for Milligan, M.D. Registrar

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1940, at 10 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-21 1940 to 3-20 1940, and that I last saw her alive on 3-20 1940.

Immediate cause of death	Duration
Bronchopneumonia	4 days
Due to	
Due to	
Other Conditions Adenocarcinoma R. rectum. Cholelithiasis	1 year

(Include pregnancy within 3 months of death)

Major findings:
Of operations Adenocarcinoma of rectum
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. McClafferty M. D.
Address Bon Secours Hosp. Date signed 3-20-40

F 67478

67478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 920 W Saratoga St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME MARY SMITH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced M. ~~separated~~

6 (b) Name of husband or wife Robert Smith

6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) March 31, 1874

8. AGE: Years 56 ~~64~~ | Months 11 | Days 19 | If less than one day hr. min

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation domestic - 2 yrs ago

11. Industry or business housework

FATHER
12. Name John -
13. Birthplace Maryland

MOTHER
14. Maiden Name Henrietta Galloway
15. Birthplace Calvert Co. Md.

16 (a) Informant Mrs. Robert Smith
(b) Address above address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-23-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Winans

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) MAR 21 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1940, at 9 20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said ~~autopsy~~ (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Carcinomacentor renal disease.

Duration 2 mo. 3 mo.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallamstein M.D. (Medical Examiner.)

Date signed 3-19-40

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

67479 F 67479

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hospital for Women of Md. 94-a Registered No.

CITY OF BALTIMORE: (No. Baltimore St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. 11 mos. 19 dys. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME TANEY HILL, MARGUERITE McALLISTER If U. S. Veteran specify WAR

(a) Residence: No. 1316 Eutaw Pl. St. Ward. 11
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of G. Lane Taneyhill, M. D.

6. DATE OF BIRTH (month, day, year) March 31, 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William McAllister

14. BIRTHPLACE (city or town) (State or country) Rockport, Md.

MOTHER

15. MAIDEN NAME Charlotte Evans

16. BIRTHPLACE (city or town) (State or country) Cape Town, S. Africa

17. INFORMANT Dr. G. Lane Taneyhill

(Address) 1316 Eutaw Place

18. CREMATION, Place Greenmount Cem. Date March 23rd 1940

19. UNDERTAKER Wm. J. Tickner & Sons.

(Address) North & Penna Aves.

20. FILED MAR 21 1940 19 Hunting for Willis Preston M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May. 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 29, 1940 to May. 20, 1940

I last saw her alive on Mar. 19, 1940 Death is said to have occurred on the date stated above, at 1.45 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 3/19/40

Other contributory causes of importance:

Hypertension

Was an operation performed? No Date of

For what disease or injury? ✓

Name of operation ✓

What test confirmed diagnosis? E.C.G. & Occasionally Was there an autopsy? Refused

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John J. King M. D.

(Address) 1210 Eutaw Place

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 67480

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3/31-2

F 67480 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2402 Garrison Blvd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2402 Garrison Blvd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

1548

3 (a) FULL NAME Estella Pfeiffer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband Jacob R. Pfeiffer
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) April 15, 1872

8. AGE: Years	Months	Days	If less than one day
67	11	4	..... hr. ..... min.

9. Birthplace Anne Arundel County, Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Wm. McCeney.
13. Birthplace Maryland

MOTHER
14. Maiden Name Sophie McCeney
15. Birthplace Maryland

16 (a) Informant Mr. Jacob R. Pfeiffer
(b) Address 2402 Garrison Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/21/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Pa. Avenues

MAR 21 1940 (Date received by registrar) (by) Hunter Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19, 1940, at 7:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-17 1940 to 3-19 1940, and that I last saw her alive on 3-19 1940.

Immediate cause of death	Duration
Acute Myocardial insufficiency	1 day
Due to ..... or	
Due to Acute Pleurisy	2 days
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Arthur J. Davies M. D.
Address 800 W 33rd Date signed 3-20-40

F 67481

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

F 67481 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1226 Mc Elderry St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1226 Mc Elderry (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lee Porter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	M

6 (b) Name of husband or wife Louise

6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) July 18th 1909

8. AGE: Years	Months	Days	If less than one day
30	8	0	hr. min.

9. Birthplace Charlotte N. C (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER 12. Name Bennie Porter

13. Birthplace N. C

MOTHER 14. Maiden Name Unknown

15. Birthplace ?

16 (a) Informant Annie B. Porter Wife

(b) Address 1307 Ashby St Charlotte N. C

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof 3-21 at 1940 (month) (day) (year)

(c) Cemetery or crematory

Location Charlotte N. C

18 (a) Funeral director Belmont Francis K. Knight

(b) Address 1218 Pennsylvania Ave

MAR 21 1940 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1940, at 10:30 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said Autopsy find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Duration

Immediate cause of death Bullet wound Chest Perforation of aorta

Due to Hemorrhage

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 3/18/40
(c) Where did injury occur? 1226 Mc Elderry St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Bullet 0.38 - Pistol shot by assailant

23. Signature Wm H. Anderson M.D. Medical Examiner.

Date signed 3/18/40

VS 6

67482

LB 55675

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

30-D Registered No. E 67482

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs.

15-T

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1542 Whatcoat St. (If rural give location)
(e) If foreign born, how long in U. S. A.? yrs.

3 (a) FULL NAME: Tunstall Banks

3 (b) If veteran, name war:

3 (c) Social Security Account No. 212-16-3629

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife:

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) July 4, 1879

8. AGE: Years 60 | Months 8 | Days 8 | If less than one day: hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation longshoreman

11. Industry or business unemployed

FATHER
12. Name Milton Banks
13. Birthplace Va.

MOTHER
14. Maiden Name Mary ?
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location JOHNS HOPKINS MEDICAL SCHOOL MAR 21 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) MAR 21 1940 (Date Rec'd by Registrar) Livingston Williams, M.D. Address 3440

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1940, at 10:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 11 1940, to March 12 1940, and that I last saw h[illegible] alive on March 12 1940.

Immediate cause of death: Aneurysm of the aorta — Duration: [illegible]

Due to: Syphilitic aortitis — Duration: [illegible]

Due to: — Duration:

Other Conditions Terminal bronchopneumonia — Duration: 3 days.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Aneurysm and pneumonia.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murphy Chesney M. D.
Address Bells Cabin Hosp. Date signed 3-16-40

VS 3

PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The is especially important. Physicians; please write the causes of death clearly and legibly.

Spec.—8-16-39—L. F. S.—100 Bks.

67483

✓ F 67483

HEALTH DEPARTMENT—CITY OF BALTIMORE

131-B

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1723 Cairo ST. 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eliza Brown

(a) RESIDENCE NO. 1723 Cairo ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Brown

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) West River Maryland

PARENTS

10 NAME OF FATHER Charles Crowner

11 BIRTHPLACE OF FATHER (city or town) (State or country) West River Maryland

12 MAIDEN NAME OF MOTHER Eliza Coates

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West River Maryland

14 Informant Beatrice Brown

(Address) 1223 Cairo St

MAR 21 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18, 1940

17

I HEREBY CERTIFY, That I attended deceased from Jan 29, 1940, to March 18, 1940,

that I last saw her alive on March 14, 1940

and that death occurred, on the date stated above, at 7:30 A m.

The CAUSE OF DEATH* was as follows:

Nephritis acute

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Douglas S Sheppard M. D.

3/21, 1940 (Address) 1631 W. Franklin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Mar 23, 1940
20 UNDERTAKER Mrs Katie R Williams	ADDRESS 3 [illegible] St

Information, which is to be given by the person best acquainted with the facts, must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 67484 F1361 BALTIMORE CITY HEALTH DEPARTMENT 154 F 67484

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens + Caton Ave
(c) Hospital or institution: St Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 9203 Hartford Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Cousens

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 19, 1920

8. AGE: Years	Months	Days	If less than one day
			10 hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Mr. Russell B. Cousens
13. Birthplace Mechanicsburg Pa

MOTHER 14. Maiden Name Margaret Redmond
15. Birthplace York Pennsylvania

16 (a) Informant St Joseph Hosp
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 21, 1940 (month) (day) (year)
(c) Cemetery or crematory Brethren
Location Long Green Md

18 (a) Funeral director Chas E. Sodd
(b) Address Belair Md.

19 MAR 21 1940 (Date rec'd by registrar) Registrar Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-20 1940, at 9:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-19 1940, to 3-20 1940, and that I last saw her alive on 3-20 1940

Immediate cause of death Prematurity

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James Cairns M. D.
Address St. Agnes Hosp. Date signed 3/21/40

F 67485

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

✓ F 67485 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1707 Williams St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1247 Knox St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

24 ✓

3 (a) FULL NAME CATHERINE GEISLER ✓

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age . years

7. Birth date of deceased (mo., day, yr.) July 19, 1939

8. AGE: Years	Months	Days	If less than one day
	8	-	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation infant.
11. Industry or business

FATHER
12. Name Thomas Geisler
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Catherine Crispino
15. Birthplace Baltimore, Md

16 (a) Informant Catherine Geisler
(b) Address 1247 Knox County

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Baltimore, Md

18 (a) Funeral director Leonard D. Covington
(b) Address 21 W. 25th St.

19 MAR 21 1940 Huntington Williams M.D. (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1940, at 8 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said ~~inquest~~ (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death Bronchopneumonia primary — Duration 2 days
Due to ~~[illegible]~~ avitaminosis — Duration one week
Due to — Duration —
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.
Date signed 3-15-40

VS 6

F 67486

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

F 67486 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Belona Ave
(c) Hospital or institution:
Nurseing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1107 Forrest Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edwin C. Thompson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife May Minnick

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12, 1866

8. AGE: Years	Months	Days	If less than one day
73	9	8	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Market Merchant

FATHER
12. Name Henry Thompson
13. Birthplace London, England

MOTHER
14. Maiden Name Martha Lowell
15. Birthplace London England

16 (a) Informant May Thompson
(b) Address 1107 Forrest Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 23/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 MAR 21 1940 (Date received by registrar) (b) Huntington Nitkatis, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/20 1940, at 1:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/10 1940, to 3/20 1940, and that I last saw him alive on 3/20 1940.

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to

Other Conditions Carcinoma of Prostate gland & enterocolitis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. T. Boatfield M.D.
Address 5829 Belair Rd Date signed 3/21/40

VS 3

53787 - R.B.

67487

2 brass

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-B

✓ F 67487 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1116 Greenmount Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

10-1

3 (a) FULL NAME Joseph Garner

3 (b) If veteran, name war

3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 31, 1922

8. AGE: Years	Months	Days	If less than one day
18	1	19	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Ernest Garner

13. Birthplace Virginia

MOTHER 14. Maiden Name Verona Rainer

15. Birthplace Maryland

16 (a) Informant Records

(b) Address Balto. City Hosps.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 23/40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore

18 (a) Funeral director Rita Wiedefeld

(b) Address 914 Greenmount Ave

19 (a) MAR 21 1940 (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1940, at 6⁰⁰ A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1940, to March 20 1940, and that I last saw him alive on March 20 1940.

Immediate cause of death	Duration
Rheumatic Heart Disease	unknown
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy mitral and aortic valvulitis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. Murray Hellstein M. D.

Address Balto. City Hosp. Date signed 3-20-40

PRINT WITH PENCIL, NOT WITH INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 67488

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 67488 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important: Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 822 Warren ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 822 Warren ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME WILLIAM WILLIAMS

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Wid

6 (b) Name of husband or wife Frances Williams

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years 40 | Months | Days | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business W PH

FATHER
12. Name John Williams
13. Birthplace Maryland

MOTHER
14. Maiden Name Lillie Wise
15. Birthplace Maryland

16 (a) Informant Lillie Wise - mother
(b) Address 822 Warren St.

17 (a) (Burial, cremation, or removal) (b) Date thereof Mch 22-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director James A Hayes
(b) Address 1448 W Pratt St

19 MAR 21 1940 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1940, at 7 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Tuberculosis, Pulmonary — **Duration** 1 year

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Williams M.D.
Medical Examiner.
Date signed 3-20-40

VS 6

F 67489 ✓ F 67489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-W Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2304 Division
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 31 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(Street) No. 2304 Division (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cora Coles

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife 1900

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 40 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation
11. Industry or business At Home

FATHER 12. Name Edward Moyler
13. Birthplace Va

MOTHER 14. Maiden Name Patsy Spratley
15. Birthplace Va

16 (a) Informant Clara Hamilton
(b) Address 2304 Division St

17 (a) (Burial, cremation, or removal) (b) Date thereof Mch 21-1940 (month) (day) (year)
(c) Cemetery or crematory Smithfield, Va
Location

18 (a) Funeral director James A Dayco
(b) Address 142 W Lib St

19 (a) MAR 21 1940 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1940 at 3:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 19 1940 to March 19 1940. and that I last saw h[illegible] alive on March 19 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration: 5 hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address [illegible] Date signed 3/21/40

VS 2

F 67490

F 67490 36

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 das
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4012 Walnut Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Stella Swann

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife James Swann (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) Oct 3rd 1905

8. AGE: Years	Months	Days	If less than one day hr.	min.
34	5	17		

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Stelle Blankey
13. Birthplace Maryland

MOTHER 14. Maiden Name Anna Rampley
15. Birthplace Maryland

16 (a) Informant Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 22 40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Harford Co. Md

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Belair Rd (Attending for Williams, M.D.)

MAR 21 1940 (Date received by Registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 19 1940 at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 15 1940 to Mar 19 1940 and that I last saw h[illegible] alive on Mar 19 1940

Immediate cause of death	Duration
Bronchopneumonia	4 days
Due to Pneumococcus type 8	
Due to Chronic Rheumatic heart disease, mitral Stenosis and insufficiency	7 yrs
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Confirmatory

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature WB McAllister Jr M. D.
Address Date signed 3/19/40

F 67491

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ F 67491

164 c Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 31 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 208 Linden Terrace
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Elizabeth Robinson Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6, 1864

8. AGE: Years	Months	Days	If less than one day
76	—	14	hr. min.

9. Birthplace Baltimore Co, Md (Town, county, and state)
10. Usual Occupation Farmer (Retired)
11. Industry or business

FATHER
12. Name Frank Smith
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Hospital Records
(b) Address Union Memorial Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 23, 1940 (month) (day) (year)
(c) Cemetery or crematory Glenmalura Cem.
Location Jacksonville, Md.

18 (a) Funeral director John Burns' Sons
(b) Address Towson, Md.

19 (a) MAR 21 1940 (Date received by registrar) (b) [illegible] for Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1940, at 7.40 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said C (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Bullet wound of head — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Suicide
(b) Date of occurrence 3/19/40
(c) Where did injury occur? 208 Linden Terrace, Towson (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home Bedroom While at work? No (Specify type of place)
(e) Means of injury 32 cal pistol - bullet

23. Signature [illegible] M.D. Medical Examiner.
Date signed 3/20/40

F 67492

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-D

Registered No. F 67492

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1034 Sharpe St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 23d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1034 Sharpe St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H. Williams

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-9118

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	M

6 (b) Name of husband or wife Martha Williams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 7 1898

8. AGE: Years	Months	Days	If less than one day
5 2 41	6	11	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Laborer
11. Industry or business —

FATHER
12. Name Henry Williams
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Ella Johnson
15. Birthplace Baltimore Md

16 (a) Informant Martha Williams
(b) Address 800 Eutaw Street

17 (a) Burial (b) Date thereof 3 / 21 / 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore Md

18 (a) Funeral director Isaiah A. Brown Son
(b) Address 1058 Montgomery Street

19 (a) MAR 21 1940 (b) H. Huntington Williams M.D.
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1940, at 9 am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Syphilitic aortic Aortic insufficiency	
Due to Multiple Gliomas in st lung	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Vandegrift M.D.
Medical Examiner.
Date signed 3/18/40

67493

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 67493 Registered No. 95-C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2917 Thorndale Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 78 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2917 Thorndale Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

2 pcs

3 (a) FULL NAME Bertha Lee Patterson

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Francis L. Patterson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 24 1862

8. AGE: Years 78 | Months 6 | Days 24 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Seymour
13. Birthplace Balto Md

MOTHER 14. Maiden Name Rachel Gregory
15. Birthplace Balto Md

16 (a) Informant Francis L. Patterson
(b) Address 2917 Thorndale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 23 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Patterson & Sons
(b) Address 2224 N Charles St

MAR 21 1940 (Date rec'd by registrar) Burial to Williamsport Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1940 at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 6 1939 to March 20 1940, and that I last saw he alive on March 20 1940.

Immediate cause of death Cerebro-Cerebral Cerebral Thrombosis — Duration 20 days
Due to Hepatomegaly — 2 days
Due to Cirrhosis hepatis
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations No
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H G Jones M.D.
Address 2818 N Charles Date signed 3/24/40

VS 3

F 67494

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-7

F 67494 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2431 Maryland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2431 Maryland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George W. Gow Benson

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: M
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Married.
6 (b) Name of husband or wife: Edith V. Benson
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) July 8 - 1883
8. AGE: Years 57 | Months 8 | Days 13 | If less than one day: hr. min.
9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Lawyer
11. Industry or business

FATHER
12. Name Joseph K. Benson
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth V. Linthicum
15. Birthplace Maryland

16 (a) Informant Mrs Edith V. Benson
(b) Address 2431 Maryland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 22 1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director J. Fletcher Gue
(b) Address 2224 N. Charles St.

19 (a) (Date rec'd by registrar) (b) Hunter Stevenson Williams, M.D. Registrar

MAR 31 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1940, at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1920 to March 20 1940 and that I last saw h alive on March 19 1940.

Immediate cause of death: Acute cardiac decompensation — Duration: Few minutes
Due to: Myocarditis — 5 years
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hunter Stevenson Williams M.D.
Address 2436 Maryland Ave Date signed 3/24/40

67495 Stiemly ✓ F 67495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland Gen Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3409 Dudley Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Katherine Stiemly ✓

3 (b) If veteran, name war: W

3 (c) Social Security Account No. 216-07-9502

4. Sex: Fe | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5, 1883

8. AGE: Years 56 | Months 11 | Days 16 | If less than one day: hr. min.

9. Birthplace Balto., Md (Town, county, and state)

10. Usual Occupation Seamstress

11. Industry or business Keyser Inc

FATHER — 12. Name Michael Stiemly
13. Birthplace Baltimore Md

MOTHER — 14. Maiden Name Elizabeth Walter
15. Birthplace Baltimore Md

16 (a) Informant Mrs Mary Conroy
(b) Address 606 East 36th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 25 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Fullmer
(b) Address 1219 St Paul St.

19 (a) (Date rec'd by Registrar) (b) [signature] Registrar
MAR 27 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-21-40 19 , at 2 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-12 1940, to 3-21 1940, and that I last saw her alive on 3-21-40.

Immediate cause of death: Myocardial failure — Duration: 3-19-40
Due to: Lobar pneumonia — ?
Due to: Arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. K. Mansfield M. D.
Address Md Gen Hosp Date signed 3-21-40

F 67496

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 67496 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Hospital
(c) Hospital or institution: Baltimore Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 6 Mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 612 E Arlington ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

27-10

3 (a) FULL NAME Mrs Rose Baeh

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: F
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: William A Baeh
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3 1855

8. AGE: Years 84 | Months 10 | Days 17 | If less than one day hr. min.

9. Birthplace Howard Co Md
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph A Kuhn
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace Germany

16 (a) Informant Mr Luke J Kelly
(b) Address 612 Arlington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 22/40 (month) (day) (year)
(c) Cemetery or crematory St Mary Catholic
Location Baltimore Md

18 (a) Funeral director Wilson & Co
(b) Address 1219 St Paul St

(a) Filed MAR 21 1940 (b) E. Williams, M.D. Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-20-40 19 . at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-19-40 19 . to 3-20-40 19 . and that I last saw her alive on 3-20 1940.

Immediate cause of death: Coronary Heart Disease — Duration: 5 weeks
Due to: Arteria Sclerotic Cardio Vasc. Disease — 5 yrs
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E J Mendelis M. D.
Address Mercy Hospital Date signed 3-20-40

F 67497

F 67497

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Bureau
(b) Street address 801 Bunsen St.
(c) Hospital or institution: Baltimore City Jail
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 dys
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1013 No permanent address (If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles E. Brewer

3 (b) If veteran, name war: no ?

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rose Flanagan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/31/1886

8. AGE: Years	Months	Days	If less than one day
53	9	19	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Driver - Balto. dept

11. Industry or business City Street Cleaning dept

FATHER
12. Name Isaac F. Brewer.
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Annie P. Clark
15. Birthplace Balto Md.

16 (a) Informant Mabel A. Brewer
(b) Address 630 - N Washington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Balto Md

18 (a) Funeral director George D. Pentz & Son
(b) Address 1715 Harford Ave.

19 MAR 21 1940 (Date received by registrar) Thomas J. Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/20/1940, at 7.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/19/1940, to 3/20/1940, and that I last saw him alive on 3/20/1940.

Immediate cause of death	Duration
Acute Cardiac Dilatation	30 min.
Due to Myocarditis	3 mos.
Due to Chronic Alcoholism	6 mos.
Other Conditions Arteriosclerosis	6 mos.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas J. Williams M. D.
Address Baltimore City Jail Date signed

CCK

F 67498

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

/108

Registered No. F 67498

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 636 S. Newkirk St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Buinov

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5, 1939

8. AGE: Years	Months	Days	If less than one day
	8	15	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Edward

13. Birthplace Pa.

MOTHER 14. Maiden Name Bertha Petro

15. Birthplace Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 3/22/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Rd.

18 (a) Funeral director Charles E. Schimunek.

(b) Address 2601-03 E. Madison St.

19 MAR 21 1940 (b) for Registrar
(Date rec'd by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/20/40 19 , at 8:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/19/40 19 , to 3/20/40 19 , and that I last saw h/m alive on 3/20/40 19 .

Immediate cause of death Bilateral acute Pneumonia (lobar) — Duration 5 days

Due to

Due to

Other Conditions Adynamic ileus Febrile Convulsion
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Extensive pneumonia.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature

Address Date signed 3/20/40

67499

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-B

Registered No. 67499

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balt. Gen Hosp. 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 dd
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt. City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1327 N. Curley St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Claude L. Kuss.

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NO

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Marie A. Kuss
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 20 1892

8. AGE: Years 47 | Months 10 | Days 26 | If less than one day: hr. min.

9. Birthplace: Balto Md. (City, county and state)

10. Usual Occupation: Balto City Fire Dept Insp't

11. Industry or business: Fire Dept

FATHER
12. Name: August Kuss
13. Birthplace: Balto Md.

MOTHER
14. Maiden Name: Ella A. Wetzel
15. Birthplace: Lancaster, Pa.

16 (a) Informant: Marie A. Kuss, Wife
(b) Address: 132 N. Curley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/22/40 (month) (day) (year)
(c) Cemetery or crematory: Mt. Carmel
Location: Odonnell St. Balto City

18 (a) Funeral director: Lilly & Zeller
(b) Address: 403 S. Eutaw St.

19 (a) (Registrar) (b) Tony Williams M.R. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3-19 1940 at 12 35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-15 1940 to 3-19 1940 and that I last saw h[illegible] alive on 3-19 1940.

	Duration
Immediate cause of death: Hemorrhage from	2 days
Due to: Oesophageal varices (ruptured)	2 days
Due to: Portal Cirrhosis	1 year
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature: John P. Uhlrich Jr. M.D.
Address: 1 S. Eutaw St. Balto Md. Date signed: 3-19-40

67500

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-C

Registered Number F 67500

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be sure age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1740 E Baltimore St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 2 mo. 14 days

2. USUAL RESIDENCE OF DECEASED:

(a) State New Jersey (b) County Cape May

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) La Pennis

(d) Street No. 1740 E Baltimore St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Belle Carroll

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 3, 1851

8. AGE: Years	Months	Days	If less than one day
89	1	18	hr. min.

9. Birthplace New Jersey (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Henry

13. Birthplace Baltimore

MOTHER 14. Maiden Name Charlotte Johnson

15. Birthplace N. Jersey

16 (a) Informant Charles Carroll

(b) Address 1740 Baltimore St.

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof Mar 23 1940 (month) (day) (year)

(c) Cemetery or crematory La Pennis

Location New Jersey

18 (a) Funeral director A. Sander & Son Inc.

(b) Address Mar 21 1940 & Broadway

19 (a) ..... (Date rec'd by registrar) (b) Huntington Williamsville, N.Y.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 21 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to Mar 21 1940 and that I last saw her alive on March 21 1940

Immediate cause of death	Duration
Hypostatic Pneumonia	36 hrs
Due to Arteriosclerosis Cardiac Hypertrophy, Arthritis	20 years
Due to Advanced years	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Charles Carroll M. D.

Address Date signed

F 67501

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-7 F 67501 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Maryland.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1702 Thames Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Wilhelm Olsson

3 (b) If veteran, name war

3 (c) Social Security Account No. 218 03 8199

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 18, 1881

8. AGE: Years	Months	Days	If less than one day
58	6	1	hr. min.

9. Birthplace Kalmar, Sweden
(Town, county, and state)

10. Usual Occupation Master of ship

11. Industry or business Seafaring

FATHER
12. Name Peran Olsson
13. Birthplace Kalmar, Sweden

MOTHER
14. Maiden Name Charlotte Peterson,
15. Birthplace Kalmar, Sweden

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof Mar 22-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St marys Cem
Location Hamden

18 (a) Funeral director A Reiter Slade
(b) Address 4907 Harford Road.

MAR 21 1940 (b) Funeral Home, Baltimore, Md.
(Date received by local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19, 1940, at 8:20a M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 17, 1940, to Mar. 19, 1940, and that I last saw him alive on Mar. 19, 1940.

Immediate cause of death	Duration
Uremia	2 days
Due to Chronic nephritis	Unknown
Due to Luetic aortitis	Unknown
Hypertrophy of heart	Unknown
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature O. E. Denney, M. D.
Address U.S.Marine Hospital, Date signed 3-20-40

VS 3

Baltimore, Maryland.

correct age is especially important. Phys. [illegible] please write the causes of death clearly and legibly.

B 37686
B 67502 F 764

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1159

Registered No. F 67502

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Warton, Kent Co.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 96
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Givens

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-13-40

8. AGE: Years	Months	Days	If less than one day
		4	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name Florence Givens
15. Birthplace Maryland

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAR 21 1940
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 (a) MAR 21 1940 Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

VS 3

5471

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1940 at 12 50 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 13 1940 to Mar 17 1940, and that I last saw h[illegible] alive on Mar 17 1940.

Immediate cause of death Pneumonia ? Erythroblastosis — Duration 4 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 3/19/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67503

CERTIFICATE OF DEATH

✓ 107

F 67503

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5136 Wolverton Ave St. 27-17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary J Graham

If U. S. Veteran specify WAR .....

(a) Residence: No. 5136 Wolverton Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Christopher C Graham

6. DATE OF BIRTH (month, day, year): Feb 22. 1853

7. AGE: Years: 87 | Months: 0 | Days: 29 30 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Howard Davis

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Anderson

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Irene Lyons

(Address) 5136 Wolverton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Bon Secours Date: 3/23 1940

19. UNDERTAKER: Williams Co

(Address) 1217 Eutaw St

20. FILED MAR 21 1940 Lemuel Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 21, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1940 to March 20, 1940

I last saw her alive on March 20 1940 Death is said to have occurred on the date stated above, at 1:45 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(Signature) H. D. Franklin M. D.

(Address) 1123 St Paul St

Dr H·D· Franklin

INFORMATION ASKED FOR ON THIS CERTIFICATE is required by law; it must be given before a burial permit can be issued. Please write plainly with pen and ink and use unabbreviated words. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact RESIDENCE and OCCUPATION is very important. See instructions on back of certificate.

F 67504 — Gran # 2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

Registered No. F 67504

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — found in water of harbor. Foot Bolly Ave and Lancaster St
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Unknown
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Unknown

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
55?			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory PUBLIC CEMETERY
Location

MAR 21 1940
Commissioner of Health
Per H. A. Moore

18 (a) Funeral director
(b) Address

MAR 21 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17th 1940, at 7 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Drowning	
Due to accidental 183	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 7th, 1940 (?)
(c) Where did injury occur? found in harbor (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? no ?
(Specify type of place)
(e) Means of injury drowning - water

23. Signature D H L Wollenweber M.D.
Medical Examiner.
Date signed 3-11-40

F 67505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164 C

Registered No. F 67505

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Room 1736 Lord Baltimore Hotel
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 - 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County —
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 1304 Rhode Island Ave N W (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marion Weddell Hart Jr

3 (b) If veteran, name war

3 (c) Social Security Account No. 719-18-8533

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 5, 1913

8. AGE: Years	Months	Days	If less than one day
26	7	15	hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Glidden Paint Co.

FATHER
12. Name Marion Weddell Hart
13. Birthplace North Carolina

MOTHER
14. Maiden Name Carolina Schubrick
15. Birthplace North Carolina

16 (a) Informant William E. Ward
(b) Address 701 Varnum St. N.W. D. C.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3/22/40 (month) (day) (year)
(c) Cemetery or crematory Ft Lincoln.
Location Bladensburg Md.

18 (a) Funeral director March 22, 1940
(b) Address Merry L. Isley

19 (a) 1009 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MAR 21 1940

MEDICAL CERTIFICATION Cerfyd.

20. DATE OF DEATH March 20 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wound of head — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 3/20/40
(c) Where did injury occur Room 1736 Lord Baltimore Hotel (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Hotel (Specify type of place) While at work? No
(e) Means of injury 32 Colt revolver; bullet wound of head - chamber

23. Signature [illegible] M.D. Medical Examiner.

Date signed 3/21/40

PLEASE WRITE PLAINLY, WITH INK AND IN ... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

55962 - KB

F 67506

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1/61

Registered Number F 67506

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 12-5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day.
(e) Length of stay in Baltimore (yrs., mos., or days) 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 204 E. Lafayette Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Sparrow

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Carrie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7, 1902

8. AGE: Years	Months	Days	If less than one day
37	8	14	hr. min.

9. Birthplace Virginia
(Town, county, and state)
10. Usual Occupation Auto Mechanic
11. Industry or business Unemployed

FATHER
12. Name Charlie Sparrow (dead)
13. Birthplace Virginia

MOTHER
14. Maiden Name Betty Guy (dead)
15. Birthplace Virginia

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/40 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location

18 (a) Funeral director Burdick Johnson Co.
(b) Address Hancock Md.

19 MAR 21 1940 (b) Huntingtor Williamsport Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1940, at 7:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 20 1940, to March 21 1940, and that I last saw him alive on March 21 1940.

Immediate cause of death Diabetes mellitus — Duration unknown.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy ? not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature J. McCaughey Kelly M. D.
Address Balto City Hosp. Date signed 3-21-40

VS 3

FORM 1—Please fill in all items. Use ink. Be sure to give correct age in especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67507

CERTIFICATE OF DEATH

X 543

F 67507

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME [redacted] Adele M. Thompson

If U. S. Veteran specify WAR

(a) Residence: No. Berkeley Springs W. Va. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John E. Thompson

6. DATE OF BIRTH (month, day, year) August 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	7 6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Berkeley Springs W. Va.

FATHER

13. NAME John H. Payne

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Victoria Potter

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT John E. Thompson

(Address) Berkeley Springs W. Va.

18. BURIAL, CREMATION, OR REMOVAL Berkeley Springs W. Va. Date Mar 25, 1940

19. UNDERTAKER Rolf C. & B. M. Walter

(Address) Fort & Stricker Sts

20. FILED MAR 22 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1940 to March 22, 1940

I last saw h. alive on March 22, 1940 Death is said to have occurred on the date stated above, at 5:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory failure due to malignant tumor, right cerebellum	Unknown
Surgical shock	
Other contributory causes of importance: Malnutrition	10 weeks ago

Was an operation performed? Yes Date of March 21, 1940

For what disease or injury? Malignant tumor of right cerebellum

Name of operation Cerebellar exposure with partial resection tumor

What test confirmed diagnosis? Ventricular Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edwin R. Ruzecka, M. D.

(Address) University Hospital

INSTRUCTIONS—Fill in all items in plain terms, so that it may be properly classified. Exact residence or state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact residence or OCCUPATION is very important. See instructions on back of certificate.

F 67508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 H

F 67508 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1315 W Pratt St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1315 W Pratt. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Virginia Buettner

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife George W.
6 (c) If dead, give age years

7. Birth date of deceased (mo., day, yr.) Aug 8 1914

8. AGE: Years 25 | Months 7 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name Robert D. Reed
13. Birthplace Baltimore

MOTHER
14. Maiden Name Lucille Norfolk
15. Birthplace Md.

16 (a) Informant Mr George W Buettner
(b) Address 1315 W Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location

18 (a) Funeral director Hyleson & Dykner & Sons
(b) Address North & Pennsylvania Ave

19 MAR 22 1940 Harry [illegible] for Williams M.D. Registrar
(Date filed) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1940, at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/21 1939 to 3/19 1940
and that I last saw her alive on 3/18 1940.

Immediate cause of death: Retroperitoneal Sarcoma — Duration: 3 yrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William D. Dupler M. D.
Address 1326 W Lombard St Date signed 3/20/40

PLEASE WRITE PLAINLY, with [illegible] correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 67509

CCK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

53919 F 67509 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day 16 64

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 706 N. Fulton Ave.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Schroeder (William H. Schroeder) X

3 (b) If veteran, name war	3 (c) Social Security Account No. 216-01-2970

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife ---

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1879

8. AGE: Years	Months	Days	If less than one day
60	6	5	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Collector

11. Industry or business

FATHER 12. Name Andrew Schroeder

13. Birthplace Germany

MOTHER 14. Maiden Name Mary Hill

15. Birthplace Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 23-1940 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.

(b) Address North & Penna Aves.

19 (a) (Date rec'd by registrar) (b) Pennington Williams, Md.

MAR 22 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1940, at 10:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 19 1940 to March 20 1940, and that I last saw h-im alive on March 20 1940.

Immediate cause of death Lobar Pneumonia — Duration 6 days.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Pneumonia

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature J. Monaghan Lobein M. D.

Address Balto City Hosp. Date signed 3-21-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 67510

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47 C

F 67510 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: Monument St
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 & 2
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1541 McKean Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 34 years

3 (a) FULL NAME Israel Katz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Rae

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years 47 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county and state)

10. Usual Occupation Shoe maker - Retired

11. Industry or business

FATHER 12. Name Benj. Katz

13. Birthplace Poland

MOTHER 14. Maiden Name Ida

15. Birthplace Poland

16 (a) Informant Hosp. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-40 (month) (day) (year)

(c) Cemetery or crematory Herring Run

Location Jack Lewis Inc

18 (a) Funeral director 1439 E. Balto. St.

(b) Address

MAR 22 1940 (Date rec'd by registrar) 18 (b) by Thos Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/21/40 1940, at 10:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/19 1940 to 3/21 1940, and that I last saw him alive on 3/21 1940.

Immediate cause of death Bronchial Carcinomatosis

Due to Bronchiogenic Carcinoma

Due to

Other Conditions Cachexia

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]

Address Sinai Hosp. Date signed 3/22/40 M. D.

VS 1

PLEASE WRITE PLAINLY. Please fill in all items. Please give information as to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 67511

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937 ✓ Registered No. F 67511

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Esplanade Aprt.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-1
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Esplanade Apt.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert Berney,

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 212-03-3210

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 7th. 1878

8. AGE: Years 62 | Months | Days 13 | If less than one day hr. min.

9. Birthplace Baltimore, (Town, county, and state)
10. Usual Occupation retired Clothing Merchant
11. Industry or business

FATHER 12. Name Samuel Berney,
13. Birthplace Germany,

MOTHER 14. Maiden Name Theresa Hamburger,
15. Birthplace Balto. Mad.

16 (a) Informant Isaac Hamburger 2nd.
(b) Address 101 Brightside Ave.,

17 (a) (Burial, cremation, or removal) (b) Date thereof Mch 22nd 1940
(month) (day) (year)
(c) Cemetery or crematory Hebree Friendship Cem.
Location Balto. Md.

18 (a) Funeral director David Rosenheim & Son
(b) Address 1902 Eutaw St.

19 (a) (Date received by Registrar) (b) Harry M. Williams, M.D. Registrar

MAR 22 1940
VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1940, at 12 15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May — 1939, to March 20 1940, and that I last saw him alive on March 20 1940.

	Duration
Immediate cause of death: Arteriosclerotic heart disease: Congestive heart failure	10 months
Due to: Arteriosclerosis: Asymptomatic	Since 1927
Due to: Hypertension	Since 1927
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis P. Hamburger M. D.
Address 1207 Eutaw Pl. Date signed March 21 1940

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

Trier

67512 HEALTH DEPARTMENT—CITY OF BALTIMORE 67512

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 S Athol Ave St. 28-4 Ward)

Registered No. 937

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth 50 yrs. mos. da.

2. FULL NAME Anna M Trier

If U. S. Veteran specify WAR —

(a) Residence: No. 210 S Athol Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced (or) WIFE of: Louis

6. DATE OF BIRTH (month, day, year): April 5, 1882

7. AGE: Years 57 | Months 11 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Lay
10. Date deceased last worked at this occupation (month and year): ?
11. Total time (years) spent in this occupation: 30 yrs

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Simon Kellner
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Sabina Grunthaler
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Carl L. Trier
(Address): 354 Maydell Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place: Western Date: Mar 23/40

19. UNDERTAKER: Wallace Sloan
(Address): 1217 St Paul St

FILED MAR 22 1940 19 Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 21, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 1936, 19 to March 21, 1940

I last saw her alive on March 15, 1940 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral failure	Mar 21
Other contributory causes of importance: Chronic myocarditis	1936
Arteriosclerosis	1936

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Robert H. Mortimer Jr M. D.

(Address) 2706 St Paul St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

67513 — CERTIFICATE OF DEATH — 1313 — F 67513

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4519 York Road St. 27-10 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Hansen

If U. S. Veteran specify WAR no

(a) Residence: No. 4519 York Road St., ... Ward. S. Sec No 212-09-6410

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louella Hansen

6. DATE OF BIRTH (month, day, year) July 21 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rigger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sugar Refinery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Louella Hansen (Address) 4519 York Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Woodland Park Date March 25 1940

19. UNDERTAKER Pulhorn Co (Address) 1217 E Fayette St

20. MAR 22 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 24 1939 to Mar 21 1940

I last saw him alive on Mar 21 1940 Death is said to have occurred on the date stated above, at 2:02 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Nephritis	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. J. Singer M. D.

(Address) 506 E. Monument Ave

State CAUSE OF DEATH in plain terms, so that it may be properly coded. OCCUPATION is very important. See instructions on back of certificate.

F 67514

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67514

CERTIFICATE OF DEATH

937

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 921 E. Biddle St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John E. Parsley

If U. S. Veteran specify WAR W

(a) Residence: No. 921 E. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single, Married, Widowed, or Divorced~~ (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: S. Lola Parsley

6. DATE OF BIRTH (month, day, year): Dec 13th 1883

7. AGE: Years: 56; Months: 3; Days: 8; If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Cumberland Md

FATHER

13. NAME: David Thomas Parsley

14. BIRTHPLACE (city or town) (State or country): Montgomery Co Md

MOTHER

15. MAIDEN NAME: Laura V. Grimes

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Martha V. Parsley

(Address) 4322 Falls Rd

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Date: Mar 23rd 1940

19. UNDERTAKER: William Cook

(Address) 1217 St. Paul St

20. FILED: MAR 22 1940 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 21st 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10 1938 to March 21 1940

I last saw h[illegible] alive on March 19 1940. Death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3/19
Complete heart block	?
Chronic myocardial degen.	?
Other contributory causes of importance:	
Arteriosclerosis	?

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Silverstein M.D.

(Address) 714 E. Preston St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

VS 3

67515 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 67515

CERTIFICATE OF DEATH X 159

1. PLACE OF DEATH — Registered No. _____

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 19 da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Jesse Mary Collins — If U. S. Veteran specify WAR _____

(a) Residence: No. Cumberstone Md. St., _____ Ward. A. A. Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1, 1940

7. AGE — Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
		19.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberstone Md.

FATHER

13. NAME Sam Gus West

14. BIRTHPLACE (city or town) (State or country) Cumberstone Md.

MOTHER

15. MAIDEN NAME Jesse Collins

16. BIRTHPLACE (city or town) (State or country) Cumberstone Md.

17. INFORMANT Jesse Collins (Address) Cumberstone

18. BURIAL, CREMATION, OR REMOVAL. Place West River, Md. Date 3/22 19 40

19. UNDERTAKER T. A. Hardesty & Son (Address) Galesville, Md.

MAR 22 1940 19___ _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1940 to March 20, 1940

I last saw her alive on March 20, 1940 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth (37 wks)	3 wks
Dehydration	
Malnutrition	

Other contributory causes of importance:

Was an operation performed? ___ Date of ___

For what disease or injury? ___

Name of operation ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___ 19___

Where did injury occur? ___ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___ If so, specify ___

(Signed) H. A. Boyle M. D.

(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

VS 8

Handwritten: 8 12

F 67516

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1003

F 67516 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1616 Chilton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1616 Chilton St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary P Rassa

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John Rossa
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 24 - 1858

8. AGE: Years	Months	Days	If less than one day
6	1	26	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Christian Kraemer
13. Birthplace Germany

MOTHER
14. Maiden Name Anna M Tender
15. Birthplace Germany

16 (a) Informant John M Rassa
(b) Address 1616 Chilton St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3/25/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J Rucki
(b) Address 5305 Harford Road

19 (a) MAR 25 1940 (Date rec'd by registrar) (b) Williams Hill Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 20 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1940, to March 20 1940 and that I last saw h alive on 3/20 1940.

Immediate cause of death: Pulmonary Embolism — Duration 2 days
Due to Phlebitis — 10 yrs
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury

23. Signature Edward J. Zimmerman M. D.
Address 9858 Harford Rd Date signed 3/24/40

PLEASE WRITE PLAINLY, with ink or indelible pencil. Do not use abbreviations. Give full name of deceased. If not in hospital or institution, give residence. Physicians: please write the causes of death clearly and legibly. Give the primary cause, secondary cause or complication, and contributory cause, if any, for which deceased was treated. Please report the duration of each cause, and the interval between onset and death. The statements must agree, as they do on the certificate, with the physician's signature. Please answer all questions. If there was an operation, report the findings. If a woman, whether single, married, widowed, or divorced, state the correct age is especially important.

F 67517

OGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53517 F 67517

1228 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 151
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1426 Vincent St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Rodgers (Crossfiled with George Rodgers)

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 21, 1880

8. AGE: Years	Months	Days	If less than one day
59	3	0	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Rachael ?
15. Birthplace Unknown

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Tho. E. Kelson
(b) Address 1303 Presstman

19 (a) MAR 22 1940 (Date received by Registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-21 1940, at 8:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-6 1940 to 3-21 1940, and that I last saw h(im) alive on 3-21 1940.

Immediate cause of death Intestinal obstruction — Duration over 2 weeks

Due to Meckel's diverticulitis and Volvulus small intestine — Duration over 2 weeks

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Same
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. Krebs Edwards Jr. M. D.
Address Balto city Hosp Date signed 3-21-40

correct age is especially important. Physicians: please write the cause of death plainly.

F 67518

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/a

F 67518 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1603 Riggs Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 20yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1603 Riggs Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Vaus Jones

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: F

5. Color or race: cd

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Cornelius

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/3/1868

8. AGE: Years 72 | Months 2 | Days 18 | If less than one day: hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Kent Starks
13. Birthplace Va.

MOTHER
14. Maiden Name Susan ?
15. Birthplace Va.

16 (a) Informant Blanche Mason
(b) Address 1710 W. Cano St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Tho. E. Kelson
(b) Address 1303 Preastman St

MAR 22 1940

Registered by registrar [illegible] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 21 1940, at 1:59 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/15 1940, to 3/21 1940 and that I last saw h[illegible] alive on 3/21 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration: 7 days

Due to: Cardio-Renal — Vascular disease — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. N. Pigott M. D.
Address 1364 Kenwood Date signed 3/24/40

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

37658 F 67519 BALTIMORE CITY HEALTH DEPARTMENT F 67519
CERTIFICATE OF DEATH 95-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 das
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1528 Wilson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Andrew Watkins

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Fannie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-12-07

8. AGE: Years 33 | Months 32 | Days 8 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business

FATHER 12. Name Land. Prettyman
13. Birthplace —

MOTHER 14. Maiden Name —
15. Birthplace —

16 (a) Informant Records
(b) Address Johns Hopkins Hosp.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/40 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn
Location

18 (a) Funeral director Thos. E. Kelson
(b) Address 1303 Presstman St.

19 (a) (Date rec'd by Registrar) MAR 22 1940 (b) Huntingtown, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 20, 1940, at 9 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 7 1940 to Mar 20 1940 and that I last saw him alive on Mar 20 1940.

Immediate cause of death Cardiac Failure — Duration 5 mins.
Due to Rheumatic heart disease.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature WB McAllister Jr M. D.
Address Date signed 3-20

correct age is especially important. Physicians: please write the exact age in years, months, days, hours, or minutes.

F 67520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53537 F 67520

43-D

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1135 W. Franklin Street

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Olivia Brown

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	Married

6 (b) Name of husband or wife Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/9/ ? 1882

8. AGE: Years	Months	Days	If less than one day
47 ?	10	11	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Charles Diggs

13. Birthplace Maryland

MOTHER

14. Maiden Name Klla

15. Birthplace Maryland

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 3/23/40

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Thos. E. Kelson

(b) Address 1303 Eastern Ave

19 (a) MAR 22 1940 (b) Huntington Williams, M.D.

(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1940, at 8 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 6 1940, to March 20 1940, and that I last saw h[illegible] alive on March 20 1940.

Immediate cause of death	Duration
Hypertensive cardiovascular disease	unknown
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard Kelly Hosp

Address Balto City Hosp. M. D. Date signed 3-21-40

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 67521

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 67521 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Balto.
(b) Street address 1200 Riggs Ave
(c) Hospital or institution: V
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) 21 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Riggs Ave (If rural give location)
16
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bertha Marie Hardum

3 (b) If veteran, name war V

3 (c) Social Security Account No. M

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife none

6 (c) If alive, give age V years

7. Birth date of deceased (mo., day, yr.) Jan 29th 1919

8. AGE: Years 21 | Months 12 | Days 21 | If less than one day ___ hr. ___ min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation none

11. Industry or business V

FATHER 12. Name David Emanuel Hardum

13. Birthplace Va.

MOTHER 14. Maiden Name Sarah Elizabeth Burch

15. Birthplace Md.

16 (a) Informant Sarah Elizabeth Hardum

(b) Address 1200 Riggs Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Balto. Md

18 (a) Funeral director Mg. Geo. H. Holland

(b) Address 1631 Druid Hill Ave

(c) Date received by Registrar MAR 23 1940

(Registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-20- 1940, at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-9- 1940 to 3-20- 1940 and that I last saw h alive on 3-20- 1940

Immediate cause of death: Tuberculosis which effected the brain & appendages. over

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

Duration: In Hours

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James C. Carfun M. D.

Address 1423 Madison Ave Date signed

correct age is especially important. Physicians: please write the cause of death plainly and legibly.

F 67522

CCK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53373 F 67522

92-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
4-2
(d) Street No. 1620 Madison Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME
Elizabeth Weatherspoon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife Joseph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-21-1891

8. AGE: Years	Months	Days	If less than one day
49	0	29	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Jones
13. Birthplace Md.

MOTHER
14. Maiden Name Louisa Hill
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-23-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md.

18 (a) Funeral director Mrs. Geo. A. Holland
(b) Address 1631 Druid Hill Ave

19 (a) [illegible] Washington Blvd. (Registrar)

MAR 23 1940
VS

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1940, at 10:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1940, to March 20 1940, and that I last saw her alive on March 20 1940.

Immediate cause of death	Duration
Subacute Bacterial Endocarditis	[illegible]
Due to	
Due to	
Other Conditions Rheumatic Heart Disease	[illegible]

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy mitral and aortic endocarditis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosps. Date signed 3-20-40

correct age is especially important. Physicians: please write plainly.

F 67523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 67523 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1634 Thames Street,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6mo26da
(e) Length of stay in Baltimore (yrs., mos., or days) 24 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore City
(c) City or town Baltimore, Maryland.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1634 Thames Street,
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

723

3 (a) FULL NAME John FRIEMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 10, 1884

8. AGE: Years	Months	Days	If less than one day
55	7	11	hr. ..... min.

9. Birthplace Latvia (Town, county, and state)

10. Usual Occupation Fireman-SS EVERETT

11. Industry or business Seafaring

FATHER
12. Name Hans Frieman
13. Birthplace Latvia

MOTHER
14. Maiden Name Hannah Sander
15. Birthplace Latvia

16 (a) Informant Records-U.S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/40 (month) (day) (year)
(c) Cemetery or crematory St Mathews
Location Bonnie St.

18 (a) Funeral director Lilly & Zerbarini
(b) Address 483 S. Bond St.

MAR 23 1940 (Date received by Registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21, 1940 at 11:22 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 25, 1939 to Mar. 21, 1940, and that I last saw him alive on Mar. 21, 1940.

Immediate cause of death Chronic myocarditis — Duration Unknown

Due to Arteriosclerosis — Unknown

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations No operations
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature O. E. Denney M. D.
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 3/21/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 67524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 12-B

F 67524 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U.S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or town Myersville, Maryland. Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. 16
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Grover N. STOTTLEMYER

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.: Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1888

8. AGE: Years	Months	Days	If less than one day
51	5 6	7	hr. min.

9. Birthplace Meyersville, Maryland
(Town, county, and state)

10. Usual Occupation Shoemaking

11. Industry or business

FATHER
12. Name Unknown Hiram Stottlemyer
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown Sophia C. Betts

16 (a) Informant Records-U.S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 24 40 (month) (day) (year)
(c) Cemetery or crematory Pleasant View
Location Myersville Md.

18 (a) Funeral director Gladhill Co.
(b) Address Middletown, Md.

19 (a) (Date rec'd by registrar) Hunting for Williams, M.D.

MAR 25 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22, 1940, at 6:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 13, 1940, to Mar. 22, 1940, and that I last saw him alive on Mar. 22, 1940.

Immediate cause of death	Duration
Valvular heart disease, combined aortic and mitral lesions	Unknown
Due to Arteriosclerosis, general	Unknown
Due to	
Other Conditions Cirrhosis of liver	Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature O.E. Denney M.D.
Address U.S. Marine Hospital Date signed 3/22/40

Baltimore, Maryland.

Correct age is especially important. Physicians: please write the causes of death plainly and legibly.

52810 - RB

F 67525 214-09-4281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 67525 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo., 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 422 S. Caroline St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3

3 (a) FULL NAME James Johns

1

3 (b) If veteran, name war	3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 2, 1885

8. AGE: Years	Months	Days	If less than one day
54	11	14	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name William ?
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Gibson
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 21 of 40 (Month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cemet
Location Mt Winans

18 (a) Funeral director E O Wilson
(b) Address 1000 Brantley Ln

19 (a) Date received MAR 21 1940 (Registrar) (b) Filed Mar 21 1940 Wilson M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-16-40 19 . at 8:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-12-40 19 , to 3-16 19 40, and that I last saw h m alive on 3/16 19 40.

Immediate cause of death Tuberculosis of the Lungs — Duration Yr 1939

Due to

Due to Tuberculosis of the Lungs

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature
Address Bal to. City Hosps. M. D. Date signed 3/16/40

Please answer all questions. Answers are especially important. Physicians: please write the causes of death clearly and legibly.

F 67526

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

146-D Registered No.

F 67526

1. PLACE OF DEATH: Hebrew Aged Home.
(a) Baltimore City, Maryland
(b) Street address Greenspring & Belvedere
(c) Hospital or institution:
Levindale
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town .....
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2015 E Baltimore St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Julius Silverman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m.	w.	married

6 (b) Name of husband or wife Rose Silverman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
57		15	hr. min.

9. Birthplace Russia
(Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Sig Steinbilt
(b) Address Greenspring & Belvedere

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-40 (month) (day) (year)
(c) Cemetery or crematory Wash. Blvd.
Location Wash. Blvd.

18 (a) Funeral director Jos. Levin Inc
(b) Address 143 W. Balto.

MAR 23 1940
Date rec'd by registrar (b) Registrar

Removal to Mikvah Israel, Phila. Pa.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-21 1940, at 8:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 .. to 3-21 1940, and that I last saw h.m alive on 3-21 1940.

Immediate cause of death Carcinoma of rectum — Duration 2 mo.

Due to .....

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations Peterson & Bladder

Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Edmund Levin M.D.
Address Levindale Date signed 3-21-40

VS 8

Cremation at age is especially important. Physicians: please write the cause of death clearly.

F 67527

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 181

F 67527 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2418 Briarwood Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 74 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2418 Briarwood Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary A Graff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Wh	Widowed

6 (b) Name of husband or wife John E. Graff
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 26, 1866

8. AGE: Years	Months	Days	If less than one day
74	1	25	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation None
11. Industry or business

FATHER
12. Name James McNeal
13. Birthplace ----- Maryland

MOTHER
14. Maiden Name Sarah Flaherty
15. Birthplace ----- Maryland

16 (a) Informant James M. Graff
(b) Address 2418 Briarwood Road

17 (a) Burial (b) Date thereof 3/23/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Frederick Rd. & Augusta Ave

18 (a) Funeral director H W Mears and Son
(b) Address 805 North Calvert Street

MAR 23 1940
(Date received by registrar)

Huntington Williams M.D.
Registrar

VS 6

MEDICAL CERTIFICATION Coroner's Case

20. DATE OF DEATH March 21 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Autopsy or Inquiry)
obtained by said find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Burns	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3/21/40
(c) Where did injury occur? Home 2418 Briarwood Rd
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Bed - home While at work? No
(Specify type of place)
(e) Means of injury Electric pad caught on fire Burns not caused

23. Signature W. Wade Swift M.D.
Medical Examiner.
Date signed 3/21/40

Please write clearly and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

67528 Fallon

HEALTH DEPARTMENT—CITY OF BALTIMORE 67528

CERTIFICATE OF DEATH ✓ 107

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1yr mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Walter Fallon

If U. S. Veteran specify WAR

(a) Residence: No. 634 W. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 18, 1939

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Walter J. Fallon

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Agnes Josey

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Walter J. Fallon

(Address) 634 W. Balto. St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date March 20, 1940

19. UNDERTAKER Pembroke Tyler

(Address) 1017 W. Cross St.

20. FILED 19

Registrar.

MAR 23 1940

State CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-20, 1940

22. I HEREBY CERTIFY, That I attended deceased from 3-16, 1940 to 3-20, 1940

I last saw him alive on 3-20, 1940 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-13-40
Cardiac failure	3-20-40

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. M. Cunningham M. D.

(Address) Univ. Hospital. Balto. Md.

F 67529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 94-a

F 67529

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address B. & O. R.R. tracks-foot Bentalou St
(c) Hospital or institution:
U. of M. University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 130 So Mount St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME William P. Beadenkopf

3 (b) If veteran, name war: None.

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Minnie E. Beadenkopf

6 (c) If alive, give age: 48 years

7. Birth date of deceased (mo., day, yr.): March 3 1881.

8. AGE: Years: 59 | Months: 0 | Days: 18 | If less than one day: ..... hr. ..... min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Yard Foreman

11. Industry or business: B. & O. R. R.

FATHER
12. Name: John W. Beadenkopf
13. Birthplace: Harford Co. - Md.

MOTHER
14. Maiden Name: Ellen Luttrodt
15. Birthplace: German Town - Md.

16 (a) Informant: Mrs. Minnie E. Beadenkopf
(b) Address: 130 S. Mount St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 25 1940 (month) (day) (year)
(c) Cemetery or crematory: Western Cemetery
Location: Baltimore, - Md.

18 (a) Funeral director: Charles J. Schwab
(b) Address: 505 N. Monroe St.

(a) [illegible] (b) [illegible] Registrar

MAR 23 1940

VS 6

MEDICAL CERTIFICATION Clear

20. DATE OF DEATH March 21 1940, at 4:20 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to: —

Due to: —

Other Conditions: —

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —

Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm P. Beadenkopf M.D. Medical Examiner.

Date signed 3/21/40

I certify that the above is correct to the best of my knowledge and belief. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

F 67530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

9 f-a

F 67530 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1705 E Federal St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME CURTIS BARRANGER

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
62	-	—	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Storekeeper
11. Industry or business (Confectionery)

FATHER
12. Name Louis L. Barranger
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Adelia Gibbons
15. Birthplace New York

16 (a) Informant Miss Isabelle Barranger
(b) Address 1705 E. Federal St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Henry M. Kiefaber
(b) Address 501 E 25th St

MAR 23 1940 (Date received by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1940, at 10 15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said ~~autopsy~~ (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	sudden
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H L Wollamweber M.D.
Medical Examiner.
Date signed 3-19-40

V8 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 67531

BALTIMORE CITY HEALTH DEPARTMENT 937
CERTIFICATE OF DEATH 53974 SD Registered No. F 67531

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1919 Spank Court (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Pell (Thomas Parzynski)

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 215-05-0284

4. Sex: M
5. Color or race: White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Anna
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) ?
8. AGE: Years 38 yrs. ? Months Days If less than one day hr. min.
9. Birthplace Married (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Anchor Post Fence 6500 Eastern Avenue

FATHER
12. Name Adam Pell
13. Birthplace Maryland

MOTHER
14. Maiden Name Francis Kolswki (Kowalski)
15. Birthplace Poland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 24 - 40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore
18 (a) Funeral director Fred W Czeczewski
(b) Address 4940 Eastern Ave
19 MAR 23 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1940, at 2:50 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from March 21 1940, to March 21 1940, and that I last saw him alive on March 21 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration 4 hours
Due to
Due to
Other Conditions: Hypertensive cardiovascular disease — unknown
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 3-21-40

VS 3

A certificate of death should be filed for each death which occurs. Physicians: please write the causes of death clearly and legibly, correct age is especially important.

F 67532

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. F 67532

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5615 Purdue Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5615 Purdue Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME W. T. Milton Lucy

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-3460

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M

6 (b) Name of husband or wife Martha A. Lucy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 5, 1875

8. AGE: Years	Months	Days	If less than one day
64	6	15	hr. min.

9. Birthplace Carroll County, Md.
(Town, county, or state)

10. Usual Occupation Retired Confectioner
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Rachael Barnes
15. Birthplace Maryland

16 (a) Informant Frederick M. Lucy
(b) Address 5615 Purdue Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 23, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director E. Leroy Stauffer, Inc.
(b) Address 125 E. Northfield Ave Huntington Station, N.Y.

19 (d) MAR 23 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1940, at 1:57 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or inquiry) thereon and from the evidence obtained by said (Autopsy or inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death	Duration
Subarachnoid renal	
Apoplexy	
~~Due to~~ Diabetes Mellitus	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.

Date signed 3/21/40

VS 6

PLEASE PRINT CLEARLY. Be sure that the information you give is correct and complete. Answer every question. Where exact information is not known, give your best estimate. Be sure that the age is correct. Exact age is especially important. Physicians: please write the causes of death clearly and legibly.

2nd

F 67563

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

3-D

Registered No. F 67563

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 211 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Balto. City Hosp. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Ingersoll (47717)

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-16-4596

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Caroyl
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 16, 1886

8. AGE: Years	Months	Days	If less than one day
54	2	5	hr. min.

9. Birthplace La. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name William
13. Birthplace Wisconsin

MOTHER
14. Maiden Name Marguerite White
15. Birthplace La.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (b) Date thereof 3/23/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Laurel Cem.
Location Laurel Rd.

18 (a) Funeral director John J. Fahey & Son
(b) Address 1320 Eutaw Pl.

19 MAR 23 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21, 1940, at 3:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 23, 1939 to Mar. 21, 1940, and that I last saw him alive on Mar. 21, 1940.

Immediate cause of death	Duration
Tuberculosis of the lungs	June 1939
Due to	
Due to	
Other Conditions Arteriosclerotic heart disease (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. D.
Address Balto. City Hospitals Date signed 3/23/40

correct age is especially important. Physicians, please write plainly and answer questions accurately.

VS 8

67534 LB 36890

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a Registered No. F 67534

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mth, 8 days 1 yr.
(e) Length of stay in Baltimore (yrs., mos., or days) unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1108 E. Pratt St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ferdinando Mazzetti (Frank DeAndrew)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	unknown

6 (b) Name of husband or wife --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years	Months	Days	If less than one day
69 ?	?	?	hr. min.

9. Birthplace unknown
(Town, county, and state)

10. Usual Occupation unknown

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/40 (month) (day) (year)
(c) Cemetery or crematory Laurel Rustleburg
Location Govans Md Rd

18 (a) Funeral director John J. Fackler & Son
(b) Address 831 Druid Park Dr

19 MAR 23 1940 Huntington Williams, M.D. Registrar
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-18 1940, at 3:28 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-10 1938, to 3-18 1940, and that I last saw h/im alive on 3-18 1940.

Immediate cause of death
Uraemia — Duration: few days

Due to Benign prostatic hypertrophy with obstruction — several months

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operation Benign prostatic hypertrophy

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. K. Wardwell Jr. M. D.
Address Balto City Hosp. Date signed 3-18-40

PLEASE WRITE PLAINLY with pen and ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 67535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-e Registered No. F 67535

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2217 Harford Road (If rural give location)
(e) If foreign born, how long in U. S. A.? 33 years

8/5

3 (a) FULL NAME Otto Ludwig

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband~~ or wife Augusta Ludwig
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 13-1882

8. AGE: Years	Months	Days	If less than one day
57	7	9	hr. min

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Baker
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unkourt
15. Birthplace Germany

16 (a) Informant Augusta M. F. Ludwig
(b) Address 2217 Harford Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar-25-40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md

18 (a) Funeral director Albert W. Deregay
Address 1940 E. North Ave
MAR 23 1940
(a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-22- 1940, at 1:12 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquisition Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquisition Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Fractured ribs.	
Due to Bruised brain	
Other Conditions Hemorrhage right Pneumothorax, left. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3-18-40
(c) Where did injury occur? Baltimore (City or town) Maryland (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public, Clifton Park While at work? No
(Specify type of place)
(e) Means of injury? Struck by auto - walking across Rd. found in Clifton Park

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 3-22-40

Please write clearly and correct age is especially important. Physicians: please write the causes of death clearly and exactly.

F 67536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 67536

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2821 Forest View Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 73 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2821 Forest View Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eleanor Hinrichs

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4 1862

8. AGE: Years	Months	Days	If less than one day
79	8	17	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation School Teacher
11. Industry or business Retired

FATHER
12. Name Christopher Hinrichs
13. Birthplace Germany

MOTHER
14. Maiden Name Ellen M Bright
15. Birthplace Balto Md

16 (a) Informant Chas E Hinrichs
(b) Address 2821 Forest View Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 25. 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto Md

18 (a) Funeral director Pentz & Sons
(b) Address 2224 N Charles St

19 MAR 23 1940 Registered by Lillington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1940, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 21 1940. to March 21 1940. and that I last saw he alive on March 21 1940.

Immediate cause of death Chronic Myocarditis — Duration 6 years
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No.
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury None

23. Signature L. G. Gordy M.D.
Address 5106 Harford Rd. Date signed 3-22-40

Please write clearly. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

Dup F 67537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-P

F 67537 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~Number~~ 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 818 E. Fort Av. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

24 V

3 (a) FULL NAME Louis Zaransky (53942)

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-3374

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	~~Widowed~~ MARRIED

6 (b) Name of husband or wife JOSEPHINE
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business

FATHER
12. Name Frank (D)
13. Birthplace ?

MOTHER
14. Maiden Name Lucina (D)
15. Birthplace ?

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 25th 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem.
Location Ar. Pk. Ave. Md.

18 (a) Funeral director Charles F. Dull.
(b) Address 1501 E. Fort Ave.

19 (a) MAR 23 1940 (Date received by Registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21, 1940, at 8:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 20, 1940, to March 21 1940, and that I last saw him alive on March 21, 1940.

Immediate cause of death Tuberculosis of the lungs — Duration May 1940

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jolleas. M. D.
Address Balto. City Hospitals Date signed 3-21-40

correct age is especially important. Physicians: please write plainly

VS 8

376861
F 67538

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 67538
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 416 Wilson
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FRANK Simpson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1-22-96

8. AGE: Years	Months	Days	If less than one day
44	1	24	hr. min.

9. Birthplace W. Va
(Town, county, and state)

10. Usual Occupation Barber

11. Industry or business

FATHER
12. Name Samuel Simpson
13. Birthplace W. Va

MOTHER
14. Maiden Name Elizabeth Mann
15. Birthplace W. Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 3-20-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem Park
Location Balto. Co. Md.

18 (a) Funeral director Mr. Geo. H. Holland
(b) Address 1631 Druid Hill Ave Huntington Williams, M.D.

19 MAR 23 1940
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 21 1940 at 9:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/13 1940 to 3/21 1940 and that I last saw h[illegible] alive on 3/21 1940.

Immediate cause of death	Duration
Uraemia	
Due to Arteriosclerotic nephritis	2-3 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James H. Holland M. D.
Address Johns Hopkins Hospital Date signed 3-22-40

VS 3

Physicians: please write the causes of death clearly and legibly; correct age is especially important.

F 67539 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-6 F 67539

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME Fannie Minor

(a) Residence: No. 613 N. Carrolton Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 6, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housemaid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Frank Minor

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Lucy Reed

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Daughter (Clara Keely)

(Address) 1120 Lumbery St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 3/25 19 40

19. UNDERTAKER Wm. H. Holland

(Address) 1631 Druid Hill Ave.

20. MAR 23 1940 Harrington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/21, 1940

22. I HEREBY CERTIFY, That I attended deceased from 3/8, 1940 to 3/21, 1940

I last saw her alive on 3/21, 1940 Death is said to have occurred on the date stated above, at 11:43 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Pancreatic Cyst with Pancreatic Carcinoma	

Other contributory causes of importance:

Pulmonary hypostatic congestion	

Was an operation performed? Yes Date of 3/21/40

For what disease or injury? Cyst of pancreas & Abscess

Name of operation Laparotomy & Removal Cyst

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. T. Lisansky M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that any physician can understand it. OCCUPATION is very important. See instructions on back of certificate.

V8 8

F 67540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 181

F 67540
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1413 Vincent St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MATHEW GRIFFIN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Me	Col	single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years	Months	Days	If less than one day
55 54			hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Janitor, manufacturer
11. Industry or business unknown

FATHER
12. Name Mathew Griffen
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Crawford
15. Birthplace Maryland

16 (a) Informant Baltimore City Hosp. Records
(b) Address Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-23-40 (month) (day) (year)
(c) Cemetery or crematory St. Thomas
Location Balto Co Md

18 (a) Funeral director Mrs Geo H. Holland
(b) Address 1636 Druid Hill Ave

19 MAR 23 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 19th 1940 at 2:40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Duration

Immediate cause of death Toxemia

Due to Burns, second degree, chest, infected

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 13, 1940
(c) Where did injury occur? 1413 Vincent St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work?
(e) Means of injury burned himself while putting out burning curtain

23. Signature H. E. Schlenker M.D. Medical Examiner.
Date signed 3-15-40

Fetus not born

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

541

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 ✓ F 67541 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument and Rutland
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 320 S. CLINTON ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

26 10

3 (a) FULL NAME Catherine Carre

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced. WIDOW

6 (b) Name of husband or wife: EDWARD CARRE

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) APR. 17 1867

8. AGE: Years 72 | Months 10 11 | Days 28 4 | If less than one day ..... hr. ..... min.

9. Birthplace BALTIMORE (Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business AT HOME

FATHER
12. Name MICHAEL TRUELEIN
13. Birthplace GERMANY

MOTHER
14. Maiden Name CATHRINE LINK
15. Birthplace GERMANY

16 (a) Informant ROSE HUDGINS DAUGHTER
(b) Address 326 S. CLINTON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 26/40 (month) (day) (year)
(c) Cemetery or crematory HOLY CROSS
Location HARDFORD RD.

18 (a) Funeral director Lilly + Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) MAR 23 1940 (Date received by registrar) (b) Huntington Hill Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1940, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-15 1940 to 3-21 1940, and that I last saw her alive on 3-21 1940

	Duration
Immediate cause of death: Cerebral thrombosis	1 hour
Due to Gen. arteriosclerosis	20 years
Due to	
Other Conditions Diabetes mellitus	8 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. J. Mertens M. D.
Address Sinai Hosp Date signed 3-27-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 67542

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

✓ F 67542 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3014 Oakley ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Helen S. Harden

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NONE

4. Sex: FEMALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: SAMUEL HARDEN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 2-1869

8. AGE: Years 70 | Months 6 | Days 1915 | If less than one day hr. min.

9. Birthplace NEW JERSEY (Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name WILLIAM SHEEHAN
13. Birthplace NEW JERSEY

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace NEW JERSEY

16 (a) Informant SAMUEL W. HARDEN (HUS.)
(b) Address 3014 OAKLEY AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 25-40 (month) (day) (year)
(c) Cemetery or crematory WOODLAWN CEM.
Location WOODLAWN MD.

18 (a) Funeral director Lilly & Zeiler INC.
Address 403 S. WOLFE ST. Huntington Williams

19 (a) MAR 23 1940 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1940 at 12:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/15 1940 to 3/21 1940 and that I last saw h[illegible] alive on 3/21 1940

Immediate cause of death: Bronchopneumonia — Duration: 2 days
Due to: Carcinoma of rectum — Duration: 3 mos?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature Harold A. Grobt M. D.
Address Sinai Hospital Date signed 3/41/40

VS 8

Please write clearly with pen and ink. Physicians: please write the cause of death clearly and legibly. Accurate and correct age is especially important.

F 67543

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

181 ✓

Registered No. F 67543

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital 402
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 dy
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 550 N. Mechanic St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME SUSAN THOMAS

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	widowed

6 (b) Name of husband or wife: marshall Thomas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, [illegible]

8. AGE: Years	Months	Days	If less than one day: hr.	min.
65	8	7		

9. Birthplace: Baltimore (Town, county, and state)
10. Usual Occupation: housework
11. Industry or business: own home

FATHER
12. Name: Alexander Robinson
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Rebecca Johnson
15. Birthplace: Baltimore

16 (a) Informant: Brandon Elmer Pittman
(b) Address: 1028 Hamilton St.

17 (a) (Burial, cremation, or removal) (b) Date thereof: Mar 23, 1940 (month) (day) (year)
(c) Cemetery or crematory: Mt. Lion
Location

18 (a) Funeral director: Mr. Katie R. Williams
(b) Address: 322 N. Schroeder St.

19 MAR 23 1940 (Date accepted by registrar) (b) [illegible] registrar

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and accurately.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19, 1940, at 8:50 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death
Burned, second and 3rd degree — Duration: 2 days
Due to
Due to
Other Conditions Arteriosclerosis — unknown
heart disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 18, 1940
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Clothes caught fire from a coal stove

23. Signature [illegible] M.D.
(Medical Examiner)
Date signed 3-19-40

Home [illegible]

Buethler

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67544

CERTIFICATE OF DEATH

61

F 67544

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2314 E. Hoffman St., 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Margaretta A. Buethler

If U. S. Veteran specify WAR

(a) Residence: No. 2314 E. Hoffman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Wh.	Widow

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of Wm Buethler

6. DATE OF BIRTH (month, day, year) Feb 17 1857

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
82	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 26 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Louis Bottscheder

14. BIRTHPLACE (city or town) (State or country) Unk

MOTHER

15. MAIDEN NAME Albertina Reichard

16. BIRTHPLACE (city or town) (State or country) Unk

17. INFORMANT Mrs Elsie Bowles

(Address) 2017 E. Hoffman St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Mar 24 40

19. UNDERTAKER John Ulrich

(Address) 2008 Greene St

20. FILED MAR 23 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 22, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1939 to Mar 22, 1940

I last saw h[illegible] alive on Mar 22, 1940 Death is said to have occurred on the date stated above, at 10 25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility with apoplexy	
Coloni Infection	
Diabetes	

Other contributory causes of importance: Cerebral Thrombosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E A Forgeth M. D.

(Address) 1605 N Broadway

State CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

53867 - RB

F 67545

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937 Registered No. F 67545

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 26-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2001 Frankford Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 54 years years

3 (a) FULL NAME August Fisher

3 (b) If veteran, name war	3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, 1868

8. AGE: Years	Months	Days	If less than one day
71	8	11	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business Son-in-law supports patient

FATHER
12. Name August Fisher (dead)
13. Birthplace Germany

MOTHER
14. Maiden Name Eliz. Blime (dead)
15. Birthplace Germany

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 24 48 (month) (day) (year)
(c) Cemetery or crematory Zion Lutheran Cem.
Location Stemmers Run
18 (a) Funeral director John Ullrich
(b) Address 2008 Allens Ave
19 (a) MAR 23 1940 (Date rec'd by registrar) Hutzler Bros. Co. Wilkinson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-21 1940, at 6:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-18 1940, to 3-21 1940, and that I last saw him alive on 3-20 1940.

Immediate cause of death	Duration
Coronary Occlusion	few minutes
Due to Hypertensive Cardiovascular disease	?
Due to	
Other Conditions Benign prostatic hypertrophy ? with acute urinary retention	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. K. Woodward Jr. M. D.
Address Balto City Hosp. Date signed 3-21-40

VS 3

correct age is especially important

Schulte

F 67546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 ab Registered No. F 67546

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1105 S. Bayliss St
(c) Hospital or institution:

26-9

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 S Bayliss (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME William J. Schulte

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Hulda J Schulte
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 24-1859

8. AGE: Years	Months	Days	If less than one day
80	8	21/2	hr. ..... min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Copper Smith
11. Industry or business

FATHER
12. Name Don't Know
13. Birthplace Germany

MOTHER
14. Maiden Name Don't Know
15. Birthplace Germany

16 (a) Informant Mrs Wm F J Schulte
(b) Address 600 S Eaton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 27 40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 208 S Bl[illegible]

19 (a) MAR 23 1940 (Date rec'd by registrar) Interment or Removal

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1940, at 9 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 16 1940, to Mar 21 1940, and that I last saw h[illegible] alive on Mar 21 1940.

Immediate cause of death	Duration
Coronary Occlusion	4 hrs
Due to Hypertension - Arteriosclerosis	1936
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward J Eichman M. D.
Address 350 N Paca Date signed 3/22/40

correct age is especially important. Physicians: please write the cause of death clearly.

VS 3

F 67547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a Registered No. F 67547

1. PLACE OF DEATH:
(a) Baltimore City, Maryland St. Joe Hospital
(b) Street address Oliver & Caroline St.
(c) Hospital or institution:
St. Jos. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1708 Chilton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. William Gough (WM. W. GOUGH)

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Catherine Gough
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 30, 1861

8. AGE: Years	Months	Days	If less than one day: hr.	min.
78	6	21		

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Hauling
11. Industry or business Retired

FATHER
12. Name Robert Gough
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah ?
15. Birthplace Md.

16 (a) Informant Mrs. Gladys Holmes
(b) Address 1708 Chilton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 24 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Baltimore

18 (a) Funeral director H. SANDER & SON Inc.
(b) Address Baltimore & Broadway

19 (a) MAR 23 1940 (Date rec'd by registrar) (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1940 at 8:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-20 1940, to 3-22 1940 and that I last saw him alive on 19

Immediate cause of death Pulmonary edema — Duration

Due to uremia

Due to

Other Conditions Benign hypertrophy prostate.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. R. Tennent M. D.
Address St Joseph's Hosp Date signed 3/22/40

correct age is especially important. Physicians: please write the causes of death clearly and fully.

VS 3

F 67548

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No. F 67548

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 316 St. Dunstans Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-12
(e) Length of stay in Baltimore (yrs., mos., or days) 3 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County
(c) City or town Norwood (If outside city or town limits, write RURAL and give town)
(d) Street No. 1935 Williams Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM J. WINTERBOTTOM

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Mary D. Winterbottom

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 19, 1854

8. AGE: Years 85 | Months 7 | Days 3 | If less than one day: hr. min

9. Birthplace Ohio. (Town, county and state)

10. Usual Occupation Transfer Business

11. Industry or business Retired - 15 yrs.

FATHER 12. Name John Winterbotton

13. Birthplace Wales

MOTHER 14. Maiden Name Mary Roberts

15. Birthplace Wales

16 (a) Informant Mr. Hubert Krehnbright

(b) Address 316 St. Dunstans Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 26, 40 (month) (day) (year)

(c) Cemetery or crematory Spring Grove

Location Cincinnati - Ohio.

18 (a) Funeral director Wm. Hickner Sons

(b) Address Neff & Ave. Huntington Williams, W. Va.

19 MAR 23 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1940, at 6 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquest) thereon and from the evidence obtained by said ~~inquest~~ (Autopsy or Inquest) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration: sudden

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. I. Wallenmaier M.D. Medical Examiner.

Date signed 3-23-40

VS 6

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

2800

F 67549

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 67549 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5815 Dupton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5815 Dupton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julia A Marshall

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Howard Marshall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-15-1882

8. AGE: Years	Months	Days	If less than one day
58	1	9	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Dress Maker.
11. Industry or business

FATHER
12. Name John J Murphy
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Hunt
15. Birthplace Md.

16 (a) Informant Gertrude McWilliams
(b) Address 5815 Dupton Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-24-40 (month) (day) (year)
(c) Cemetery or crematory Catholic Cemetery
Location

18 (a) Funeral director Leonard J Radi
(b) Address 5305 Harford Road

19 (a) (Date rec'd by registrar) (b) Washington Williams (Registrar)

MAR 24 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-21-40 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 19 1940. to Mar 21 1940. and that I last saw h alive on Mar 21, 1940.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Arterio Sclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter W White Jr.
Address 2800 St Paul St Date signed 3/23/40 (M. D.)

* Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 67550

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 170-D

F 67550 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town U.S. Coast Guard Station (If outside city or town limits, write RURAL and give town)
Street No. Curtis Bay. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME FRANKLIN M. BULLOCK

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 11 1917

8. AGE: Years 22 | Months 3 | Days 11 | If less than one day: hr. min.

9. Birthplace Alexandria Va (Town, county, and state)

10. Usual Occupation Mariner
11. Industry or business

FATHER
12. Name John T. Bullock
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant U.S. Coast Guard
(b) Address Curtis Bay Depot

17 (a) Remover (Burial, cremation, or removal) (b) Date thereof Mar 23-40 (month) (day) (year)
(c) Cemetery or crematory Govt Cemetery
Location Loudon Park Va

18 (a) Funeral director Robt C & B M Walter
(b) Address Pratt & Stricker Sts

MAR 24 1940 (Date rec'd by registrar)

Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1940, at 10 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Cerebral hemorrhage — Duration: 2 days

Due to: Laceration, cerebral vessels — Duration: 2 days

Due to: —

Other Conditions: Bronchopneumonia bilateral, terminal (Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy see above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 21 1940 25-2
(c) Whose did injury occur? Hanover St Bridge Balt (City or town) (County) (State)
S.S. Dean Bridge
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? no (Specify type of place)
(e) Means of injury Struck by side of bridge while intoxicated

23. Signature [illegible] M.D. Medical Examiner.

Date signed 3-23-40

correct age is especially important. Physicians: please write the causes of death clearly, and give age.

VS 6

F 67551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 67551

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4619 Minnesota ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bernhardina R. Auer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fe	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 3 1862

8. AGE: Years	Months	Days	If less than one day
78	2	19	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name Kurzelmeyer
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Herbert W. Auer
(b) Address 4619 Mannasota Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 26 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

MAR 24 1940 (Date rec'd by registrar) per Thurlington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-22 - 1940, at 11 50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-14-1940 to 3-22 1940 and that I last saw h[illegible] alive on 3-22 1940.

Immediate cause of death — Duration

Pulmonary edema — 4 days
Due to
Ch. myocarditis — ?
Due to Cardiac failure

Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. K. Mansfield M. D.
Address Md Gen Hosp Date signed 3-23-40

Please write correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 67552

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67552

CERTIFICATE OF DEATH

46-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3203 Greenmount Ave 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes C. Deal

If U. S. Veteran specify WAR .....

(a) Residence: No. 3203 Greenmount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John N. J.

6. DATE OF BIRTH (month, day, year) Nov. 7, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Dec. 1929

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Thomas E. Wadley

14. BIRTHPLACE (city or town) Northumberland Co (State or country) Virginia

MOTHER

15. MAIDEN NAME Bertha Kalb

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. Clara Wallace

(Address) 3202 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 3/25/ 1940

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St

20. FILED ..... 19..... Registrar.

MAR 24 1940

STATE CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 22nd., 1940.

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11th., 1939 to Mar. 22nd., 1940.

I last saw her alive on Mar. 22nd., 1940. Death is said to have occurred on the date stated above, at 5:30p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Summary 1939

Other contributory causes of importance:

unknown

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify

(Signed) Geo. Montgomery Lloyd M. D.

(Address) 404 E. 20th. Street

67553 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 67553

CERTIFICATE OF DEATH

✓ 131-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1522 Light St. 23-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry W Schmidt

(a) Residence: No. 1522 Light St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) June 3, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Potter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Works Ice Co.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Kopf

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth Schmidt

(Address) 1522 Light St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Mar. 25 1940

19. UNDERTAKER William Lawder

(Address) 1217 St Paul St

20. FILED ..... 19.... Registrar.

MAR 24 1940 Thos. J. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1939 to March 22, 1940

I last saw him alive on Mar. 21, 1940 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio vascular renal disease	?

Other contributory causes of importance:

Was an operation performed? no Date of - - -

For what disease or injury? - - -

Name of operation - - -

What test confirmed diagnosis? P. F. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) Harry Deiker M. D.

(Address) 1226 Hanover St.

RIBE CAUSE OF DEATH in plain ... OCCUPATION is very important. See instructions on back of certificate.

F 67554

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

122-B

F 67554 Registered No.

Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 619 Cumberland St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Nettie Abramson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 20, 1874

8. AGE: Years 65 | Months 3 | Days 2 | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Abraham Abramson
13. Birthplace Poland

MOTHER
14. Maiden Name Nettie Posner
15. Birthplace Poland

16 (a) Informant Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-40 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Phila. Rd. & Hamilton Ave.

18 (a) Funeral director Levi Levin Inc.
(b) Address 1439 E. Baltimore St.

19 MAR 24 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1940 at 9.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 22 1940 to Mar. 22 1940 and that I last saw h[illegible] alive on Mar. 22, 1940

Immediate cause of death: Intestinal obstruction — Duration

Due to

Due to

Other Conditions: Intracranial hemorrhage, auricular fibrillation

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isadore Lieber M. D.
Address West Balto. Gen. Hosp. Date signed 3/24/40

VS 3

F 67555

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83-a Registered No. E 67555

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Belvedere & Greenspring Ave
(c) Hospital or institution: Hebrew Home for Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Bala (If outside city or town limits, write RURAL and give town)
(d) Street No. Aged Home - Levindale (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 yrs years

3 (a) FULL NAME Ida Tucker

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Hyman Tucker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years (60) | Months | Days | If less than one day — hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Abraham

13. Birthplace Russia

MOTHER 14. Maiden Name Soya - Russia

15. Birthplace SIGNATURE

16 (a) Informant

(b) Address GREENSPRING & BELVEDERE AVES,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-40 (month) (day) (year)

(c) Cemetery or crematory Rosedale

Location Phila. Pk. & Hamilton Ave

18 (a) Funeral director Jack Levin Inc.

(b) Address 1439 E. Baltimore St.

19 (a) [illegible] (b) Arlington Williams, M.D. Registrar

MAR 24 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-22 1940, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/21 1936, to 3-22 1940, and that I last saw h[illegible] alive on 3-22 1940.

Immediate cause of death: Cerebral Haemorrhage, Left Hypertension, Arteriosclerosis — Duration: 1936

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Edmund Levin M. D.

Address Levindale Date signed

correct age is especially important. Physician: please write the cause of death plainly.

F 67556

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 67556

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1049 Riverside Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME MAX FRIEDMAN

3 (b) If veteran, name war: —

3 (c) Social Security Account No.: —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife: Katie

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1866

8. AGE: Years	Months	Days	If less than one day: hr.	min.
46	8			

9. Birthplace: Austria (Town, county, and state)

10. Usual Occupation: Grocer

11. Industry or business:

FATHER — 12. Name: Peter Friedman
13. Birthplace: Austria

MOTHER — 14. Maiden Name: Worthy
15. Birthplace: Austria

16 (a) Informant: Hospital Records
(b) Address:

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-40 (month) (day) (year)
(c) Cemetery or crematory: Mt Carmel
Location: Old Mt Lebanon Cem

18 (a) Funeral director: Jack Levin Inc.
(b) Address: 1439 E. Lexington St.

19 (a) MAR 24 1940 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1940, at 6:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration: 3 days

Due to: Arteriosclerosis, general

Due to:

Other Conditions: Hypertension heart disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Lee Hollenmeier M.D.
Medical Examiner
Date signed 3-23-40

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 67557

Cora I Baker

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 61

F 67557

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wilkens + Catan Ave

(c) Hospital or institution: St. Agnes' Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 5003 Arabia Ave (If rural give location)

(e) If foreign born, how long in U.S.A.? years

27 3

3 (a) FULL NAME Mrs Cora J. Baker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Willard R Baker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-9-1877

8. AGE: Years	Months	Days	If less than one day hr.	min.
63	1	17		

9. Birthplace Ohio (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Charles Engel

13. Birthplace Ohio

MOTHER

14. Maiden Name Emma Ballinger

15. Birthplace Ohio

16 (a) Informant Willard Mrs R Baker.

(b) Address 5003 Arabia Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 3 25 40 (month) (day) (year)

(c) Cemetery or crematory Woodland

Location

18 (a) Funeral director Leonard E Rush

(b) Address 5306 Harford Road

MAR 24 1940 (Date filed by registrar) (b) Hunting ton [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-23 1940, at 1.40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-16 1940, to 3-23 1940, and that I last saw alive on 3-23 1940.

Immediate cause of death	Duration
Cerebral Arteriosclerosis	
Due to Senile Diabetes mellitus	
Due to	
Other Conditions Abdominal tumor (Uterine unknown) (Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy Permission refused.

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Charles V. Sevely M. D.

Address St Agnes Hospital Date signed 3-23-40

VS 3

F 67558

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-MF 67558 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 807 Lennox St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 D

(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 807 Lennox St (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Ethel Helfand

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Rabbi Judah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr)

8. AGE: Years: 46 Months: Days: If less than one day hr. min.

9. Birthplace: Lith. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER 12. Name: Max Rosenthal

13. Birthplace: Lith

MOTHER 14. Maiden Name: Dekee

15. Birthplace: Lith

16 (a) Informant: Max Helfand

(b) Address: 807 Lennox St

17 (a) 3-24-40 (b) Date thereof (Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory: Burial

Location: Southern Ave

18 (a) Funeral director: Jack Levy

(b) Address: 1434 E Balto St

19 (a) [illegible] (b) [illegible]

(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1940, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 20, 1937, to Mar. 23, 1940, and that I last saw h[illegible] alive on Mar. 22, 1940.

Immediate cause of death: Chronic Nephritis c. Hypertension — Duration: ?

Due to: Rheum. C. V. D. — Duration: ?

Due to: Auricular Fibrillation

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. A. Swanson M. D.

Address 1340 Eutaw Place Date signed Mar. 24 1940

VS 3

Please write plainly. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

67559 STATE OF MARYLAND—CERTIFICATE OF DEATH F 67559

13-6 93-5

1. PLACE OF DEATH

County Baltimore Registration Dist. No.

Village or City Baltimore No. 2501 Chestnut Ave. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. William Talbott If U. S. Veteran, specify WAR

(a) Residence: No. Ridgewood, Md. St. Ward. If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William R. Talbott

6. DATE OF BIRTH (month, day, and year) June 12, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Savage, Md. (State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) " (State or country)

17. INFORMANT Earl F. Talbott (Address) 801 W. 35 St. City

18. BURIAL, CREMATION, OR REMOVAL Place Wyndhurst Cem. Date Mar. 25, 1940

19. UNDERTAKER John Burns' Sons (Address) Towson, Md.

20. FILED MAR 24 1940, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 23, (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1940 to March 23, 1940. I last saw her alive on March 23, 1940; death is said to have occurred on the date stated above, at 2:45 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	1/16/40
Other Contributory Causes of importance: Chronic Myocarditis	1/16/40

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Robert H. Lord M. D.

(Address) Cedarcroft, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. [illegible] No. 2.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67560 F 67560

CERTIFICATE OF DEATH

83-N

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1127 Calhoun St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cora Davis

If U. S. Veteran specify WAR

(a) Residence: No. 1127 Calhoun, St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joe Davis

6. DATE OF BIRTH (month, day, year):

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: 30 yrs

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: Elisha Ramsey

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Cassie Bell

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Joe Davis

(Address): 1127 N. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Northumberland Co Va Date: Mar 24 1940

19. UNDERTAKER: T. G. Kelson

(Address): 1303 Presstman St.

20. FILED: MAR 25 1940

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 22 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1940 to March 22 1940 last saw h[er] alive on March 22 1940. Death is said to have occurred on the date stated above, at 6:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/22
Other contributory causes of importance: Essential Hypertension	5 mo.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Bradshaw Higgins M. D.

(Address) 2[illegible] N. Calhoun Balto.

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

V.S.

F 67561

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 67561 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 211 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. ~~Residence~~ 1925 Perlman Place
(If rural give location)
(e) If foreign born, how long in U. S. A.? yrs.

3 (a) FULL NAME Harry Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 8, 1874

8. AGE: Years 65 | Months 3 | Days 15 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Harry Dacon
13. Birthplace Md.

MOTHER
14. Maiden Name Martha Thomas
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) March 26 1940 (Burial, cremation, or removal) (b) Date thereof 3-28-40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cemetery
Location Annapolis Road

18 (a) Funeral director Albert L. Nelson
(b) Address 1606 N. Chester St.

19 (a) (Date rec'd by registrar) (b) Registrar

MAR 24 1940

Leon J Dacon (47766)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23, 1940, at 5:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from August 25, 1939, to March 23 1940, and that I last saw him alive on Mar. 23, 1940.

Immediate cause of death: Tuberculosis of the lungs — Duration: Jan 1937

Due to

Due to

Other Conditions: Arteriosclerotic Heart Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J Dacon M. D.

Address Balto. City Hospital Date signed 3-23-40

Correct age if apparently impossible or improbable.

F 67562

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D Registered No.

F 67562

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave & Madison Ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1606 N. Chester St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Mrs. Mary E. Hiltz

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Albert L. Hiltz Sr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 29, 1866

8. AGE: Years	Months	Days	If less than one day
74	1	25	24 hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Home Wife
11. Industry or business

FATHER
12. Name George M. Emig
13. Birthplace Germany

MOTHER
14. Maiden Name Anna M. Schmidt
15. Birthplace Germany

16 (a) Informant Albert L. Hiltz Sr
(b) Address 606 N. Chester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Back Bay

18 (a) Funeral director George J. Roth Jr.
(b) Address 1235 Hollins St

19 (a) (Date rec'd by registrar) MAR 24 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-23 1940 at 9:25 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-23 1940 to 3-23 1940 and that I last saw her alive on 3-23 1940

Immediate cause of death: Chronic myocarditis — Duration

Due to

Due to

Other Conditions Possible intestinal Obstruction.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. C. Fort M. D.
Address Maryland Gen. Hospital Date signed 3-23-40

correct age is especially important. Typewriter, pen or pencil.

67563

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 97 F 67563

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1536 E. 28th Street St. 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah C. Connelly

If U. S. Veteran specify WAR

(a) Residence: No. 1536 E. 28th Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: RUSBAND of (or) WIFE of William J. Connelly

6. DATE OF BIRTH (month, day, year) Nov. 6th, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hours or minutes
84	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Kelly

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Edmunds

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Miss Nellie Connelly
(Address) 1536 E. 28th, Street

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Govans Date 3/25/40 19

19. UNDERTAKER George W. Ruth, Inc.
(Address) 1735 Harford Avenue

20. FILED MAR 24 1940 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/22/40, 19

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1940 to March 22, 1940

I last saw her alive on March, 1940. Death is said to have occurred on the date stated above, at 6:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	7
Arteriosclerosis	
Other contributory causes of importance: Cystitis	7

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry Rhyne M. D.

(Address) 1402 E. Fayette

OCCUPATION is very important. See instructions on back of certificate.

F 67564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-6 F 67564 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 600 N Appleton st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 600 N Appleton st (If rural, give location)
(e) If foreign born, how long in U. S.? years

3 (a) FULL NAME Frank M Mitchell

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Mary A Mitchell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16 1875

8. AGE: Years 64 | Months 8 | Days 5 | If less than one day hr. min.

9. Birthplace Penna (Town, county, and state)

10. Usual Occupation Painter Contractor

11. Industry or business

FATHER
12. Name Not known
13. Birthplace Penna

MOTHER
14. Maiden Name Not known
15. Birthplace Penna

16 (a) Informant Howard E Mitchell
(b) Address 600 N Appleton st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Guy A Hafey
(b) Address Fulton Ave & Fayette

MAR 24 1940 (Date received by Registrar) (b) Registrar

VS 3

correct age is especially important. Physicians, please write

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1940, at 5 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/27 1940 to Mar 21 1940 and that I last saw h alive on 3/21 1940.

Immediate cause of death: Acute dilatation heart — Duration: 3/21/40
Due to Chr myocardial insuf — 1936
Due to Chr interstitial nephr — 1930
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Homer A Todd M. D.
Address 735 N Fulton Ave Date signed 3/23/40

F 67565

F 67565

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-W Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 870 W Lombard St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 870 W Lombard (If rural give location)
(e) If foreign born, how long in U. S. A.? 20 years

3 (a) FULL NAME Harriett Hamsen

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Otto A Hamsen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 29 1871

8. AGE: Years 69 | Months 1 | Days 23 | If less than one day hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Richardson
13. Birthplace England

MOTHER
14. Maiden Name Mary Day
15. Birthplace England

16 (a) Informant Mrs Emma Sparrow
(b) Address 2113 W Mulberry

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore Md

18 (a) Funeral director George A Tyler
(b) Address Fulton Ave & Fayette

19 MAR 24 1940 (Date rec'd by registrar) (b) [illegible] Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21, 1940, at 5 30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1, 1940, to March 21, 1940, and that I last saw h alive on March 21, 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	6 Hrs
Due to Chronic Hypertension	6 Mo
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas Norton, M.D.
Address 848 Lombard St Date signed 3/21/40.

correct age is especially important. Physicians please write plainly.

F 67566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 67566 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 632 Perkins Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Randall, Robert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14, 1939

8. AGE: Years	Months	Days	If less than one day
	8	8	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Randall, Robert
13. Birthplace Virginia

MOTHER
14. Maiden Name Sewell, Loretta
15. Birthplace Baltimore

16 (a) Informant Mother
(b) Address Above

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 25 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md

18 (a) Funeral director Charles G. Cooper
(b) Address 514 W. Calhoun St.

19 (a) (Date rec'd by registrar) (b) Registrar

MAR 24 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-22 1940, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-19 1940 to 3-22 1940, and that I last saw him alive on 3-22 1940.

Immediate cause of death	Duration
Bronchopneumonia	2 days
Due to Pertussis	3 weeks.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jacob L. Light M. D.
Address Sydenham Hosp. Date signed 3-23-40

correct age is especially important. Typewriter preferred.

67567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54

F 67567 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3725 Manchester Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -----
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3725 Manchester Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Ann Hare

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 7, 1920

8. AGE: Years	Months	Days	If less than one day
19	6	15	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Edward Leo Hare
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Ann G. McCarthy
15. Birthplace Baltimore, Maryland

16 (a) Informant Mr. Joseph McCarthy
(b) Address 5609 Gist Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Frederick Rd. & Augusta Ave.

18 (a) Funeral director H W Mears and Son
(b) Address 805 North Calvert Street

MAR 24 1940

19 (a) (Date rec'd by registrar) (b) Thos. J. Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1940, at 9.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 8 1937 to March 22 1940.
and that I last saw her alive on March 22 1940.

Immediate cause of death
Brain Tumor (Glioma)
Bronchopneumonia

Duration 4 years, 1 mo.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas Lee, M.D.
Address 4418 Roslyn Ave Date signed March 22 1940 M. D.

377046
67568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X F 67568

803

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va. (b) County
(c) City or town Haywood
(If outside city or town limits, write RURAL and give town)
(d) Street No. Tenement
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME RALPH W. JAMISON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-10-19

8. AGE: Years	Months	Days	If less than one day
21	1	14	hr. min.

9. Birthplace Miss. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name ZACHIAS JAMISON
13. Birthplace W. Va

MOTHER
14. Maiden Name LILLIAN KING
15. Birthplace MISS

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 26 1940 (month) (day) (year)
(c) Cemetery or crematory Haywood W. Va.
Location

18 (a) Funeral director John O. Mitchell
(b) Address 1900 Eutaw Place

(a) MAR 25 1940 (b) Huntington Williams M.D. Registrar
(Date rec'd by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 24 1940, at 4:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 17 1940 to MAR 24 1940, and that I last saw him alive on MAR 24 1940.

Immediate cause of death: Congenital deformity of brain — Duration: over

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles L. Ireland M. D.
Address Johns Hopkins Hospital Date signed 3-27-40

F 67569

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 67569 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2815 Hampden Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2815 Hampden Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura E. Hiles

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife William H.
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) June 24 1849

8. AGE: Years	Months	Days	If less than one day
90	9	3	hr. min.

9. Birthplace Maryland, (Balto Co.)
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Isaac Ensor
13. Birthplace Balto. Co. Maryland

MOTHER
14. Maiden Name Mary J. Taylor
15. Birthplace Balto Co. Maryland

16 (a) Informant Mrs Fannie J. Rexroth
(b) Address 2815 Hampden Ave

17 (a) Burial (b) Date thereof March 26 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Roland Ave. Hampden

18 (a) Funeral director Meyerson Kaufman
(b) Address 2201 Edmondson Ave.

MAR 25 1940
(Date rec'd by registrar)
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24, 1940 at 12.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 21, 1940 March 24 1940 and that I last saw her alive on March 24, 1940.

Immediate cause of death	Duration
Myocardial exhaustion	
Due to Chronic myocardial degeneration	2
Due to Senile debility	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. Theodore Boas, M. D.
Address Med. Arts Bldg Date signed 3/24/40

VS 8

correct age is especially important. Physicians, please

67570

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 67570 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4404 Eastway
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4404 Eastway (If rural give location)
(e) If foreign born, how long in U. S. A.? —— years

3 (a) FULL NAME William Franklin Lehnert Jr.

3 (b) If veteran, name war: World War

3 (c) Social Security Account No. 216-03-3597

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: E. Marion Lehnert

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Sept-26-1891

8. AGE: Years 48 | Months 5 | Days 25 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Insurance

11. Industry or business Insurance

FATHER
12. Name William F. Lehnert
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Emma Main
15. Birthplace Balto. Md.

16 (a) Informant Mrs E. Marion Lehnert - (wife)
(b) Address 4404 Eastway - Guilford.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar-25-40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville -

18 (a) Funeral director Stewart & Moreno.
(b) Address 1024 N. Howard St.

19 (a) MAR 25 1940 (b) Baltimore, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1940 at 10 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1939 to Mar 22 1940. and that I last saw him alive on Mar 22 1940.

Immediate cause of death: Coronary Thrombosis — Duration 1 day.

Due to: Fourth attack - first attack Sept 4 1936.

Due to:

Other Conditions: Polycythemia. 2 years.

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard F. Warren M. D.
Address 2604 Garrison Blvd Date signed 3-23-40

correct age is especially important. Physicians: please write plainly.

F67571 HEALTH DEPARTMENT—CITY OF BALTIMORE F 67571

CERTIFICATE OF DEATH ✓ 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. mos. 22 ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME John Fellows

If U. S. Veteran specify WAR _____

(a) Residence: No. Severn, Maryland St., _____ Ward. Same
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced: RUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) April 26, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
3	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Lyle A Fellows

14. BIRTHPLACE (city or town) (State or country) Long Beach Washington State

MOTHER

15. MAIDEN NAME Nonnie G. Vanderster

16. BIRTHPLACE (city or town) (State or country) Delta Penn.

17. INFORMANT Mrs. Lyle A. Fellows
(Address) Severn Md

18. BURIAL, CREMATION, OR REMOVAL.
Place Baker Hill Date Mar 25, 1940

19. UNDERTAKER Edgar W. Cockey's Son
(Address) 924 E. Eager St.

20. FILED MAR 25 1940 Henrietta for Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1940, to March 23, 1940

I last saw him alive on March 23, 1940. Death is said to have occurred on the date stated above, at 7:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
1) Generalized peritonitis	Feb 5, 1940
which resulted from a	
2) Ruptured Acute gangrenous Appendix	Feb 3, 1940
Other contributory causes of importance	
3) Intestinal Obstruction	Feb 21, 1940

Was an operation performed? Yes Date of operation 3-5-40 3-21-40

For what disease or injury? 1) Ruptured Appendix 2) Intestinal obstruction

Name of operation 1) appendicectomy with drainage 2) Mikulicz Exteriorization

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify _____

(Signed) L H Pierce M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

VS 2

F 67572 F 67572 F 67572

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 129

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 N. Calhoun St.
(c) Hospital or institution: Franklin Sq. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 807 N. Payson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ruth F. Gale

3 (b) If veteran, name war: V
3 (c) Social Security Account No. 217-05-6128

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Wm. Roger Gale

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Sept 14-1892

8. AGE: Years 47 | Months 6 | Days 8 | If less than one day: hr. min.

9. Birthplace Md. (town, county, and state)

10. Usual Occupation Typist at

11. Industry or business Blums (Clothing)

FATHER — 12. Name Wm McLain

13. Birthplace N.J.

MOTHER — 14. Maiden Name Emma Johnson

15. Birthplace Penna

16 (a) Informant Jeannette Forrest

(b) Address 807 N. Payson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 26/40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Road & Gorsuch Ave

18 (a) Funeral director John Mitchell & Sons

(b) Address 1600 Eutaw Place

19 (a) MAR 25 1940 Washington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-22- 1940, at 3:35 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-17 1940 to 3-22 1940, and that I last saw h.. alive on 3-22 1940.

Immediate cause of death: Generalized Peritonitis — Duration: 5 days

Due to: Perforation of Rectum — Duration: over

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Partial

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Wolf, M. D.

Address Franklin Sq. Hosp. Date signed 3/22/40

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VS 3

67573 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 Eutaw Place St. 14-1 Ward)

Registered No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Emma J. Maddox Funck

If U. S. Veteran specify WAR _____

(a) Residence: No. 1515 Eutaw Place St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. J. Wm. Funck

6. DATE OF BIRTH (month, day, year) Nov. 19, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	86	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME John J. Maddox

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

15. MAIDEN NAME Susannah Moore

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Mary E. Ward
(Address) 1515 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem'ty Date March 24, 1940

19. UNDERTAKER John J. Mitchell & Sons, Inc.
(Address) 1900 Eutaw Place, Baltimore

20. FILED _____, 19__ _____ Registrar

MAR 25 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-21, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1940, to March 21, 1940.

I last saw her alive on March 21, 1940. Death is said to have occurred on the date stated above, at 6:30P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	3/13/40
Other contributory causes of importance:	
Cardio-Vascular disease	?

Was an operation performed? No Date of ---

For what disease or injury? ---

Name of operation ---

What test confirmed diagnosis? Physical ~~examination~~ autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ---

(Signed) Jos. Turnerbaugh M. D.

(Address) 1901 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

F 67674

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-10 F 67674 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1034 Harford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 71 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1034 Harford Ave (If rural, give location)
(e) If foreign born, how long in U. S. A? years

3 (a) FULL NAME Ella Virginia Bailey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife George T. C. Bailey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 8. 1868

8. AGE: Years	Months	Days	If less than one day
71	7	16	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Joseph Cole
13. Birthplace Harford Co. Md.

MOTHER
14. Maiden Name Sarah V. Yellowley
15. Birthplace Owings Mills Md.

16 (a) Informant Geo. T. C. Bailey
(b) Address 1657 Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-27-40 (month) (day) (year)
(c) Cemetery or crematory Lakewood
Location Taylor Ave

18 (a) Funeral director Wm. C. Miller Inc
(b) Address 248 E. Oliver St

19 (a) Date received MAR 25 1940 (Registrar) Huntington Hilligues M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1940, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 12 1940, to March 24 1940 and that I last saw h er alive on March 23 1940.

Immediate cause of death	Duration
Myocardial Degeneration	
Mitral Insufficiency	
Due to Pulmonary Edema	12 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm R. Johnson M. D.
Address 413 Mulberry Date signed 3/26/40

F 67575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a (B) 67575 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1802 Division St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1802 Division St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James L. Franklin
3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Cora Franklin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 11, 1872

8. AGE: Years 67 | Months 5 | Days 10 11 | If less than one day hr. min.

9. Birthplace A. A. Co. Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name James L. Franklin
13. Birthplace Md

MOTHER
14. Maiden Name Mary Franklin
15. Birthplace Md

16 (a) Informant Cora Franklin
(b) Address 1802 E. Division St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director Granville A. Hemsley
(b) Address 578 N. Bridge St.

MAR 25 1940
(Date filed by Registrar)

(Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22, 1940, at 7 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 18 1940 to Mch 22, 1940, and that I last saw him alive on Mch 21 1940

Immediate cause of Pulmonal Hemorrhage — Duration 4 days

Due to Tuberculosis Pulmonary

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify kind of place)
(e) Means of injury

23. Signature [illegible]

Address [illegible] Date 3/26/40

M. D.

VS 8

correct age is especially important. Payments, please

F 67576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 67576

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2223 E. Biddle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2223 E. Biddle St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H. Moore

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Ida Moore
6 (c) If alive, give age: 52 years
7. Birth date of deceased (mo., day, yr.): April 30-1884
8. AGE: Years: 55 Months: 10 Days: 22 If less than one day: hr. min.
9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Fruit + Produce
11. Industry or business: North East Market

FATHER
12. Name: John Nelson Moore
13. Birthplace: Balto. Md

MOTHER
14. Maiden Name: Annie Harriman
15. Birthplace: Balto. Md.

16 (a) Informant: William H. Moore
(b) Address: 2223 E. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 26-40 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cemetery
Location: Baltimore, Maryland

18 (a) Funeral director: John C. Miller Inc
(b) Address: 2433-35 E. Oliver St

19 (a) (Date received by registrar) Huntington Williams M.D. (Signature of registrar)

MAR 28 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22, 1940, at 4:45 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 18, 1940, to March 22, 1940, and that I last saw him alive on March 22, 1940.

Immediate cause of death: Broncho-pneumonia — Duration: 5 days.
Due to: —
Due to: —
Other Conditions: —
(Include pregnancy within 3 months of death)
Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury

23. Signature: Harry A. Moore Jnr.
Address: 448 N. Luzerne Ave. Date signed: 3/24/40 M. D.

F 67577 HEALTH DEPARTMENT—CITY OF BALTIMORE F 67577

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH — Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Community Hospital St. 4-2 Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 3 ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME William A. Crooks — If U. S. Veteran specify WAR _____

(a) Residence: No. Granite Md. St., _____ Ward. Baltimore
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth A.

6. DATE OF BIRTH (month, day, year) Nov. 12, 1856

7. AGE Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
83	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Albert S. Crooks

14. BIRTHPLACE (city or town) (State or country) York

MOTHER

15. MAIDEN NAME York

16. BIRTHPLACE (city or town) (State or country) York

17. INFORMANT Mrs Charles Dell
(Address) Randallstown, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Burial Ward Chapel Cemetery Date Mar. 26 1940

19. UNDERTAKER G Harry Crew
(Address) Reisterstown, Md.

MAR 25 1940 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24th 1940

22. I HEREBY CERTIFY, That I attended deceased from March 21st 1940 to March 24th 1940

I last saw him alive on March 24th 1940 Death is said to have occurred on the date stated above, at 1:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar) Right Upper and Left Lower Lobes (Type III)	
Other contributory causes of importance	

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Autopsy Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Louis Calvin Garvis, M. D.

(Address) Community Hospital

OCCUPATION is very important. See instructions on back of certificate.

V0 8

Re: 67578 ✓ 67578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 N. Luzerne Ave Ward) 9 weeks

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. dys. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME Evaline Ridgely

(a) Residence: No. 1114 N. Luzerne Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Ridgely

6. DATE OF BIRTH (month, day, year) Jan. 1, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Hamilton Hobby

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary J. Lloyd

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Henry Ridgely

(Address) Westfield Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Springfield Cem, Date Mar. 19 1940

19. UNDERTAKER G. Harry Wenz

(Address) Sykesville, Md.

FILED MAR 25 1940

Hattie Jones Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24 1940

22. I HEREBY CERTIFY, That I attended deceased from March 22 1940 to March 24 1940

I last saw her alive on March 24 1940 Death is said to have occurred on the date stated above, at 11:45 P.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Cerebral Hemorrhage	3 D

Other contributory causes of importance:

Senile Dil of Heart	yrs

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) L. [illegible] Wright M. D.

(Address) Westminster Md

Information should be carefully supplied. Age must be given in every case. In state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 67579 ✓ F 75579

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 509 Oakland Ave
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 509 Oakland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

27 10

3 (a) FULL NAME Mrs. Augusta R. Druckaler

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Fred Druckaler
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Jan 22 1869

8. AGE: Years	Months	Days	If less than one day
71	2	2	hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business — at Home

FATHER
12. Name Fred Folk
13. Birthplace Germany

MOTHER
14. Maiden Name Christine Jenssen
15. Birthplace Germany

16 (a) Informant Mrs. Robert Diddinger
(b) Address 509 Oakland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/40 (month) (day) (year)
(c) Cemetery or crematory Wardle Chapel
Location

18 (a) Funeral director F. B. Wippert & Sons
(b) Address 1200 Eutaw Place

MAR 25 1940 (Date rec'd by Registrar) (Washington Williams M.D.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/22/1940 at 2 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 11 1940 to Mar 22 1940, and that I last saw deceased alive on Mar 20 1940.

	Duration
Immediate cause of death Pulmonary Edema	1 wk
Due to Mitral Stenosis	about 8 yrs
Due to Nephritis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter E. Linderman M.D.
Address 225 Dundalk Rd Date signed 3/25/1940

VS 3

Copies Are To Be Typewritten

F 67580 4

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

F 67580 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3404 Edgewood Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John F. Reus Sr. {John F. Reus Sr.}

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	married

6 (b) Name of husband or wife Emma L.

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 3, 1863

8. AGE: Years	Months	Days	If less than one day
76	10	29	— hr. — min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

MOTHER / FATHER

12. Name John F. Reus.
13. Birthplace Germany.
14. Maiden Name Laura Klueger
15. Birthplace Germany

16 (a) Informant Mrs. Emma L. Reus
(b) Address 3404 Edgewood Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Maryland

18 (a) Funeral director J. B. Weishaar & Son
(b) Address 1300 Eutaw Place

19 (a) (Date rec'd by registrar) per Livingston Williams, M.D. Registrar

MAR 25 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-22-40 19 , at 7½ A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-23 1940, to 3-22 1940 and that I last saw h[illegible]alive on 3-22 1940

Immediate cause of death	Duration
Peritonitis - walled off	2 (2) days
Due to Perforated Carcinoma 4 transverse colon.	?
Due to Cellulitis & abdominal wall	3-1-40.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: Of operation Walled off abscess upper abdomen
Of autopsy above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. Mansfield M. D.
Address Md Gen Hosp Date signed 3-22 40

correct age is especially important. Physicians, please write the cause of death plainly.

F 67581

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67581

CERTIFICATE OF DEATH

61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. [illegible] Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. 22 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mary E. Johnson

If U. S. Veteran specify WAR _____

(a) Residence: No. Millersville St., _____ Ward. Anne Arundel Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William E. Johnson

6. DATE OF BIRTH (month, day, year) ? ? 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	58	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Annie Swann

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Daughter

(Address) Glen Burnie Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Bluff Cem. Annapolis Md. Date March 25, 1940

19. UNDERTAKER William M Marsch

(Address) [illegible] Light St

FILED MAR 25 1940

[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1940, to March 22, 1940

I last saw h[illegible] alive on March 22, 1940 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Septicemia	3/11/40
Diabetes Mellitus	?
Suppurative arthritis, left knee	1/28/40
Cellulitis, both legs.	1/28/40
Other contributory causes of importance:	
Generalized arteriosclerosis.	?
Chron. glom. nephritis & uremia	?

Was an operation performed? Yes Date of Feb. 22, 1940

For what disease or injury? Suppurative arthritis, left knee

Name of operation Incision and Drainage

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Geo. James Hunting M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

VS 8

52473 - RB

67582

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61 ✓ F 67582 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo., 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 830 Howard St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice M Amron

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Samuel (dead)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1864

8. AGE: Years	Months	Days	If less than one day
75	10	9	hr. min.

9. Birthplace Pennsylvania
(Town, county, and state)
10. Usual Occupation Old Age Pensioner
11. Industry or business

FATHER
12. Name William Brennan
13. Birthplace Ireland

MOTHER
14. Maiden Name Jennie Burns
15. Birthplace Scotland

16 (a) Informant Records Balto. City Hosps.
(b) Address

17 (a) Burial (b) Date thereof Mar 26/40
(burial, cremation, or removal) (month) (day), (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Ave

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 (a) MAR 25 1940 (b) Herbert Top Williamsburg P.
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1940, at 12:20 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 31 1940, to March 24 1940, and that I last saw h e alive on March 23 1940.

Immediate cause of death
Bronchopneumonia
Infected amputation stump
Due to Gangrene right foot

Duration
1 week
3 weeks
4 months
?

Due to

Other Conditions Diabetes Mellitus
Generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operation Low mid thigh amputation, right 3-12-40 for gangrene foot
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sidney R. Gilbert
Address Baltimore City Hosp. Date signed 3/24/40 M. D.

F 67583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

74-a

Registered No. F 67583

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway
(c) Hospital or institution:
Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Church Home & Infirmary 2619 Loyola Southway (If rural give location)
(e) If foreign born, how long in U. S. A.? 41 years

5-13

3 (a) FULL NAME Israel Millison

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	married

6 (b) Name of husband or wife Sarah Millison
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 15, 1880

8. AGE: Years	Months	Days	If less than one day
59	5	10	hr. min.

9. Birthplace Lithuania (Town, county, and state)
10. Usual Occupation Cattle Dealer
11. Industry or business

FATHER
12. Name Harry Millison
13. Birthplace Lithuania

MOTHER
14. Maiden Name Alsie Ostenick
15. Birthplace Lithuania

16 (a) Informant Sarah Millison
(b) Address 2619 Loyola Southway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-27-40 (month) (day) (year)
(c) Cemetery or crematory Loudale
Location Hampton & Phil Rd.

18 (a) Funeral director Jack Levin Inc.
(b) Address 1439 E. Balt St.

19 MAR 25 1940 (Date rec'd by registrar) Huntington Wilkins & Bloodgood M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-25-40 19 , at 12 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-17-40 19 , to 3-25-40 19 , and that I last saw h[illegible] alive on 3-25-40 19 .

Immediate cause of death	Duration
Chronic Myelogenous Leukemia	8 Days
Due to	
Due to	
Other Conditions arteriosclerotic heart disease (Include pregnancy within 3 months of death)	?

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. F. COOLAHAN M.D.
M. D.
Address Church Home & Infirmary Date signed 3-25-40

F 67584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 67584 Y. Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4503 Frederick Avenue.
(c) Hospital or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) 60 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4503 Frederick Avenue. (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

25-1

3 (a) FULL NAME Sarah Ekas

3 (b) If veteran, name war	3 (c) Social Security Account No.
---	---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Harry Ekas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) About 1860

8. AGE: Years	Months	Days	If less than one day
About 80			hr. min.

9. Birthplace Myboy, Ireland (Town, county, and state)
10. Usual Occupation Retired Florist
11. Industry or business Self

FATHER
12. Name Robert Holmes
13. Birthplace Ireland

MOTHER
14. Maiden Name Sally Andrews
15. Birthplace Ireland

16 (a) Informant Mrs. Sarah Boehm
(b) Address 924 S. East Avenue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 25th 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Wm. H. Tichner & Sons.
(b) Address North & Penna Aves.

19 (a) ... (b) Huntington Brucella, Mgr. Registrar
(Date rec'd by registrar)

MAR 25 1940
VS-4

MEDICAL CERTIFICATION

20. DATE OF DEATH March, 23, 1940, at 4. P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March, 19 40 to March, 23. 40 and that I last saw her alive on March, 22 1940.

Immediate cause of death CEREBRAL APOPLEXY. — Duration 5 days

Due to Arterial Hypertension. Years.
ArterioSclerosis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. Hart Johnson M. D.
Address Catonsville, Md. Date signed 3/25/40

Correct age is especially important. Physicians, please write plainly.

F 67585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-a

F 67585 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2801 Springhill Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2801 Springhill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 36 years

3 (a) FULL NAME Yokel Brickman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ida
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business Grocer Business

FATHER
12. Name Louis Brickman
13. Birthplace Russia

MOTHER
14. Maiden Name Clara ?.
15. Birthplace Russia

16 (a) Informant Louis Brickman
(b) Address 2801 Springhill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 25, (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W. North Ave

19 (a) (Date received by registrar) (b) [illegible] Registrar

MAR 25 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1940. 2.30PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1937 to May. 24, 1940
and that I last saw [illegible] alive on Mar. 23, 1940.

Immediate cause of death — Duration

Carcinoma of Oesophagus — 1½ yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Abramson M. D.
Address 2340 Eutaw Pl Date signed Mar. 24, 1940

F 67586

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67586

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 S. Streeper St. 1-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martin Marion Wisniewski

If U. S. Veteran specify WAR .....

(a) Residence: No. 810 S Streeper St., ... Ward.

(Usual place of abode) Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stella

6. DATE OF BIRTH (month, day, year) 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Walter Wisniewski

(Address) 810 S Streeper

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 3/26 40 19

19. UNDERTAKER John J Ruppa

(Address) 2824 Hudson St

20. FILED MAR 25 1940 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1940 to March 23, 1940.

I last saw him alive on March 23, 1940. Death is said to have occurred on the date stated above, at 7 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic C.V. Disease	
Myocardial Failure	3-11-40
Other contributory causes of importance:	

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eaglehimmek M. D.

(Address) 542 S. Ellwood Ave.

State CAUSE OF DEATH in plain words. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

V8 9

F 67587 ✓ F 67547 F 67587

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-W Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1709 Brentwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME ALICE F ROY

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown 1875

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

9. Birthplace Essex County Virginia (Town, county, and state)

10. Usual Occupation housework
11. Industry or business own home

FATHER
12. Name Isaac Roy
13. Birthplace Virginia

MOTHER
14. Maiden Name Susan ?
15. Birthplace Virginia

16 (a) Informant Stepson Irvin Bowers
(b) Address 1709 Brentwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion cem
Location Baltimore County

18 (a) Funeral director Charles H. Burkert
(b) Address 626 Lauens St.

19 (a) MAR 25 1940 (Date rec'd by registrar) Hunter for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23, 1940, at 2 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	One Week
Due to: Osteosarcoma generalized	—
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 3-23-40

VS 6

F 67588 HEALTH DEPARTMENT—CITY OF BALTIMORE F 67588

CERTIFICATE OF DEATH

131-N 67588

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1116 McCulloh St. 11-4 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Bush

If U. S. Veteran specify WAR .....

(a) Residence: No. 1116 McCulloh St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie Bush

6. DATE OF BIRTH (month, day, year) [illegible] 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (old age pension)

10. Date deceased last worked at this occupation (month and year) 10 yrs

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Cambridge Easton Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Hattie Bush

(Address) 1116 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lyon Date 3/24/40

19. UNDERTAKER Smith & Lyon

(Address) 1200 N. Eutaw

20. FILED ... 19... Hunting Tom Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-20, 1940

22. I HEREBY CERTIFY, That I attended deceased from July, 1937 to Mar 20, 1940

I last saw him alive on March 9, 1940 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Chr. Interstitial Nephritis	1934
Mitral Regurgitation	Jan. 1937
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Urinary & Phy. Exam. Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. McRae M. D.

(Address) 1126 Druid Hill

state CAUSE OF DEATH in plain terms, so that any physician may understand it. OCCUPATION is very important. See instructions on back of certificate.

MAR 25 1940

W. M. Vandegrift M.D. Asst. Medical Examiner per Dist. Wallenpaupack M.D. Asst. Med. Ex.

F 67589 ✓ F 67589

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. 8765

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton + Wilkens
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 726 W. Fayette st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Berkley Morsberger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Sara L. Morsberger
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) July 5, 1889

8. AGE: Years	Months	Days	If less than one day
50	8	18	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John G. Morsberger
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Ida L. Peregoy
15. Birthplace Baltimore Md

16 (a) Informant Mr. Henry G. Morsberger
(b) Address 2517 Jaques St. Norwood Pk

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location 3800 Frederick Road

18 (a) Funeral director John J. Cosgrove & Son
(b) Address 901 Hollins St.

19 (a) MAR 25 1940 (Date received by Registrar) (b) Huntington Woods, Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23rd 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw h alive on 19.

Immediate cause of death acute congestive heart failure.

Duration

Due to

Due to

Other Conditions Pulmonary edema.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. Jadwin M. D.
Address 51 Hopkins Date signed 3/28/40

F 67590

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. F 67590

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2920 Glenmore Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dr George Wegefarth
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced:
Male	white	Widowed

6 (b) Name of husband or wife Margaret Wiesner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 11 1876

8. AGE: Years	Months	Days	If less than one day
63 64	6	11	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Real Estate
11. Industry or business

FATHER
12. Name Conrad Wegefarth
13. Birthplace Pa

MOTHER
14. Maiden Name Mary Ellen McArthur
15. Birthplace Pa

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof Mar 26 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director Geo H Schilling
(b) Address 1124 E Monument St

MAR 25 1940 (Date rec'd by Registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 22 1940, at 2.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 21 1940, to MAR 22 1940, and that I last saw HIM alive on MAR 22 1940.

Immediate cause of death Abdominal abscess
Due to Peritonitis
Due to Perforated diverticulum of sigmoid
Due to
Other Conditions Arteriosclerosis
Diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operation Abscess in region of sigmoid colon
Of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Douglas D. Faer M. D.
Address Johns Hopkins Hosp. Date signed 3-22-40

VS 3

F 67591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-H Registered No. F 67591

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Pronounced dead at Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or Town 300 W. 31st St. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME NELLIE HOFFMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Daniel M. Hoffman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3, 1876

8. AGE: Years	Months	Days	If less than one day
63	9	19	hr. min.

9. Birthplace Topeka, Kansas (Town, county, and state)

10. Usual Occupation Dietitian-Franklin High School

11. Industry or business

FATHER
12. Name William Guthridge
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mollie Chaney
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Edyth Whitmore
(b) Address 300 W. 31st St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 25, 1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Md.

18 (a) Funeral director [illegible]
(b) Address 1003 W. Baltimore St.

19 (a) Date received MAR 25 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24, 1940, at 1:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.

Immediate cause of death Pneumonia, Lung gas poisoning
Due to Suicide
Due to mental depression
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence March 24, 1940
(c) Where did injury occur? 300 W 31st St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Illuminating gas from open gas [illegible]

23. Signature [illegible] M.D. (Medical Examiner)
Date signed 3-24-40

Correct age is especially important. Physicians, please write plainly.

VS 6

F 67592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 67592

Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 502 W. Montgomery

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 5-1 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 502 W Montgomery

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles H. Young Sr

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-3067

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Col	W Divorced

6 (b) Name of husband or wife Mamie Young

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years	Months	Days	If less than one day
74	—	—	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Helper in yard

11. Industry or business Shipyard Business

FATHER 12. Name Charles Young Sr

13. Birthplace Calvert Co. Md

MOTHER 14. Maiden Name Jane —

15. Birthplace Calvert Co Md

16 (a) Informant Georgiana Stewart

(b) Address 412 N Paca St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-1940 (month) (day) (year)

(c) Cemetery or crematory Mount Calvary

Location A. A. County

18 (a) Funeral director Joseph H. Lively

(b) Address 400 W Mount Street

19 (a) (b)

(Signature of local registrar) Registrar

MAR 25 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 20 1940, at 12 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/13 1940 to 3/20 1940, and that I last saw h alive on 3/19 1940

Immediate cause of death Uremia

Duration 20 Days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D.

Address 1 W Lee Date signed 3-21-40

F 67593 ~ 375 880

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 67593

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1708 Lanecaster (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cecelia Grunrowsky

3 (b) If veteran, name war — —
3 (c) Social Security Account No. — —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2 - 6 - 34

8. AGE: Years	Months	Days	If less than one day
6	1	17	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

MOTHER / FATHER
12. Name Mary Grunrowsky
13. Birthplace Germany
14. Maiden Name Frances Lamke
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore Co.

18 (a) Funeral director George A. Weber
(b) Address 706 S Linn street

19 (a) Date received by local registrar MAR 25 1940 (b) Registered by

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 23 1946 at 11 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20 1946 to Mar 23 1946 and that I last saw h er alive on Mar 23 1946

Immediate cause of death	Duration
Pneumonia	24 hrs
Due to Agranulocytosis	9 days
Due to Urinary tract infection treated with sulfathiazole	long 17 days
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry F. Helsberg
Address Johns Hopkins Hosp Date signed M. D. 3-26-40

F 67594 --

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-7 Registered No. F 67594

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 248 S.Castle St
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 248 S.Castle Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Iszkiewicz

3 (b) If veteran, name war --

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of ~~husband~~ wife Joseph Iszkiewicz
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) 4-11-1885 ?

8. AGE: Years	Months	Days	If less than one day
54	11	13	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Juras
13. Birthplace Poland

MOTHER
14. Maiden Name Tekla Homej
15. Birthplace Poland

16 (a) Informant Joseph Iszkiewicz (Husband)
(b) Address 248 S.Castle Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-28-40 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore Md.

18 (a) Funeral director George A Weber
(b) Address 705 S Ann street

MAR 25 1940 (Date rec'd by registrar) (b) [illegible] Registrar

Hunting for Relatives, Inc.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24th 1940, at 10 05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from MARCH 22 1940 to MAR. 24 1940, and that I last saw HER alive on MAR. 24 1940

Immediate cause of death CEREBRAL HEMORRHAGE — Duration 3 DAYS

Due to HYPERTENSIVE CARDIO-VASCULAR DISEASE — Duration 1 1/2 yrs.

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dept T. Darnya
Address 209 S. Chester St. Date signed 3/25/40 M. D.

Correct age if apparently important. Typewriter.

F 67595

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 67595 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fremont & Rutland Sts.
(c) Hospital or institution: Sinai Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
2 [illegible] et No. 117 E. Cottages
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anton W. Papilon

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 7th 1939

8. AGE: Years	Months	Days	If less than one day
1	1	16	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Max Papilon
13. Birthplace Md.

MOTHER
14. Maiden Name Anna B. Tarbutton
15. Birthplace Md.

16 (a) Informant Max Papilon
(b) Address 117 E. Cottages St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Balto. Co. Md.

18 (a) Funeral director Charles F. Dill
(b) Address 1501 E. Fort Ave

MAR 25 1940 (b) [illegible] Baltimore, Md.
(Date received by Registrar) (Signature of Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-23 1940, at 9:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-20 1940, to 3-23 1940.
and that I last saw him alive on 3-23 1940.

	Duration
Immediate cause of death Bronchopneumonia	
R. M. L. R. L. L.	
Right Upper Lobe - Right Lower Lobe	F 5-6 days
Due to Lobe	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Major findings:	
Of operations	
Of autopsy Lobe pn. R. U. L. R. L. L.	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Dillon M. D.
Address Sinai Hospital Date signed 3-23-40

correct age is especially important. Physician, please write plainly.

F 67596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 67596

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 900 So Paca St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 900 So Paca St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Madon (Malanowski)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Joseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not Known

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Laszkiewicz
13. Birthplace Poland

MOTHER
14. Maiden Name —
15. Birthplace Poland

16 (a) Informant Earl Malan
(b) Address 900 S. Paca St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 26 Mar 40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross A A Co
Location Anapolis Md.

18 (a) Funeral director W. S. Fialkowski
(b) Address 2007 Eastern ave

MAR 25 1940 (Date rec'd by registrar) Hunting for Williams, Jr. Registrar

VS 6

MEDICAL CERTIFICATION Cath Pan

20. DATE OF DEATH March 23 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. W. Vandegrift M.D.
Medical Examiner.
Date signed 3-27-40

Street age is especially important. Physicians, please write plainly.

F 67597

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 ✓ F 67597 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 134 N. POTOMAC ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 134 N. POTOMAC ST.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME GERTRUDE THIESS

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife: CHRISTIAN THEISS
6 (c) If alive, give age: 53 years

7. Birth date of deceased (mo., day, yr.): APR. 23 1891

8. AGE: Years	Months	Days	If less than one day
48	10 11	29	..... hr. ..... min.

9. Birthplace: BALTIMORE MD. (Town, county, and state)
10. Usual Occupation: HOUSE WIFE
11. Industry or business: AT HOME

FATHER
12. Name: CHRISTIAN POHLER
13. Birthplace: BALTIMORE MD.

MOTHER
14. Maiden Name: SOPHIA ZACHOW
15. Birthplace: BALTIMORE MD.

16 (a) Informant: CHRISTIAN THEISS HUS.
(b) Address: 134 N. POTOMAC ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 26/40 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN CEM. Location EASTERN AVE EXT.

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) (Local Registrar) (b) Registrar
MAR 28 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR. 22 1940, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1937, to March 22 1940, and that I last saw h. alive on March 21 1940.

Immediate cause of death	Duration
Myocardial degeneration	
Due to Hypertension	
Due to	
Other Conditions Diabetes mellitus	

(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John J Gould M. D.
Address 14 W. East ave Date signed 3-23-40

67598 HEALTH DEPARTMENT—CITY OF BALTIMORE 67598

CERTIFICATE OF DEATH

114-B 67598

Registered No. 67598

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2804 Mosher St. 16-6 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Joseph Miller

(a) Residence: No. 2804 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Rosina J. Kolmer

6. DATE OF BIRTH (month, day, year) Aug-5th 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	7	18	8

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Coal Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired - 6 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lonaconing, Md

FATHER

13. NAME Jacob Miller

14. BIRTHPLACE (city or town) (State or country) Lonaconing, Md

MOTHER

15. MAIDEN NAME Philadelphia Meyers

16. BIRTHPLACE (city or town) (State or country) Lonaconing Md

17. INFORMANT Mrs. Joseph Miller

(Address) 2804 Mosher St

18. BURIAL, CREMATION, OR REMOVAL St Pauls - Violetville Date 3/26/40

19. UNDERTAKER Geo. Weber & Son

(Address) 2513 Edmondson Ave

MAR 25 1940

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23rd 1940

22. I HEREBY CERTIFY, That I attended deceased from Mar. 19 1940 to Mar. 23 1940

I last saw alive on Mar. 23 1940 Death is said to have occurred on the date stated above, at 7.25 P.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonokoniosis (anthracosis)	1915
Emphysema	1925
Myocardial Dranff	1930

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P. E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Coal - miner

(Signed) Howard U. Dodd M. D.

(Address) 735 N. Fulton Ave

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 67599 HEALTH DEPARTMENT—CITY OF BALTIMORE F 67599

CERTIFICATE OF DEATH

51-B 67599

1. PLACE OF DEATH 927 N. Kresson St. Registered No.

CITY OF BALTIMORE: (No.) St. 26-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. da. How long in U. S. If of foreign birth yrs. mos. da.

2. FULL NAME George Christian Lenz

If U. S. Veteran specify WAR

(a) Residence No. 927 N. Kresson St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Elizabeth Lenz

6. DATE OF BIRTH (month, day, year) Dec. 12, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME — Lenz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Agnes Klein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Emma Koelsch

(Address) 927 N. Kresson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemt. Date March 25 1940

19. UNDERTAKER Clarence F. Hoffmann

(Address) 2223 E. Preston St

20. FILED 19 Registrar.

MAR 25 1940

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11 1939 to March 23 1940

I last saw him alive on March 23 1940. Death is said to have occurred on the date stated above, at 9:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cachexia	1939
General carcinomatosis	1939
pulmonary edema	3/23/1940
Other contributory causes of importance carcinoma of prostate	1936

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? physical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. C. Schibel M. D.

(Address) 447 N. Kenwood Ave.

F 67600

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 67600

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1802 N. Bond St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1802 N. Bond St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel H. Francis

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Ida M. Francis

6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Jan. 5, 1861

8. AGE: Years	Months	Days	If less than one day
79	2	19	hr. min.

9. Birthplace Balto. Co. Md.
(Town, county, and state)

10. Usual Occupation Dairyman

11. Industry or business —

FATHER
12. Name Richard C. Francis
13. Birthplace Balto. Co. Md

MOTHER
14. Maiden Name Eleanor A. Stover
15. Birthplace Balto. Co. Md

16 (a) Informant Mary Francis Tuffy
(b) Address 6752 Woodley Road

17 (a) Burial (b) Date thereof 3/27/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cem.
Location Balto. Co. Md.

18 (a) Funeral director George J. Roth Inc.
(b) Address 1733 Harford Ave.

19 (a) (Date rec'd by registrar) (b) Hunter & Williams M.D.

MAR 25 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-24-1940, at 11:15 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to Arteriosclerosis	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Major findings:	
Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Thalheimer M.D.
Medical Examiner.
Date signed 3-25-40

correct age is especially important. Physicians: please write the cause of death plainly.

F 67601 HEALTH DEPARTMENT—CITY OF BALTIMORE F 67601

CERTIFICATE OF DEATH

94-a 6788

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5238-York Road St. 27-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William H. Champlin

If U. S. Veteran specify WAR

(a) Residence: No. 715-Glenwood Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. (Horn)

6. DATE OF BIRTH (month, day, year) 7/20/1868

7. AGE Years	Months	Days	If LESS than 1 day or min.
71	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washn. DC.

FATHER

13. NAME Jeffery H. Champlin

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Jeffery H. Champlin

(Address) 715-Glenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date 3/26/40 19

19. UNDERTAKER George J. Ruth Inc.

(Address) 1735-Harford Ave.

20. FILED MAR 25 1940 19

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1940

22. I HEREBY CERTIFY, That I attended deceased from MAR 19 1940 to MAR 23 1940

I last saw him alive on MAR. 23 1940 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CORONARY Thrombosis	3/19/40
Other contributory causes of importance: ARTERIOSCLEROSIS.	—

Was an operation performed? Yes Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify

(Signed) Anthony Bonnicksen M. D.

(Address) 715 York Road

F 67602 ✓ F 67602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-F

Registered No. .....

1. PLACE OF DEATH:

(a) Baltimore City, Maryland: Baltimore City.

(b) Street address: Notre Dame of Maryland

(c) Hospital or institution: Charles St. Ave.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 11

(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Maryland (b) County: Baltimore City.

(c) City or town: .....
(If outside city or town limits, write RURAL and give town)

(d) Street No.: Charles St. Ave.
(If rural give location)

(e) If foreign born, how long in U. S. A.? " " years

3 (a) FULL NAME: Sr Mary Coronata. (Kohlmann.)

3 (b) If veteran, name war: " " " " " " " "

3 (c) Social Security Account No.: " " " " " " " "

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife: .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feb. 1st 1874

8. AGE: Years	Months	Days	If less than one day
66	1	22	..... hr. ..... min.

9. Birthplace: Germany
(Town, county, and state)

10. Usual Occupation: Cook

11. Industry or business: Notre Dame Convent.

FATHER

12. Name: Kreis Kohlmann

13. Birthplace: Germany.

MOTHER

14. Maiden Name: Katherine Biehl.

15. Birthplace: Germany.

16 (a) Informant: Records.

(b) Address: Notre Dame Convent.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 26th. 40 (month) (day) (year)

(c) Cemetery or crematory: Privateat Notre Dame

Location: Charles St. Ave.

18 (a) Funeral director: Geo. M. Fink & Son.

(b) Address: 811 N Wolfe St.

19 (a) MAR 25 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar. 23rd 1940, at 1A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1940 to Mar 23 1940, and that I last saw h alive on Mar 23 1940.

Immediate cause of death	Duration
Exhaustion	
Tuberculosis	
Due to Carcinoma of Liver	
Due to	
Other Conditions Carcinoma of Liver	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: .....

Of autopsy: .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide: .....

(b) Date of occurrence: .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)

(e) Means of injury: .....

23. Signature: Chas. Smart M. D.

Address 4706 Gwynn Oak Ave Date signed 3/26/40

VS 3

F 67603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 67603

1. PLACE OF DEATH: Baltimore City.
(a) Baltimore City, Maryland
(b) Street address 2246 McEldery St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street 2246 McEldery St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John J. Schmidt.

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 215-01-8550

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married.

6 (b) Name of husband or wife Margeret Schmidt.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 8, 1879

8. AGE: Years 60 | Months 5 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Clothing Cutter

11. Industry or business Schloss Bros.

FATHER
12. Name Joseph Schmidt
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Margeret Schmidt
(b) Address 2246 McEldery St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 26. 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Geo. M. Fink & Son
(b) Address 811 N. Wolfe St.

MAR 25 1940 Date Received by Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 22nd 1940, at 10. PM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 22. 1940 to Mar. 22. 1940 and that I last saw h[illegible] alive on Mar. 22. 1940

Immediate cause of death	Duration
Cerebral Hemorrhage	2 hrs.
Due to Hypertensive Cardio-Vasc. Disease	2
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis J. Krall M. D.
Address 11 E. Chase St Date signed 3-23-40

Filed MAR 25 1940 Harrington Wellford Registrar

VS 8

F 67604
37580

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-G Registered No. F 67604

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 dys
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Prince Georges
(c) City or town Upper Marlboro (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Parker

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Ellen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-28-85

8. AGE: Years	Months	Days	If less than one day
55	1	27	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Thos. Parker
13. Birthplace Md

MOTHER
14. Maiden Name Sarah Wills
15. Birthplace MD

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 28 40 (month) (day) (year)
(c) Cemetery or crematory Upper Marlboro
Location Upper Marlboro

18 (a) Funeral director C B Johnson
(b) Address Upper Marlboro

19 (a) (Undertaker) (b) Mortician for Wilson Undertaker

MAR 25 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 25 1940, at 4:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 19 1940 to MAR 25 1940, and that I last saw him alive on MAR 25 1940.

Immediate cause of death: Carcinoma of pancreas with extensive metastases — Duration: ?
Due to
Due to
Other Conditions Syphilis — ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Widespread metastases

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jerome A Gorton M. D.
Address Johns Hopkins Hosp. Date signed 3/25/40

67605 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 67605

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3333 Edmondson Ave. Ward 29)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ___ mos. ___ da. Length in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Wilhelmina Schlag

If U. S. Veteran specify WAR No

(a) Residence: No. 3333 Edmondson Ave St., Ward No Sic Inmates

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George 75 yrs

6. DATE OF BIRTH (month, day, year): Sept 25 1865

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
74	5	28 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): 1940

11. Total time (years) spent in this occupation: Always

12. BIRTHPLACE (city or town) (State or country): Baltimore County

FATHER

13. NAME: John Wallace

14. BIRTHPLACE (city or town) (State or country): Balto Co

MOTHER

15. MAIDEN NAME: Louise Doyle

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: George Schlag

(Address) 3333 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Lorraine Date: Mar 27/40

19. UNDERTAKER: Williams Leordz

(Address) 1217 N Paca St

20. FILED: Huntington Williams M.D.

MAR 26 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 24/40

22. I HEREBY CERTIFY, That I attended deceased from 1/15, 1940 to 3/24, 1940

I last saw her alive on 3/24, 1940 Death is said to have occurred on the date stated above, at 3 40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardiovascular disease	1930
Senility	
Hypostatic pneumonia	1940

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Elsie E Donaldy M. D.

(Address) 3332 E Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

F 67606

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 67606 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore city Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 113 N. Monroe Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

20-1

3 (a) FULL NAME John Steele

X

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no RECORD

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/14/1876

8. AGE: Years	Months	Days	If less than one day
63	10	10	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Roofing
11. Industry or business Unemployed 2 yrs.

FATHER
12. Name Samuel
13. Birthplace Maryland

MOTHER
14. Maiden Name Catherine Hayes
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 27th 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ St. Peters
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

MAR 26 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 24, 1940, at 9:30A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 23, 1940 to Mar. 24, 1940, and that I last saw him alive on Mar. 24, 1940.

Immediate cause of death: Generalized Peritonitis
Gangrene of the intestines — Duration: 1 wks

Due to

Due to

Other Conditions: Tuberculosis of the lungs
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address Baltimore City Hospi Date signed 3/24/40 M. D.

VS 3

F 67607

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 67607

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Homewood apartment
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3209 N. Charles St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. M.S. Gibson (Susan K. Gibson)

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife M S Gibson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: about 70 | Months | Days | If less than one day: hr. min.

9. Birthplace Calvert Co Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Joseph King
13. Birthplace Maryland

MOTHER
14. Maiden Name Barbara Jane King
15. Birthplace Maryland

16 (a) Informant Mrs J. Edward White
(b) Address 31st Calvert Street

17 (a) Burial [illegible] (b) Date thereof 3 26 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Catonsville Md

18 (a) Funeral director Benjamin Cook
(b) Address 217 St Paul Street

MAR 26 1940
(Date rec'd by registrar)

[illegible] by Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 - 21 - 1940, at 7 20 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Autopsy & Inquiry find that said deceased came
(Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Ventricular Cerebral Hemorrhage
Spontaneous — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Walden M.D.
Medical Examiner.
Date signed 3-22-40

VS 6

Effect 420 is especially important - registrant [illegible]

F 67608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

F 67608 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 679 E. Clement St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah F. Jenkins

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife: Fred H. Jenkins
6 (c) If alive, give age: 69 years

7. Birth date of deceased (mo., day, yr.): June 7, 1867

8. AGE: Years	Months	Days	If less than one day
72	9	17	hr. min.

9. Birthplace: Lenoir Co. Va. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: At Home

FATHER
12. Name: Geo. W. Taylor
13. Birthplace: Va

MOTHER
14. Maiden Name: Mary Eliza Gibson
15. Birthplace: Va

16 (a) Informant: Frederick H. Jenkins
(b) Address: 679 E. Clement St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar 26th 1940 (month) (day) (year)
(c) Cemetery or crematory: Mt Olivet
Location: Balto Md

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St

MAR 26 1940 (a) (Date rec'd by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3-24- 1940, at 2 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-21 1940 to 3-24 1940 and that I last saw h e alive on 3-24 1940

Immediate cause of death	Duration
Septicemia	3 days
Due to Pelvic Abscess and Abscess of Abdominal Wall	10 days
Due to Ruptured gangrenous appendicitis	10 days
Other Conditions Generalized arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Pelvic Abscess
Of autopsy: Pelvic abscess and Ruptured Appendix

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Julian P. Urbach Jr. M. D.
Address: South Balt Gen Hosp Date signed: 3-24-40

Correct age is especially important. Please see that it is given.

67609 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 67609

CERTIFICATE OF DEATH

83-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2149 Hollins 20-4 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Emma A Ford

If U. S. Veteran specify WAR No

(a) Residence: No. 2149 Hollins St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Henry A. Ford

6. DATE OF BIRTH (month, day, year) Nov. 16 - 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry A. Volkemann

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Emma J. Cogswell

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs John B. Hooper

(Address) 2155 Hollins St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 3/28 1940

19. UNDERTAKER Williams Cook

(Address) 1217 St Paul St

20. FILED MAR 26 1940 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH 10 30 am

21. DATE OF DEATH (month, day, year) Mar 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from Mar 21, 1940, to Mar 25, 1940

I last saw h[er] alive on Mar 25, 1940 Death is said to have occurred on the date stated above, at 10 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteria-sclerosis (hypertension)	?
Other contributory causes of importance: cerebral hemorrhage	4 days

Was an operation performed? ✓ Date of

For what disease or injury?

Name of operation ✓

What test confirmed diagnosis? clinical Was there an autopsy? no

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury, 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. T. [illegible] M. D.

(Address) 3321 [illegible]

F 67610

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-6 Registered No. F 67610

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 914 Franklintown Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 914 Franklintown Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1616

3 (a) FULL NAME: Ira D. Hose,

3 (b) If veteran, name war: ----
3 (c) Social Security Account No. ----

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Emma J. Hose,
6 (c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): October 16, 1868

8. AGE: Years 71 | Months 5 | Days 7 | If less than one day: hr. min.

9. Birthplace: Washington Co. Md. (Town, county, and state)
10. Usual Occupation: Retired Baltimore Transit
11. Industry or business: Motorman

FATHER:
12. Name: Solomon Hose,
13. Birthplace: Maryland

MOTHER:
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Mrs Emma J. Hose,
(b) Address: 914 Franklintown Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-40 (month) (day) (year)
(c) Cemetery or crematory: Western
Location: Baltimore City

18 (a) Funeral director: Geo H Little
(b) Address: 2700 Edmondson Ave.

19 (a) 1940 (b) Registered by registrar (c) Filed by registrar

MAR 28

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-23-40 19 , at 1.20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 24 1940 to Mar 23 1940 and that I last saw h-i-m alive on Mar 23 1940

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 hrs
Due to: Pernicial — Duration: 2 yrs
Due to: General Arterio Sclerosis — Duration: ✓
Other Conditions: — Duration: ✓
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury ✓

23. Signature: Peter A. Rathmell M. D.
Address 1219 Poplar Grove Date signed 3/25/40

F67611 × F67611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87-C Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 Eaton Avenue
(c) Hospital or institution: Jenkins Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 538 (days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto
(c) City or town Annapolis Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 626 Dumbarton Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

65 25

3 (a) FULL NAME John Novak

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna B Novak
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Sept 22 - 1867

8. AGE: Years	Months	Days	If less than one day
72	6	2	hr. min.

9. Birthplace Austrian (Town, county, and state)
10. Usual Occupation Secy. Realty Co
11. Industry or business

FATHER 12. Name John Novak
13. Birthplace Austria

MOTHER 14. Maiden Name Dorothy Kurr
15. Birthplace Austria

16 (a) Informant Jenkins Memorial Hospt
(b) Address 1000 Eaton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 27/40 (month) (day) (year)
(c) Cemetery or crematory Maryland Park
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 2201 Allendale St

19 (a) APR 26 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24, 1940 at 7:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1939 to March 24 1940. and that I last saw him alive on March 23, 1940.

Immediate cause of death	Duration
Arteriosclerosis	
Due to	
Due to	
Other Conditions Parkinson's Disease	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles V. Sewell M.D.
Address Jenkins Memorial Hosp Date signed 3-25-40

VS 8

67612 HEALTH DEPARTMENT—CITY OF BALTIMORE 67612

CERTIFICATE OF DEATH 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Chester

If U. S. Veteran specify WAR

(a) Residence: No. 913 Shields Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Never Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Nov. 19 1939

7. AGE: Years 1 | Months | Days 4 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) or spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Goldsborough Chester

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Dorthea Butler

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Dorthea Chester

(Address) 913 Shields Place

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 3-27 1940

19. UNDERTAKER: Wm Frances A. Humphrey

(Address) 578 W. Baltimore St.

20. FILED: Harrington Williams, Registrar.

MAR 26 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1940 to March 24, 1940

I last saw him alive on March 24, 1940. Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia Left.	
Lung 19. Pyuria Blood	
Uremia. Empyema	10 days
Other contributory causes of importance:	
Contamination Clot in Left Pulmonary Vein	7

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Typing Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thomas Bruce M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

67613

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

24 aF 67613 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 325 W. Biddle St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

11 3

3 (a) FULL NAME Mary Elizabeth Gunn -
3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	—

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 11, 1939

8. AGE: Years	Months	Days	If less than one day
	4	11/12	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Alvis Gunn
13. Birthplace N. C

MOTHER
14. Maiden Name Gertrude Crump
15. Birthplace Balto. Md

16 (a) Informant Records -
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-40 (month) (day) (year)
(c) Cemetery or crematory Beltsville Md.
Location Prince George Co. Md.

18 (a) Funeral director Mrs Frankie A. Hensley
(b) Address 518 W. Biddle St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams (Registrar)

corrected age is especially important. Typewriter, purple ink or pencil should not be used.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 23, 1940 at 4 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 23 1940 to Mar 23 1940 and that I last saw h alive on Mar. 23 1940.

Immediate cause of death
Septicemia
Organism undetermined
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration 24 hours or less

Major findings:
Of operations
Of autopsy No gross pathology.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 3/29/40

67614

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1107

F 67614

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 903 Harlem Ave St. 16-1 ard)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Daniels

If U. S. Veteran specify WAR

(a) Residence: No. 903 Harlem St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Daniels

6. DATE OF BIRTH (month, day, year) - 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. A. Co.

FATHER

13. NAME Geo Lemmon

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mathias

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT James Daniels
(Address) 903 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Mch 27 19 40

19. UNDERTAKER James A Hayes
(Address) 142 W Still St

20. FILED 19 Huntington Williams, M.D. Registrar.

MAR 30 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-23 1940

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1940, to March 23, 1940

I last saw h- alive on March 22, 1940 Death is said to have occurred on the date stated above, at 6.25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Myocardium	3-13-40

Other contributory causes of importance

None

Was an operation performed? Not Date of

For what disease or injury? Not

Name of operation None

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles Wagley M. D.

(Address) 964 Hanover St

OCCUPATION is very important. See instructions on back of certificate.

57615 F 67615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 216 W Biddle St
(c) Hospital or institution:
216 W Biddle
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 26yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town 216 W Biddle St
(If outside city or town limits, write RURAL and give town)
(d) Street No. 216 W Biddle St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Lewis

3 (b) If veteran, name war: NA.

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Col'd

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Hattie Lewis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years 55 | Months — | Days — | If less than one day hr. min.

9. Birthplace Richmond, Va
(Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER 12. Name John Lewis
13. Birthplace Va

MOTHER 14. Maiden Name Fannie Scott
15. Birthplace Va.

16 (a) Informant Hattie Lewis
(b) Address 216 W Biddle

17 (a) (Burial, cremation, or removal) (b) Date thereof Mch 26-40 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location A. A. Co Md

18 (a) Funeral director James A Hayes
(b) Address 1142 W Stiles St

19 (Date) (Signature of registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mch. 22 1940, at 11:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/19 1940, to 3/22 1940, and that I last saw him alive on 3/22 1940.

Immediate cause of death: (a) Lobar Pneumonia — Duration 3 Dys

Due to:

Due to:

Other Conditions: TBC

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. J. Hatcher M. D.
Address 1 W Preston Date signed 3/27/40

VS 3

F 67616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 67616 Registered No. 94-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 615 Gorsuch Ave
(c) ~~Hospital or institution:~~
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 615 Gorsuch Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

9-5

3 (a) FULL NAME Flora Davis

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of ~~husband or wife~~ Single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 13th 1882

8. AGE: Years	Months	Days	If less than one day
58 yr	1	19	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name Henry C. Davis
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Flora Strasbaugh
15. Birthplace Baltimore

16 (a) Informant J. B. Cailyn
(b) Address Washington D.C.

17 (a) Burial (b) Date thereof March 26/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director Henry J. Jenkins & Co
(b) Address Orchard & N. Collok St

19 (a) (Date rec'd by registrar) (b) Registrar's No. Williamsport

MAR 26 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/22 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/22 1924, to 3/21 - 1940 and that I last saw h[illegible] alive on 3/21 1940.

Immediate cause of death	Duration
Coronary Occlusion	
Due to —	
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lucie M. Gay M. D.
Address 1114 St. Paul St Date signed 3/25/40

CORRECT AGE is especially important

F 67617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

Registered No. F 67617

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4325 Hudson St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 37

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 215 S Conkling St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

21

3 (a) FULL NAME Roland G. Fifer Fifer.

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-1418

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ethel Fifer
6 (c) If alive, give age 23 years

7. Birth date of deceased (mo., day, yr.) Sept 11 1905

8. AGE: Years	Months	Days	If less than one day
34	6	13	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Laundryman
11. Industry or business

FATHER
12. Name Geo W Fifer
13. Birthplace Balto

MOTHER
14. Maiden Name Dorsey
15. Birthplace Balto

16 (a) Informant Mrs. Ethel Fifer
(b) Address 215 S Conkling St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 23 4 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore

18 (a) Funeral director John Ellrich
(b) Address 2008 Allen

19 (a) (Filed by registrar) (b) Huntington Williamsport W Va

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1940, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940, to March 24 1940, and that I last saw h~~im~~ alive on March 23 1940.

Immediate cause of death	Duration
Carcinoma of Stomach.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Gordon M. D.
Address 340 E. Belvedere Date signed 3/26/40

VS 8

67618

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 67618

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 5303 Elsrode Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 5303 Elsrode Ave

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John E. Wilz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	married

6 (b) Name of husband or wife Marie A.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 12-1864

8. AGE: Years	Months	Days	If less than one day
75	5	12	hr. min.

9. Birthplace Germany

(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Jacob Wilz

13. Birthplace Germany

MOTHER 14. Maiden Name Rosina Schwartzhoff

15. Birthplace Germany

16 (a) Informant Sebastian Wilz

(b) Address 5303 Elsrode Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 3/27/40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Govans P.O. Route

18 (a) Funeral director Govans J. Route

(b) Address 5305 Harford Rd

19 (a) Date received by registrar MAR 28 1940 (b) Registrar's signature Herbert Hoffman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/24 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 23 1939, to March 24 1940, and that I last saw him alive on March 24 1940.

Immediate cause of death	Duration
Arteriosclerotic cardio vascular renal disease	3 yrs.
Due to	
Other Conditions Senility (Include pregnancy within 3 months of death)	

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature S. A. Alessi M. D.

Address 6212 Harford Rd Date signed 3/27/40

VS 8

Exact age is especially important. Typewriter preferred.

F 67619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 67619 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3309 Rencher Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 29
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3309 Rencher Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida May Thompson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Widow

6 (b) Name of husband or wife Walter B. Thompson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12/1866

8. AGE: Years	Months	Days	If less than one day
73	8	12	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Samuel P. King
13. Birthplace Balt Md

MOTHER
14. Maiden Name Margaret B. Warner
15. Birthplace Balt Md

16 (a) Informant Edith M. Brooks
(b) Address 3309 Rencher Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location

18 (a) Funeral director Leonard J. Rueb
(b) Address 5305 Harford Rd.

MAR 26 1940
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/24 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to 3/24 1940 and that I last saw her alive on 3/24 1940.

Immediate cause of death Chronic Myocarditis (Infarctions) — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Myles Bolley M. D.
Address 5163 Harford Rd Date signed 3/25/40

VS 3

correct age is especially important. Any information will be appreciated.

F 67620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 67620 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 22 days
(e) Length of stay in Baltimore (yrs., mos., or days): 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street address: 769 W. Redwood Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: David Clarence FUNK

3 (b) If veteran, name war	3 (c) Social Security Account No.
SAW	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Edith Younger
6 (c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): August 27, 1868

8. AGE: Years	Months	Days	If less than one day
71	6	26	hr. min.

9. Birthplace: Shelby, Ohio (Town, county, and state)
10. Usual Occupation: Iron Worker
11. Industry or business:

FATHER
12. Name: David Weber Funk
13. Birthplace: Pennsylvania

MOTHER
14. Maiden Name: Sarah E. Mickey
15. Birthplace: Pennsylvania

16 (a) Informant: Records-U.S.Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 26 1940 (month) (day) (year)
(c) Cemetery or crematory: Balto National
Location: Balto. Md.

18 (a) Funeral director: Mr. & Mrs. John F. Feifel & Son
(b) Address: 801 W. Lafayette St

19 (a) MAR 26 1940 (Date rec'd by registrar) (b) Hunter Jon Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 23, 1940, at 7:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1, 1940, to Mar. 23, 1940, and that I last saw him alive on Mar. 23, 1940.

Immediate cause of death: Carcinoma of stomach with metastases — Duration: Unknown
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Lyle K Bryant M. D.
Address: U.S.Marine Hospital Baltimore, Maryland. Date signed: 3/23/40

VS 3

67621

LB 54009

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-3

F 67621

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 18 N. Calhoun St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick Buchheit

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26, 1879

8. AGE: Years 60 | Months 9 | Days 25 27 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER 12. Name Frederick Buchheit

13. Birthplace Md.

MOTHER 14. Maiden Name Madeline ?

15. Birthplace Germany

16 (a) Informant B. C. H. Records

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 27th March 1940 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem

Location

18 (a) Funeral director A. J. Jones

(b) Address 1114 S. Eliza st

19 (a) (Date rec'd by registrar) MAR 26 1940 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/24 1940, at 4.45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/22 1940, to 3/24 1940, and that I last saw h.m alive on 3/24 1940.

Immediate cause of death: Coronary Thrombosis — Duration: 2 days

Due to:

Due to:

Other Conditions Cerebral Hemorrhage — Duration: 1 week

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. Goldberg M. D.

Address Baltimore City Hospitals Date signed 3/24/40

67622

BALTIMORE CITY HEALTH DEPARTMENT 46-D

CERTIFICATE OF DEATH

F 67622
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3036 Edmondson Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3036 Edmondson Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Merrill Harvey

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-8599

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ida G. Harvey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 12 - 1880

8. AGE: Years	Months	Days	If less than one day
59	4	11	hr. min.

9. Birthplace Randallstown Maryland
(Town, county, and state)
10. Usual Occupation Bookkeeper
11. Industry or business

FATHER
12. Name Andrew Harvey
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary Catherine Satchford
15. Birthplace Baltimore Maryland

16 (a) Informant Sola Gertrude Harvey
(b) Address 3036 Edmondson Ave.

17 (a) Burial (b) Date thereof March 26-1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Maryland

(a) Funeral director Mayie Coole Sypher
Address 1600 W. North Ave.

19 (a) 26 Mar 1940 (b) Huntington Williams M.D.
(Date received by registrar)

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 23 1940, at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 28 1939 to Mar. 23 1940, and that I last saw him alive on Mar. 22 1940.

Immediate cause of death Carcinoma of Rectum — Duration 6 mo.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George A. Krupp M. D.
Address Date signed

correct and is especially important. Physicians: please write the cause or cause clearly and legibly.

67623

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67623

CERTIFICATE OF DEATH.

33-a

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 269 W. 31st St. 12-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emily J. Tanner

(a) RESIDENCE NO. 269 W. 31st ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
(or) WIFE of Christopher Tanner

6 DATE OF BIRTH (month, day, and year) May. 4 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Carroll Co (State or country) Md

PARENTS

10 NAME OF FATHER Henry Ruby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Alvina Bixler

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Christopher Tanner (Address) 269 W 31st

15 Mar 26/940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25 19 40

17

I HEREBY CERTIFY, That I attended deceased from Mar. 19, 1940, to Mar 25, 1940, that I last saw h[illegible] alive on Mar 24, 1940, and that death occurred, on the date stated above, at 8:35 a m.

The CAUSE OF DEATH* was as follows:

Epilepsy - Lumbricoid - Grip - Emb Pneumonia

(duration) 30 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion - Convulsions

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) C. H. Beetem M. D.

25, 1940 (Address) 1714 Eutaw Ave Ft Wash

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL Mar 29 1940

20 UNDERTAKER Roland L. Funkler ADDRESS 612 N. Mon

CAUSE OF DEATH in plain terms, so that it may be properly classified. ...N is very important. See instructions on back of certificate.

F 67624

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 67624
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3015 Westwood Ave.
(c) Hospital or institution: ------- --
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) -------

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3015 Westwood Avenue. (If rural give location)
(e) If foreign born, how long in U. S. A.? ------- years

3 (a) FULL NAME Viola V. Ford

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband ~~or wife~~ Joseph V. Ford
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 18, 1891

8. AGE: Years	Months	Days	If less than one day
48	6	8	hr. min.

9. Birthplace Sherwood, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry C. Lambdin
13. Birthplace Sherwood, Maryland

MOTHER
14. Maiden Name Addie Willey
15. Birthplace St. Michael's Maryland

16 (a) Informant Mrs. Addie Lambdin
(b) Address Sherwood, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 28, 40 (month) (day) (year)
(c) Cemetery or crematory Olivet M. E.
Location St. Michaels, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Penna. Aves.

19 MAR 26 1940 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 26th 1940, at 5 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1939 to Mar 26th 1940.
and that I last saw h[illegible] alive on Mar 26th 1940

Immediate cause of death Cerebral Hemorrhage

Due to Primarily Hypertension

Due to ~~Hypertension~~ & Liver Trouble

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Bayer M.D.
Address 3045 W North Ave Date signed 3/27/40

VS 3

37625

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ F 67625

1370 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County Harford
(c) City or town Madonna
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George L. Kegley

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower

6 (b) Name of husband or wife Janie Catron

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 11 1877

8. AGE: Years	Months	Days	If less than one day
63	6	14	hr. min.

9. Birthplace Wytheville Va
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Samuel Kegley
13. Birthplace Wytheville Va

MOTHER
14. Maiden Name Margaret Peady
15. Birthplace Wytheville Va

16 (a) Informant J. Julian Kegley
(b) Address Rocks

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28-40 (month) (day) (year)
(c) Cemetery or crematory Bethel
Location Madonna Md

18 (a) Funeral director E. B. Huntington
(b) Address Jarrettsville Md

19 (a) 3-28-1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1940, at 8:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 16 1940, to March 25 1940, and that I last saw him alive on March 25 1940.

Immediate cause of death
Pulmonary edema
Cerebral Hemorrhage
Due to Arterial sclerosis Heart Disease
Parkinsonism -
Due to benign prostatic hypertrophy

Duration 24 hrs
2 yrs

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operation Prostatectomy - Perineal
Of autopsy Perineal abscess.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. O. Mohn M. D.
Address Sinai Hosp. Date signed 3/25/40

correct age if apparently incorrect, supply information

67626

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

F 67626
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 864 W Fayette St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLES. H. YOUNG

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Jennie Young
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 28- 18[illegible]

8. AGE: Years	Months	Days	If less than one day hr.	min.
79		26		

9. Birthplace New York (Town, county, and state)
10. Usual Occupation Steamfitter
11. Industry or business

FATHER
12. Name James Young
13. Birthplace N. Y. State

MOTHER
14. Maiden Name Mary Mc Tune
15. Birthplace N. Y. State

16 (a) Informant Mrs Roland Kellogg
(b) Address 1258 Haddaway Rd Hyattsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-27-40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson ave

18 (a) Funeral director Robert Brooks Son
(b) Address Calhoun & Hollins sts

19 (a) MAR 26 1940 (Date rec'd by registrar) (b) Huntington Williams, M.P. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1940, at 9 10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic heart disease.	
Due to	
Due to	
Other Conditions Contusions multiple head + face (Include pregnancy within 3 months of death)	

Major findings:
Of operations Suture of lacerations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident (?)
(b) Date of occurrence March 24 (1940)
(c) Where did injury occur? Poppleton St + Fairmont Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public place While at work? No (Specify type of place)
(e) Means of injury tripped and fell to curb.

23. Signature H. L. Wallenmeier M.D.
Medical Examiner.
Date signed 3-25-40

correct age is 68 (illegible)

VS 6

7627

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 67627
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 801 Bureau St.
(c) Hospital or institution: Balto. City Jail Hospital Place: 3 Days.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1505 W. North Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fredrick Weber

3 (b) If veteran, name war no ✓

3 (c) Social Security Account No. none

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Nora A. Weber

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years 74 | Months | Days | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Silver Smith

11. Industry or business

FATHER
12. Name Joseph Weber
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia ? ?
15. Birthplace Germany

16 (a) Informant Fred Sembach
(b) Address 202 Hollins St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-27-40 (month) (day) (year)
(c) Cemetery or crematory St Peters Cem
Location Baltimore

18 (a) Funeral director Robert Brooks Sons
(b) Address Calhoun & Hollins Sts

19 (a) 3-28-40 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1940, at 11:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 30 1940, to March 23 1940, and that I last saw h.e alive on March 23 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 Hr.
Due to Cerebral Arteriosclerosis	2 Yrs.
Due to Hypertension	2 Yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas J. Waters M.D.
Address Balto City Jail Date signed March 24 1940

VS 3

67628

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

74-a

F 67628 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 417 N. Dallas St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Henry Stevens

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Widower

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-5-57

8. AGE: Years	Months	Days	If less than one day
82	3	16	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Joseph Stevens
13. Birthplace Md

MOTHER
14. Maiden Name Martha Johnson
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/40 (month) (day) (year)
(c) Cemetery or crematory G. R. Co. Md
Location Mt Calvary Cemetery

18 (a) Funeral director Robert H. Williams
(b) Address 1615 McCulloh St

19 (a) (Date filed by registrar) (b) Huntington Williams Funeral Dir.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1940 at 7:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 20 1940 to Mar 21 1940, and that I last saw h alive on March 21 1940.

Immediate cause of death Cardiac failure. — Duration 2 wks.

Due to Hypertensive heart disease.

Due to

Other Conditions Chronic lymphoid leucemia

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos Berghheimer M. D.
Address Johns Hopkins Date signed 3-22-40

67629

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 67629
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1122 Argyle ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1122 Argyle Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Monrol Wicker

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	Divorced

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day
46 45	?	?	? hr. ? min

9. Birthplace Kent Island Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Oysters

FATHER
12. Name John Wicker
13. Birthplace Kent Island Md

MOTHER
14. Maiden Name ? Wright
15. Birthplace Kent Island Md

16 (a) Informant Lena Willis
(b) Address 7211 Parkside Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-27-40 (month) (day) (year)
(c) Cemetery or crematory A.A.C. Inc
Location Mt Calvary Cemetery

18 (a) Funeral director Robert Hilliard
(b) Address 1515 McElderry St

19 (a) MAR 26 1940 (b) Huntington Williams, M.D. Registrar
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-24 1940 at 3:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-21 1940 to 3-24 1940 and that I last saw h[illegible] alive on 3-24 1940

Immediate cause of death Cerebral Hemorrhage — Duration 3 days
Due to Arteriosclerosis
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature W. Atwell Jones M. D.
Address 5-54 Dolphin Date signed 3-24-40

correct age is especially important — if unknown, please state approximate age

67630 — HEALTH DEPARTMENT—CITY OF BALTIMORE — 67630

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 921 Rutland Ave. 7th Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Victoria Beverly

If U. S. Veteran specify WAR _____

(a) Residence: No. 921 Rutland Ave St., _____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	married

5a. If married, widowed, or divorced (or) WIFE of William Beverly

6. DATE OF BIRTH (month, day, year) Oct 1 1881

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
58	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Burkeville Va

FATHER

13. NAME Patrick Scott

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Virginia Foulks

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Virginia Barksdale

(Address) 921 Rutland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Burkeville Va Date March 29 1940

19. UNDERTAKER Robert Williams

(Address) 1515 McCulloh St

20. FILED March 26 1940 Hunter Williams Registrar

HKL

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24 1940

22. I HEREBY CERTIFY, That I attended deceased from February 8 1940 to March 24 1940

I last saw h[illegible] alive on March 22 1940 Death is said to have occurred on the date stated above, at 1045 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	3/20/40
Other contributory causes of importance: Lobar pneumonia	2/6/40

Was an operation performed? NO Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Francis B Luke M. D.

(Address) 1741 E. Eager St.

OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 67631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

41-D

Registered No. F 67631

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 810 S. Clinton St
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 810 S. Clinton St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James C. Simmons

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-07-9362

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary Simmons
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 10 1873

8. AGE: Years 66 | Months 4 | Days 15 | If less than one day hr. min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation Storage Inspector

11. Industry or business Ore Steamships

FATHER
12. Name James W. L. Simmons
13. Birthplace Eastern Shore Md

MOTHER
14. Maiden Name Lowe Ann
15. Birthplace Not Known

16 (a) Informant Mary Simmons
(b) Address 810 S. Clinton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 28-40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave

18 (a) Funeral director Wm. S. Fiallkowski
(b) Address 2007 Eastern Ave

19 (a) (Signature of local registrar) (b) Huntingtown, Williamsport, Md.

MAR 29 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 25 1940 at 4:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1939 to Mar 25 1940 and that I last saw him alive on Mar 25 1940.

Immediate cause of death Carcinoma Lung Duration 1939
of Mediastinal Glands

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard D. Coleman M. D.
Address 3507 Eastern Date signed Mar 26 40

F 67632

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 593

F 67632 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 519 S. Regester Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 519 S. Regester Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bernard Zubrowski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 16, 1919

8. AGE: Years	Months	Days	If less than one day
20	7	8	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Zubrowski
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Lillian Cieslewicz
15. Birthplace Poland

16 (a) Informant John Zubrowski
(b) Address 519 S. Regester St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/40 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location — O'Donnell Street

18 (a) Funeral director M. F. Dadowski & Son.
(b) Address 1808 Eastern Ave.

19 (a) MAR 26 1940 (Local registrar) Huntington Williams M.D. (b) Registered

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1940, at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 1939, to present 19..., and that I last saw h[illegible] alive on March 23 1940.

Immediate cause of death Hypertrophic arthritis of osteoarthritis

Duration 4 years

Due to [illegible] called Bill's Disease.

Due to

Other Conditions anemia, insomnia myasthenitis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Michael J. Kleinsek MD
Address 526 S. Broadway Date signed M. D. 3/25/40

correct age is especially important. If unknown, state the fact. Fractions of a day should be stated.

F 67633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 67633

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Herring Run + Harford Rd.
(c) Hospital or institution: Lyndenhurst Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Harford Rd. + Herring Run (If rural give location)
3109 S. Dallas St.
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ELIZABETH TAYLOR

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race B | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife

6 (c) If alive, give age 7 years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1938

8. AGE: Years 1 | Months 2 | Days 3 | If less than one day 27 hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Samuel Taylor, Sr.
13. Birthplace Henderson, N.C.

MOTHER
14. Maiden Name Amanda Cole
15. Birthplace Warrenton, N.C.

16 (a) Informant Mother
(b) Address 109 So. Dallas St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 26th 40 (Month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn

18 (a) Funeral director C. C. Wilson
(b) Address 1000 Brantley Ave

19 (a) Date received MAR 26 1940 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 23 1940, at 4:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 1 1940 to Mar. 23 1940 and that I last saw h-r alive on Mar 23 1940.

Immediate cause of death: BRONCHOPNEUMONIA — Duration 3 1/2 wks

Due to: Pertussis — 6 wks

Due to:

Other Conditions: Acute Otitis media, rt. — 2 wks

Acute mastoiditis, rt — 2 wks

(Include pregnancy within 3 months of death)

Major findings: Of operations: mastoiditis, rt.

Of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John C. Kammeier, M.D.
Address Lyndenhurst Hosp Date signed 3/23/40

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

67634 F 7481

CERTIFICATE OF DEATH

159 F 67634

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) Mountain of Mercie Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Alloway

If U. S. Veteran specify WAR

(a) Residence: No. none 1513 N. Bethel St. Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: W.

5. Single, Married, Widowed, or Divorced (write the word): S.

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 25, 1940

7. AGE — Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Paul Hartman

14. BIRTHPLACE (city or town) (State or country) Stewartstown Pa.

MOTHER

15. MAIDEN NAME Emma Reba Alloway

16. BIRTHPLACE (city or town) (State or country) Stewartstown Pa.

17. INFORMANT Owner (Address) 1513 N. Bethel St.

18. BURIAL, CREMATION, OR REMOVAL

Place Date 19

19. UNDERTAKER Hopkins Medical School MAR 26 1940 (Address)

Commissioner of Health

20. MAR 26 1940 Huntington Pellegrini, M.D. (Signature of Registrar)

5277

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1940 to March 25, 1940

I last saw her alive on March 25, 1940 Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (2½ mos.)	3/24/40
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward McDermott M. D.

(Address) 4201 Eastern Ave

Md. Mercie Hosp.

OCCUPATION is very important. See instructions on back of certificate.

VS 9

Spec.—9-30—A. & Co.—250 Blks.

F 67635 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 67635

CERTIFICATE OF DEATH.

107

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 400 E. Biddle St. St. 10-1 WARD)

2-FULL NAME Karl, Wilhelm

(a) RESIDENCE No. 400 E. Biddle St., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 7th 40

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Kurt Wippricht

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elis Augusta

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant JOHNS HOPKINS MEDICAL SCHOOL MAR 26 1940
(Address) Commissioner of Health

15 Filed MAR 26 1940, 19... Per Hilda Hooton Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 21st 40

17

I HEREBY CERTIFY, That I attended deceased from Mar 19th 40 19... to Mar 22nd 40 19...

that I last saw h is alive on Mar 22nd 40, 19...

and that death occurred, on the date stated above, at 12.15 A.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Laryngitis acute

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Hilda M.D. M. D.

3/26 19 40 (Address) 2214 E. Biddle St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19...

20 UNDERTAKER

ADDRESS

51138-FD

F 67636

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 67638

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:

Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo. 27 das.

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 228 S. Bethel St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Henson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-10-1890

8. AGE: Years	Months	Days	If less than one day
50	0	6	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation labor

11. Industry or business

FATHER

12. Name Charlie Henson

13. Birthplace Unknown

MOTHER

14. Maiden Name Mary

15. Birthplace Unknown

16 (a) Informant B.C.H. Records

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory MAR 24 1940

Location

18 (a) Funeral director Commissioner of Health

(b) Address Per H. A. Moore

19 (Date received by Registrar) MAR 26 1940 Huntington Williams M.D. Registrar

0475

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1940, at 1.15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 19 1939, to March 16 1940, and that I last saw h-him alive on March 16 1940.

Immediate cause of death: Hypertensive cardiovascular renal disease — Duration unknown.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy not done.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Irving Lebolter M. D.

Address Balto City Hosp. Date signed 3-23-40

correct age is especially important. Typewriter, pen or pencil may be used.

CGK

BALTIMORE CITY HEALTH DEPARTMENT

24564

F 67637

CERTIFICATE OF DEATH 93-D

Registered No. F 67637

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22-1
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 307 S. Sharp St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hollis Hall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Bertha
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-13-1874

8. AGE: Years	Months	Days	If less than one day
65	4	5	hr. min.

9. Birthplace N.H. (Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business

FATHER
12. Name Fred
13. Birthplace N.H.

MOTHER
14. Maiden Name Sarah Wilkinson
15. Birthplace Mass.

16 (a) Informant records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL MAR 25 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) MAR 26 1940 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1940, at 6.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1937, to March 18 1940, and that I last saw him alive on March 18 1940.

Immediate cause of death: Arteriosclerotic Heart Disease — Duration unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murray Steele M. D.
Address Balto City Hosp. Date signed 3-22-40

correct age is especially important. Typewrite or print plainly with pen or pencil.

VS 8

53749 FD

F 67638

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

Registered No. F 67638

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2419 Hudson Place
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

12-7

3 (a) FULL NAME James Porter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ?

8. AGE: Years ? | Months | Days | If less than one day hr. min.: 69

9. Birthplace ? (Town, county, and state)

10. Usual Occupation Unk.

11. Industry or business

FATHER
12. Name Unk.
13. Birthplace Unk.

MOTHER
14. Maiden Name Unk.
15. Birthplace Unk.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location JOHNS HOPKINS MEDICAL SCHOOL MAR 26 1940
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 MAR 26 1940 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1940, at 6.25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 13 1940, to March 18 1940, and that I last saw him alive on March 18 1940

Immediate cause of death: Generalized arteriosclerosis — Duration unknown

Due to

Due to

Other Conditions Terminal bronchopneumonia — 3 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 3-22-40

correct age is especially important. Physicians: please write the cause of death plainly.

F 67639

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164-E

Registered No. F 67639

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 North Greene St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME EARNEST J. WELLS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 40 | Months | Days | If less than one day: hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 26 1940 (month) (day) (year)
(c) Cemetery or crematory St Matthews
Location Oldfonsel St Ext

18 (a) Funeral director Leo F. Crook
(b) Address 1708 N Caith Park Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MAR 26 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27th 1940, at 10:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fractures, multiple, skull and body subs	
Due to Suicide	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence February 27 1940
(c) Where did injury occur? 506 W Baltimore St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? No
(e) Means of injury fell jumped off balcony

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner

Date signed Feb 27/40

Correct age is especially important. If any doubt exists, give date of birth.

67640

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 67640
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2006 Hollins St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 0 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2006 Hollins St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John F Leets

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of ~~husband~~ wife Mary J. (nee Nicholson)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 26, 1861

8. AGE: Years 78 | Months 11 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county and state)

10. Usual Occupation Retired Carpenter

11. Industry or business

FATHER
12. Name George F Leets
13. Birthplace England

MOTHER
14. Maiden Name Mary Burman
15. Birthplace Baltimore

16 (a) Informant Mr. J. Melvin Leets
(b) Address 2136 Hollins St

17 (a) Burial (b) Date thereof Mar 28 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd

18 (a) Funeral director Harry H Wittle
(b) Address 4101 Edmondson Ave

19 MAR 26 1940 (Date received by registrar) Huntingtown Williams MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1940, at 8 ~~12~~ P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/22 1940 to 3/25 1940 and that I last saw h[illegible] alive on 3/25/1940

Immediate cause of death Nephritis, Chronic — Duration ?

Due to Arterio sclerosis — —
Myocardial Degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James Blumenberg
Address 2006 Hollins Date signed 3/26/40

VS 3

7641 F 67641

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

463 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~324~~ 234 S. Gilmor St
(c) Hospital or institution
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19+
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. ~~324~~ 234 S. Gilmor St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie E. Hoff

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Henry Hoff

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 21, 1863

8. AGE: Years 76 | Months 11 | Days 3 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Geo. E. Harrison
13. Birthplace Md.

MOTHER
14. Maiden Name Eliza Musgrove
15. Birthplace Md.

16 (a) Informant Edith N. Hagen-Daughter
(b) Address 119 S. Stricker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 27 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd.

18 (a) Funeral director Harry H. Wittle
(b) Address 410 Edmondson Ave
Huntington Williams, M.D.

19 (a) Mar 26 1940 (Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mch. 24 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1940 to Mar 24 1940 and that I last saw her alive on Mar 24 1940.

Immediate cause of death: carcinoma of stomach — Duration: 2 yrs 2 mos

Due to

Due to

Other Conditions: cardiac decompensation — Duration: 1 week
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?
(e) Means of injury ✓

23. Signature H. T. Williams M. D.
Address 7321 Forest Date signed 3-26-40

correct age is especially important. Typewriter, pencil or pen

F 67642

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a ✓ Registered No. F 67642

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2315 Cedley Ste.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2315 Cedley St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 yrs. years

3 (a) FULL NAME Edemens B. Lehnert.
3 (b) If veteran, name war
3 (c) Social Security Account No. none
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Widower
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Mar. 19-1864
8. AGE: Years 76 | Months 0 | Days 5 | If less than one day hr. min.
9. Birthplace Germany (Town, county and state)
10. Usual Occupation Retired
11. Industry or business
FATHER 12. Name Not Known
13. Birthplace Germany
MOTHER 14. Maiden Name Not Known
15. Birthplace Germany
16 (a) Informant M. Wm. Lehnert
(b) Address 2310 Cedley St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md
18 (a) Funeral director George Leimbach
(b) Address 525 Lexington St
19 (a) MAR 26 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1940, at 5 30 M
21. I certify that death occurred on the date above stated; that I attended deceased from April 1939 to March 24 1940, and that I last saw h. alive on March 24 1940.

Immediate cause of death Coronary Thrombosis — Duration 6 Months
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Paul Lehnert
Address 231 Annapolis Md Date signed 3/26/40

F 67643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-C

Registered No. F 67643

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 W
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Wicomico
(c) City or town Fruitland
(If outside city or town limits, write RURAL and give town)
(d) St. No. 2 Fruitland
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARTHA BETTS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Charles Betts
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 5 1877

8. AGE: Years	Months	Days	If less than one day
63	1	21	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation housewife
11. Industry or business home

FATHER
12. Name Sidney B. Riggin
13. Birthplace Md.

MOTHER
14. Maiden Name Martha Timmons
15. Birthplace Md.

16 (a) Informant Charles S. Betts
(b) Address Fruitland Md.

17 (a) Burial (b) Date thereof Mar 28, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Charles Mallon Cemetery
Location Salisbury Md.

18 (a) Funeral director George L Schwartz
(b) Address 2101 Frederick

19 (a) Mar 28 1940 Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1940, at 5 40 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Arteriosclerotic heart disease — Duration

Due to

Due to

Other Conditions [redacted],
(Include pregnancy within 3 months of death)

Major findings:
Of operations Fracture, mandible + maxilla. Jan 24, 1940
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence December 7, 1939
(c) Where did injury occur? Fruitland Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? no
(Specify type of place)
(e) Means of injury Pedestrian - Struck by Auto

23. Signature H. L. Wallace M.D.
Medical Examiner.

Date signed 3-26-40

67644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1866 Registered No. F 67644

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County Cumberland
(c) City or town Lemoyne (If outside city or town limits, write RURAL and give town)
(d) Street No. 933 Hummel Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME EARL F. SHIRE

3 (b) If veteran, name war

3 (c) Social Security Account No. 005-10-2364

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Single
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 19 1891

8. AGE: Years	Months	Days	If less than one day
48	0	6	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Steel worker
11. Industry or business Corn Engineering Co

FATHER
12. Name Andrew A Shires
13. Birthplace Penna

MOTHER
14. Maiden Name Ada Kauffman
15. Birthplace Penna

16 (a) Informant Charles C. Baker
(b) Address Harrisburg Penna

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof March 26 1940 (month) (day) (year)
(c) Cemetery or crematory Harrisburg Pa
Location

18 (a) Funeral director William Cook
(b) Address 1240 St Paul St.

19 (a) MAR 26 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1940, at 1 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Hemorrhage, chest and abdomen — Duration

Due to Fracture, 1st to 11th rib left; Ruptured spleen

Due to

Other Conditions ~~Contusion of~~ ~~stab wound of abdomen~~

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 25, 1940
(c) Where did injury occur? Upon a Pvt. property Lemoyne (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial place While at work? Yes (Specify type of place)
(e) Means of injury fall down two flights of stairs

23. Signature H. L. Williams M.D. Coast Medical Examiner.
Date signed 3-25-40

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

67645

CERTIFICATE OF DEATH

133 F 67645

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. University Hospital St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Thelma Curtis

If U. S. Veteran specify WAR No

(a) Residence: No. 137 West Preston St., Ward. Baltimore Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Curtis

6. DATE OF BIRTH (month, day, year) August 22 1923

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
16	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carolina Co Va

FATHER

13. NAME Richard Watkins

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Teemetee Barbey

16. BIRTHPLACE (city or town) (State or country) Carolina Co Va

17. INFORMANT Esther Watkins

(Address) 137 W Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place Quinn Va Date March 28 1940

19. UNDERTAKER Joseph A Lockley

(Address) 1924 Pennsylvania Avenue

20. FILED MAR 28 1940 Livingston Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 11th, 1940, to March 23rd, 1940

I last saw her alive on March 23rd, 1940 Death is said to have occurred on the date stated above, at 11:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	3/5/40
Bilateral apical tuberculosis	?
Pleurisy with effusion (Left)	?
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) John J. Bowers, M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 67646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 67646

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4102 Edgehill Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-8
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4102 Edgehill Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Francis A. Kelly

3 (b) If veteran, name war	3 (c) Social Security Account No.
World War	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Honora

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Jan 30, 1897

8. AGE: Years	Months	Days	If less than one day
43	1	26	hr. ... min

9. Birthplace Washington D. C.
(Town, county, and state)

10. Usual Occupation Income tax agent
11. Industry or business U.S. Govt.

PARENTS

12. Name of Father John A. Kelly
13. Birthplace of Father Balto Md

14. Maiden Name of Mother Nora A. Reidy
15. Birthplace of Mother County Kerry, Ireland

16 (a) Informant Mrs. Kelly
(b) Address 10-2nd St. N.E. Wash D.C.

17 (a) ..... (b) Date thereof 3-29-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arlington National Cemetery
Location Washington D.C. Virginia

18 (a) Funeral director Kennedy Kaufman
(b) Address 641-H St N.E. Wash D.C.

MAR 26 1940
(Date rec'd by registrar)

(b) Thurlow Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1940 at 1 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to (his) death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos Vandiver M.D.
Medical Examiner.
Date signed 3-26-40

VS 6

67647

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 Registered No. F 67647

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3637 Chestnut Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3637 Chestnut Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Willie Gilmon Mason.

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Rosa Mason.
6 (c) If alive, give age 64 years
7. Birth date of deceased (mo., day, yr.) March 25, 1863
8. AGE: Years 76 | Months 11 | Days 28 | If less than one day: hr. min.
9. Birthplace Maryland. (Town, county and state)
10. Usual Occupation Retired
11. Industry or business Lineman C & P.

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown.

16 (a) Informant Rosa Mason
(b) Address 3637 Chestnut Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 29, 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Thomas F. Donovan
(b) Address 3615-17 Eastern Ave.

19 (a) MAR 26 1940 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26, 1940, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from August 1939 to March 26 1940; and that I last saw him alive on March 26 1940.

Immediate cause of death Cerebral hemorrhage
Duration 8 hours
Date of [illegible] Hypostatic pneumonia.
Due to Chronic Prostatitis
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. A. Fellows M. D.
Address 611 Fallsway Baltimore Md. Date signed 3/26/40

correct age is especially important. Physicians: please write the cause of death

Ex.-Ex mass- m-d Quitt Ready.

BALTIMORE CITY HEALTH DEPARTMENT

F 67648

CERTIFICATE OF DEATH

108 Registered F 67648

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2338 W. Fayette St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d 2

(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 2338 W. Fayette St
(If rural give location)

(e) If foreign born, how long in U. S. A.) 40 years

3 (a) FULL NAME John Cerniglia.

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-03-2324

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Clara Cerniglia.

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Jan 10, 1877

8. AGE: Years	Months	Days	If less than one day
62	3	13	hr. min.

9. Birthplace Italy
(Town, county and state)

10. Usual Occupation Barber.

11. Industry or business

FATHER

12. Name Salvador Cerniglia.

13. Birthplace Italy.

MOTHER

14. Maiden Name Stephanie Saia.

15. Birthplace Italy.

16 (a) Informant Clara Cerniglia.

(b) Address 2338 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 27, 1940 (month) (day) (year)

(c) Cemetery or crematory Mount Cathedral.

Location

18 (a) Funeral director Ehrenworth & Donovan.

(b) Address 3615-17 Eastern Ave.

19 (a) (Registrar) (b) Huntington Williams

MAR 28 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1940 at 11 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1919 to 3-23 1940

and that I last saw him alive on 3-23 1940.

Immediate cause of death Bronchi - ectasis

Due to L. Pneumonia

Due to Epidemic

Other Conditions Cardiac failure Hypertrophy Dilatation

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration
abt 2 days
abt 2 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature J. A. Esquirol M. D.

Address Medical Arts Bldg. Date signed 3-25-40

Ex. Robin - Westwood & Poplar Grove ✓

F 67649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered Number F 67649

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3220 Westwood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3220 Westwood Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Agnes Chenoweth

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Hubert W. Chenoweth
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
about 49.			hr. min.

9. Birthplace North Carolina.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Wm. Mann.
13. Birthplace N. C.

MOTHER
14. Maiden Name Annie Dillon.
15. Birthplace N. C.

16 (a) Informant Hubert W. Chenoweth
(b) Address 3220 Westwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 28, 1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615-17 Chesterfield Ave.

19 (a) MAR 26 1940 (Date rec'd by registrar) Hunting for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25, 1940, at 11 30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/13 1940 to 3/25 1940 and that I last saw h[illegible] alive on 3/25 1940.

Immediate cause of death

	Duration
Chronic valvular heart dis	3 mo
Due to Myocardial degeneration	
& uremia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ernest J. Lahey M.D.
Address 725 Pop. n. Ave Date signed 3/26/40

VS 3

(51. Mariner)

67650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a ✓ Registered Number 67650

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3855 Falls Road.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3855 Falls Road. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine E. Williams

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widow.

6 (b) Name of husband or wife Joseph T. Williams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 12, 1863

8. AGE: Years	Months	Days	If less than one day
76	3	12	hr. min.

9. Birthplace Maryland. (Town, county, and state)
10. Usual Occupation None.
11. Industry or business

FATHER
12. Name Larkin Grimes.
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown.
15. Birthplace Unknown.

16 (a) Informant Lawrence E. Williams
(b) Address 1716 Shelton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 27, 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Ahnewalt & Donovan
(b) Address 3615-17 [illegible], Md.

19 (a) MAR 28 1940 (Date rec'd by Registrar) (b) Huntington Wilkinson, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24, 1940, at 10 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-21 1940 to 3-24 1940, and that I last saw her alive on 3-24 1940.

Immediate cause of death: Apoplexy
Due to Hypertension
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration: 3-21-40

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. L. Morrison M. D.
Address 363 W. Read Date signed 3/26/40

F 67651

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108

F 67651

Registered No. 58697

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens ave.
(c) Hospital or institution St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 738 Dennison st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Thomas Bonniwell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 4 - 1863

8. AGE: Years	Months	Days	If less than one day hr.	min.
77 78	—	23		

9. Birthplace Allamuchy N J (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Thos Bonniwell
13. Birthplace Allamuchy N J

MOTHER
14. Maiden Name Margaret Debbons
15. Birthplace Allamuchy N J

16 (a) Informant Mrs. O. Bonniwell
(b) Address Hackettstown N J

17 (a) Interment (Burial, cremation, or removal) (b) Date thereof 3/27/40. (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Mt Holly - Hackettstown N J

18 (a) Funeral director Burdick Johnson
(b) Address Hackettstown N J

MAR 27 1940 (Date rec'd by Registrar) (b) Hunterstown Adams Co. Pa.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1940, at 1 4 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 26 1940, to Mar 27 1940, and that I last saw h. l/m alive on Mar 27 1940.

Immediate cause of death acute congestive heart failure — Duration
Due to Arteriosclerotic Cardio Vascular disease
Due to
Other Conditions Lobar pneumonia
Senility
(Include pregnancy within 3 months of death)
Major findings: —
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles V. Sevcik M. D.
Address St Agnes' Hosp Date signed 3-27-40

VS 8

67652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 67652 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun St.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 104 N. Greene St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Simpson

3 (b) If veteran, name war NO | 3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15th 1882

8. AGE: Years	Months	Days	If less than one day
57	10	11	hr. min.

9. Birthplace Luray Va. (Town, county, and state)
10. Usual Occupation Keeper
11. Industry or business Rooming House

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant J. B. McCoy
(b) Address 104 N. Greene St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 27th 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) (Date received by registrar) (b) Burial Permit Issued Mar 27 1940

APR 2 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1940, at 12 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 12 1940, to March 26 1940, and that I last saw her alive on March 26 1940.

	Duration
Immediate cause: Chronic [illegible] gonorrhea	
Due to	
Due to	
Other Conditions: Bronchitis (Acute.) Chronic bronchitis Pneumonia, anemia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. P. Friedman M. D.
Address 1319 Light St. Date signed 3/4/40

F 67653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1641

F 67653

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1303 N Bond St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-7
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1303 N Bond St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME CHARLES W. HENNICK

3 (b) If veteran, name war — no

3 (c) Social Security Account No. 212-16-8885

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Mary C Amoss
6 (c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.) May 30 about 1864

8. AGE: Years	Months	Days	If less than one day
about 75	11	25	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Dock Keeper
11. Industry or business Ex Flynn + Emmerich Co

FATHER
12. Name (Not known) Hennick
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs Bessie White
(b) Address 1303 Bond St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Mar 28 - 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Oak Lawn
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

MAR 27 1940 (Date rec'd by registrar) (d) Municipal Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 19 40, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Laceration of throat — Duration

Due to ~~suicide~~ suicide

Due to mental depression

Other Conditions Cardiovascular Renal Disease.
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence March 25, 1940
(c) Where did injury occur? 1303 N Bond St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Razor cut throat

23. Signature H. W. Ellingsworth M.D.
Coroner Medical Examiner.
Date signed 3-25-40

F 67654 × ✓ F 67654

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1700

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Lutherville
(If outside city or town limits, write RURAL and give town)
(d) Street No. Morris Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Luther Goldsborough Wroten

3 (b) If veteran, name war: NS
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
M	Wh	W

6 (b) Name of ~~husband or~~ wife Mary Wroten
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 10th 1865

8. AGE: Years	Months	Days	If less than one day
74	4	3	hr min

9. Birthplace Dorchester Co. Md.
(Town, county, and state)
10. Usual Occupation Retired Conductor
11. Industry or business Pa R. R.

FATHER
12. Name George W. Wroten
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Md.

16 (a) Informant Claude L. Powell
(b) Address Lutherville Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Mar 27th 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 E. Baltimore St.

19 (a) MAR 27 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1940, at 7:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said I find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of skull, base. Hemorrhage about brain stem. Edema of lungs. — Duration: —

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3/23/40
(c) Where did injury occur? York Rd. near Sandy Bottom (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work? No
(e) Means of injury Car overturned after blowout

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 3/26/40

VS 6

67655

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67655

CERTIFICATE OF DEATH

927

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 Linden Ave St., 14th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Vivian P. Robertson

If U. S. Veteran specify WAR

(a) Residence: No. 1600 Linden Ave St., ___ Ward.
(Usual place of abode) (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ___

6. DATE OF BIRTH (month, day, year) Jan 22nd 1902

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
38	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Clara Md

FATHER

13. NAME John R. Robertson

14. BIRTHPLACE (city or town) (State or country) Clara Md

MOTHER

15. MAIDEN NAME Sarah E. Lankford

16. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

17. INFORMANT John R. Robertson
(Address) 1600 Linden Ave

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Tyaskin Md Date Mar 27th 1940

19. UNDERTAKER William Cook
(Address) 1217 E. Paul St

20. FILED ___ 19___ ___ Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 25th 1940

22. I HEREBY CERTIFY, That I attended deceased from Mar 22 1940 to Mar 25 1940

I last saw her alive on Mar 25 1940 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Heart Failure	sudden
Other contributory causes of importance: Bronchial Pneumonia	2 days
Chr. Endocarditis	?

Was an operation performed? No Date of ___

For what disease or injury? ___

Name of operation ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___ 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ___

(Signed) [illegible] M. D.

(Address) 1901 Eutaw Place

27 1940

F 67656

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 67656

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens + Caton Ave
(c) Hospital or institution: St. Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 3701 Edmondson Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Elizabeth Sturm

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Wm A Sturm
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 31 1869

8. AGE: Years	Months	Days	If less than one day
71	1	25	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Louis J Krauss
13. Birthplace Md

MOTHER
14. Maiden Name Louisa Knott
15. Birthplace Md

16 (a) Informant W. Maurice Sturm
(b) Address 36 W Fulton Lyric

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/40 (month) (day) (year)
(c) Cemetery or crematory Edmondson
Location Balto Md

18 (a) Funeral director Geo E Bailey
(b) Address Fulton & Fayette

19 (a) MAR 27 1940 (Date received by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-25 1940, at 5:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-20 1940, to 3-25 1940, and that I last saw her alive on 3-25 1940.

Immediate cause of death Respiratory Failure

Due to Bronchopneumonia

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles V. Levin M. D.
Address St Agnes Hosp Date signed 3-25-40

F 67657

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 Registered No. F 67657

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cor. 33rd & Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital. 12-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) one
(e) Length of stay in Baltimore (yrs., mos., or days) 94 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Towson (If outside city or town limits, write RURAL and give town)
(d) Street No. Presbyterian Home (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MABEL LATHAM.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) July 9 1855

8. AGE: Years 84 Months 8 Days 16 If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Lester H. Latham

13. Birthplace

MOTHER 14. Maiden Name Ellen Frances

15. Birthplace

16 (a) Informant Mrs Albert Elliott

(b) Address Pres. House Towson Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 27 1940 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Frederick ave

18 (a) Funeral director Baltimore

(b) Address John O. Metcalf Md.

MAR 27 1940 (Date rec'd by registrar)

(b) Filed by Wilkinson M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25, 1940, at 6:10 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 21, 1940, to Mar. 25, 1940, and that I last saw her alive on Mar. 25 1940.

Immediate cause of death Pneumonia

Due to

Due to

Other Conditions Cardiac Failure.

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy No

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert A. Crawford M.D.

Address Union Memorial Hospital Date signed 3/25/40

VS 8

F 67658

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ F 67658 Registered No. 121

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Payson Sts.
(c) Hospital or institution: Bon Secours Hospital 26-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna. (b) County Luzerne
(c) City or town Freeland (If outside city or town limits, write RURAL and give town)
(d) Street No. 708 Chestnut Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr Paul Malloy

3 (b) If veteran, name war: Non e
3 (c) Social Security Account No.: None

4. Sex: M Male
5. Color or race: W White
6 (a) Single, married, widowed, or divorced: S Single

6 (b) Name of husband or wife: None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 3, 1918

8. AGE: Years 21 | Months 9 | Days 23 | If less than one day: hr. min.

9. Birthplace: Freeland Penna. (Town, county, and state)

10. Usual Occupation: Student (Lafayette Coll)

11. Industry or business

FATHER
12. Name: James Malloy
13. Birthplace: Freeland Penna.

MOTHER
14. Maiden Name: Catherine O'Donnell
15. Birthplace: Drifton Penna.

16 (a) Informant: Mr. James Malloy
(b) Address: Freeland Penna.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 30 40 (month) (day) (year)
(c) Cemetery or crematory: St. Anne
Location: Freeland Penna.

18 (a) Funeral director: Wm. J. Tickner & Sons
(b) Address: North & Penna. Ave. Huntingdon Valley, Pa.

(Date received) MAR 27 1940 (Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-26 1940, at 11:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-22 1940, to 3-26 1940 and that I last saw h.Wife alive on 3-26 1940

Immediate cause of death: Generalized peritonitis.
Due to: Acute appendicitis & Streptococcus sore throat.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Duration: 4 days

Major findings: Of operation: Acute suppurative appendicitis & Acute fibro-purulent generalized
Of autopsy: Peritonitis (purulent fluid)

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: J M Fallin M D M. D.
Address: Bon Secours Hospital Date signed 3-26-40

F 67659

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67659

CERTIFICATE OF DEATH

83B

Registered No.

1. PLACE OF DEATH Womans Hospital -

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., 11 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Albina Charlotte Clark

If U. S. Veteran specify WAR

(a) Residence: No. 1109 N. Calvert St., Ward.
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 12, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clarksville Howard County, Maryland

FATHER

13. NAME William Clark

14. BIRTHPLACE (city or town) (State or country) Clarksville Md

MOTHER

15. MAIDEN NAME Charlotte Watkins

16. BIRTHPLACE (city or town) (State or country) Clarksville Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 3-29 1940

19. UNDERTAKER John J. Dickey & Sons
(Address) Park & Pa. Ave.

20. FILED Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1940, to March 26, 1940

I last saw her alive on March 26, 1940. Death is said to have occurred on the date stated above, at 5:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arteriosclerosis	
Cerebral thrombosis	

Other contributory causes of importance:

Uremia	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard W. Worthington M. D.

(Address) Womans Hosp.

OCCUPATION is very important. See instructions on back of certificate.

MAR 27 1940

F 67660

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 F 67660 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 918 W. Franklin St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 918 W. Franklin St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Johnson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife James

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1857

8. AGE: Years 83 | Months | Days | If less than one day hr. min.

9. Birthplace Belair Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name Rebecca Halliday
15. Birthplace Md.

16 (a) Informant Mrs Blanche Butler
(b) Address 918 W. Franklin St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-29-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Westport

18 (a) Funeral director C. Halstead
(b) Address 918 Druid Hill Ave

19 (a) MAR 27 1940 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1940, at 8:1 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 16 1940, to March 25 1940, and that I last saw h. alive on March 17 1940

Immediate cause of death: Uraemia / Infection

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

Duration
Months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. E. Halstead M. D.
Address 939 W Fayette Date signed March 26

VS 3

F 67661

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133 Registered No. F 67661

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals 11
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 335 Camel St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Franklin (53698)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/21/18

8. AGE: Years	Months	Days	If less than one day
21	4	3	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Robert
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Vernitte Hartgrove
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-29-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Brooklyn

18 (a) Funeral director J. Halstead
(b) Address 94 Druid Hill Ave.

(c) MAR 27 1940 (Address rec'd by registrar) (d) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 24, 1940, at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 12, 1940, to Mar. 24, 1940, and that I last saw him alive on March 24, 1940

Immediate cause of death: Tuberculosis of the lung — Duration: 1940

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Halstead M. D.

Address Baltimore City Hos. Date signed 3/24/40

VS 8

F 67662

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. F 67662

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1223 E. Lexington
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-1
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1223 E. Lexington St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Vaughan

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-01-2515

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	married

6 (b) Name of husband or wife Jessie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1900

8. AGE: Years	Months	Days	If less than one day
39	8 mo	—	hr. min.

9. Birthplace N. C.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Henry Vaughan
13. Birthplace N. C.

MOTHER
14. Maiden Name Mamie
15. Birthplace N. C.

16 (a) Informant Jessie Vaughan
(b) Address 1223 E. Lexington St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) 3-27-40
(c) Cemetery or crematory Elizabeth City
Location North Carolina

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave

MAR 27 1940 (Registered by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 22 1940 at 10:59 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 20 1940 to Mar 22 1940
and that I last saw h alive on Mar 22 1940.

Immediate cause of death
(a) Acute Lobar Pneumonia

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
Mar 19 40

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George P. Allen M.D.
Address 5 E. Lexington St Date signed 3-25-40

VS 8

F 67663

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 Registered No. F 67663

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 640 W. Barre St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 640 W. Barre St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Barber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 16 1860

8. AGE Years	Months	Days	If less than one day
79	7	9	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name John Barber
13. Birthplace Md.

MOTHER
14. Maiden Name Caroline Mack
15. Birthplace Md.

16 (a) Informant Wallace
(b) Address 640 Barre St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-28-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Baltimore

18 (a) Funeral director Adolph Hahn
(b) Address 918 Madison Ave

APR 27 1940 (Date rec'd by Registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 25 1940, at 7.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 1 1940, to Mar 25 1940, and that I last saw h[illegible] alive on Mar 25 1940.

Immediate cause of death — Duration 1 day

Due to Cerebral Hemorrhage ?

Due to Nephritis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. T. Carroll M.D.
Address 911 Warren Ave Date signed 3/25/40

F 67664

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B Registered No. F 67664

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 127d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 307 W. Biddle St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minnie Talley (50225)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/9/11

8. AGE: Years 28 | Months 4 | Days 16 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name George

13. Birthplace Virginia

MOTHER 14. Maiden Name Bell Parker

15. Birthplace Virginia

16 (a) Informant Hos. Record

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-28-40 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Brooklyn

18 (a) Funeral director C. J. Halstead

(b) Address 918 Druid Hill Ave

19 (a) (Signature of registrar) (b) Huntington Wilson, Registrar

MAR 27 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 25 1940, at 1:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 17 1939, to Mar. 25 1940, and that I last saw h SE alive on Mar. 25 1940.

Immediate cause of death: Tuberculosis of the lungs — Duration: June 1939

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature

Address Balto. City Hospitals Date signed M. D. 3/25/40

F 67663

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

126 Registered No. ✓ F 67663

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 606 Cedarcroft Road
(c) Hospital or institution: Franklin Sq. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 27-8
(e) Length of stay in Baltimore (yrs., mos., or days) 5yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 606 Cedarcroft Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Morck, Sadye E.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fe	white	Married

6 (b) Name of husband or wife John L. Morck
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) November 21, 1895

8. AGE: Years	Months	Days	If less than one day
44	4	5	hr. min.

9. Birthplace Staten Island, New York (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Stephen McCrearney
13. Birthplace Albany, New York

MOTHER
14. Maiden Name Bessie Flynn
15. Birthplace Ireland

16 (a) Informant John L. Morck
(b) Address 606 Cedarcroft Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem. Location Old Frederick Rd.

18 (a) Funeral director Margaret G. Flynn
(b) Address 1422 Light St.

MAR 27 1940 (Date received by local registrar) (By) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1940, at 10 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 10 1940, to March 26 1940, and that I last saw h.a.r. alive on March 26 1940.

Immediate cause of death	Duration
Pulmonary Embolism	
Due to	
Due to	
Other Conditions Chronic Cholecystitis & Cholelithiasis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A.B. Daughaday M. D.
Address Franklin Sq. Hosp. Date signed 3-26-40

VS 2

F 67666

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 67666 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3046 O, Donnell St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3046 O, Donnell St.
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Anna Elizabeth Hurtt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1872

8. AGE: Years	Months	Days	If less than one day
67	3	9	hr. min.

9. Birthplace Baltimore Co.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Robert M. Hurtt
13. Birthplace Baltimore Co.

MOTHER
14. Maiden Name Mary E. Spangler
15. Birthplace Williamsport Md.

16 (a) Informant Mrs. Mary L. Opie
(b) Address 3046 O, Donnell St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch. 27, 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md.

18 (a) Funeral director Clarence F. Hoffmaster
(b) Address 2723 E. Preston St.

19 MAR 27 1940 (Date rec'd by registrar) Hunter for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-25 1940, at 6:24 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-13 1940, to 3-25 1940, and that I last saw h alive on 19

Immediate cause of death	Duration
Arteriosclerotic Cardiovascular disease	
Due to Myocardial Failure.	3-13-40
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature D 42 J. Emanuel M. D.
Address Date signed 3-27-40

VS 8

F 67667

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

921 ✓ F 67667 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 212 W. Monument St.
(c) Hospital or institution: Sherwood Hotel
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. City
(c) City or town Balto. City.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 212 W. Monument Street, City.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ---------- years

3 (a) FULL NAME ELIZABETH WOOD WILSON

3 (b) If veteran, name war: NONE
3 (c) Social Security Account No.: NONE

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband: Benjamin Wilson
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 10, 1858

8. AGE: Years 82 | Months 0 | Days 16 | If less than one day: ____ hr. ____ min.

9. Birthplace Bolivar, Hardeman Co., Tennessee.
(Town, county, and state)

10. Usual Occupation NONE
11. Industry or business NONE

FATHER
12. Name Robert Wood
13. Birthplace Tennessee

MOTHER
14. Maiden Name
15. Birthplace Tennessee

16 (a) Informant Mrs. Caspar L. Woodbridge (daughter)
(b) Address 501 Englewood Rd., Middlesboro, Ky.

17 (a) burial (b) Date thereof ____ (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory Bolivar
Location Hardeman Co., Tennessee

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (H. F. MOWEN SUC.) 100 N. NORTH AVENUE

19 MAR 27 1940 Livingston Williams, M.D. Registrar
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 26 - 1940 at 12.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 30 - 1939, to Mar 26 - 1940, and that I last saw h[illegible] alive on Mar 26 1940.

Immediate cause of death: Cerebral embolism with hemiplegia
Due to: Chr. Valvular heart disease
Due to: ____
Other Conditions: ____
(Include pregnancy within 3 months of death)

Duration: 2 days / 5 yrs

Major findings:
Of operations: ____
Of autopsy: ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: ____
(b) Date of occurrence: ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____
(Specify type of place)
(e) Means of injury: ____

23. Signature Chas. J. Kelly M. D.
Address 212 W. Monument Date signed 3/26/40

67668

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 Registered No. F 67668

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 810 North Calhoun St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-2
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 810 North Calhoun St (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME MARGARET TAYLOR

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: F | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Wm Taylor.

6 (c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) Sept 1873

8. AGE: Years 66 | Months 6 | Days | If less than one day: hr. ——— min.

9. Birthplace N. Carolina (Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER
12. Name C Melton
13. Birthplace North Carolina

MOTHER
14. Maiden Name Mary Keener
15. Birthplace North Carolina

16 (a) Informant Sarah Taylor
(b) Address 810 North Calhoun St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-28-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Westport Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pe[illegible]

19 (a) ——— (Date rec'd by registrar) MAR 27 1940 (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1940, at 6 50 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquest) thereon and from the evidence obtained by said ~~inquest~~ (Autopsy or Inquest) find that said deceased came to ~~her~~ death on the day stated above.

Immediate cause of death: Cardiovascular renal disease — Duration: —
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 3-25-40

F 67669

Schnur

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No. F-67669

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen. Hop.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1749 Olivier St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Margaret Schnur

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	widow

6 (b) Name of husband or wife Harry Schnur
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865?

8. AGE: Years	Months	Days	If less than one day
75?			hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation at Home
11. Industry or business

FATHER
12. Name
13. Birthplace Unknown

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs Margaret Hite
(b) Address 1712 Crystal St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-28-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard D. Rinehart
(b) Address 5305 Belair Rd.

19 (a) Filed MAR 27 1940 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/25 1940 at 9:50 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/23 1940, to 3/25 1940 and that I last saw her alive on 3/25 1940.

Immediate cause of death	Duration
Hypostatic pneumonia	
Due to Hypertensive C.V.D.	
Due to	
Other Conditions Congestive heart failure (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward J. Glassmoyer M.D.
Address Md. Gen. Hop. Date signed 3/25/40

7670 F 67670

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1318 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2356 Annapolis Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 5/3
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2356 Annapolis Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Tyler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Mollie Tyler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unk

8. AGE: Years 62 | Months | Days | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Charles Tyler

13. Birthplace Balto. Md

MOTHER 14. Maiden Name Catherine Roberson

15. Birthplace Balto. Md

16 (a) Informant Lelia Roberson Vaughn

(b) Address 607 Archer St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 27 1940 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cemetery

Location Mt Wenans

18 (a) Funeral director E O Wilson

(b) Address 1000 Brantley Av

19 MAR 27 1940 (Date received by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/23/1940, at 3A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1938, to March 23 1940 and that I last saw him alive on March 22 1940

Immediate cause of death	Duration
Cerebral Hemorrhage	2 yrs.
Due to Diabetes	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. B. Hawkins, M.D.
Address 609 W. Lanvale St Date signed 3/27/40

VS 3

67671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 ✓ Registered No. F 67671

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2322 Sidney Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

563

3 (a) FULL NAME Mrs. Gladys W. O'Connell ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	married

6 (b) Name of husband or wife Joseph D. O'Connell
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 22-1903

8. AGE: Years	Months	Days	If less than one day
36	4	24	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Ernest Seymoure
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Bertha Jane Ensring
15. Birthplace Baltimore Maryland

16 (a) Informant Joseph O'Connell
(b) Address 2322 Sidney Ave - Wash Port

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 29-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Maryland

18 (a) Funeral director Jamie C. Syfert
(b) Address 1600 N. Howard St Ave
Baltimore, Md.

19 3-27-40 (Date rec'd by registrar) Registrar

VS 3-40

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-26 1940, at 5:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-25 1940, to 3-26 1940 and that I last saw h[illegible] alive on 3-26 1940

Immediate cause of death Myocardial Failure — Duration

Due to Rheumatic Cardio Vas Disease — and

Due to Lobar Pneumonia

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. C. Rat

Address Maryland Gen. Hosp Date signed 3/26/40 M. D.

67672 F 67672

HYP. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

70

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 831 W. Lexington St ST.: 18-1 WARD)

2-FULL NAME Estelle V. Reid

(a) RESIDENCE. No. 831 W. Lexington St ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 16-39

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 0

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer 0

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Wm C. Reid

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Lucile Collins

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

Informant Estelle Reid
(Address) 831 W. Lexington St

MAR 27 Filed 19 1940

Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-25-'40 19

17 I HEREBY CERTIFY That I attended deceased from 3-23-40, 19, to 3-25-40, 19

that I last saw h[illegible] alive on " , 19

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Infantile Convulsions, Atrophy, Exanition

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Rachitis, Malnutrition

(duration) all its life ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) F. H. Carson M. D.

, 19 (Address) 1524 Hillsdale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion

DATE OF BURIAL Mar 27 1940

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 322 N. Schroeder St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

67673

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

563 File 67673

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1019 Bennett Place
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mildsie Philisco Goode Dyson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	colored	Married

6 (b) Name of husband or wife James Dyson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 29-99

8. AGE: Years	Months	Days	If less than one day
41	1	25	hr. min.

9. Birthplace Powhatan Co. Va (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Daniel Goode
13. Birthplace Powhatan - Va

MOTHER
14. Maiden Name Amy Grossman
15. Birthplace Prince Edward Co - Va

16 (a) Informant James Dyson
(b) Address 1019 Bennett

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-28-40 (month) (day) (year)
(c) Cemetery or crematory Arlington Mem.
Location Arlington - Md

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Dakin Ave Lansing for Williamsville, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

3-29-40

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1940, at 7:20 P. M.
21. I certify that death occurred on the date above stated; that I attended deceased from 3-18 1940, to 3-24 1940, and that I last saw her alive on 3-24 1940.

Immediate cause of death	Duration
Pulmonary Embolism	Acute
Delayed Shock	
Due to Operation	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Interstitial Fibromyoma
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Franklin Phillips M. D.
Address 1514 Druid Park Date signed 3/29/40

67674

HEALTH DEPARTMENT—CITY OF BALTIMORE

67674

CERTIFICATE OF DEATH

937

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 117 N Schroeder St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Rosa Brown Taylor Stafford

If U. S. Veteran specify WAR

(a) Residence: No. 117 N Schroeder St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colore	married

5a. If married, widowed, or divorced (or) WIFE of Irving Stafford

6. DATE OF BIRTH (month, day, year) Feb. 9, 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Arnold Taylor

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Georgia Brown

(Address) 610 Archer St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 3-27- 1940

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Schroeder St

20. FILED MAR 27 1940 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1940, to March 24, 1940

I last saw him alive on March 23, 1940 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Cholecystitis	
Acute Nephritis	3/31/40

Other contributory causes of importance:

Myocarditis	over

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. Walter Sherrington M. D.

(Address) 201 N. Carey St.

THE CAUSE OF DEATH in plain terms, so that any physician can understand it, is required. OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

F 67675

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

F 67675 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital - 14-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1528 N. Pulaski St (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Louis Cohen -

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Mald White

5. Color or race

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Celia Cohen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 76 Months Days If less than one day hr. min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation: Tailor

11. Industry or business

FATHER 12. Name: Aaron Cohen
13. Birthplace: Russia

MOTHER 14. Maiden Name: Rae -
15. Birthplace: Russia

16 (a) Informant: Celia Cohen
(b) Address: 1528 N. Pulaski St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-40 (month) (day) (year)
(c) Cemetery or crematory: Pikesdale
Location: Phil. Rd

18 (a) Funeral director: Jack Levin Inc
(b) Address: 1429 E. Balto. St

19 MAR 27 1940 (Date rec'd by registrar) (c) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-27 1940, at 2:47 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-21 1940, to 3-27 1940, and that I last saw h.e.he. alive on 3-27- 1940.

Immediate cause of death: Tuberculous Pneumonia - Duration 2 wks
Due to: T.B. pulmonary T.B.
Due to: Cerebral hemorrhage
Other Conditions: T. Bronchitis Hypostatic Arteriosclerosis C.V. disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: Path. confirms. Clinical.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: A. J. Markham M. D.
Address: Sinai Hospital Date signed

VS 8

F 67676

37446

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 48B

F 67676
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 11-4

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2215 Madison Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julia Woodward (Woodard) Woodyard

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-01-3133

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-16-07

8. AGE: Years	Months	Days	If less than one day
32	9	8	hr. min.

9. Birthplace Missouri
(Town, county, and state)

10. Usual Occupation Waitress

11. Industry or business

FATHER
12. Name Jesse Woodward
13. Birthplace ?

MOTHER
14. Maiden Name Fannie Wilkins
15. Birthplace ?

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 3/28/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Park
Location

18 (a) Funeral director Robert L. Young
(b) Address 804 N. Carrollton St.

19 (a) (Date received by registrar) MAR 27 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1940 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1940 to Mar 24 1940 and that I last saw her alive on Mar 24 1940.

Immediate cause of death: Intestinal obstruction — Duration

Due to: Carcinoma of uterus with metastases

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy Pathologic & Histological Report

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. M. Williams M. D.

Address Johns Hopkins Hosp. Date signed 3-25-40

67677 ✓ F 67677

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 45 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2-2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 9 S. Bedeker St (If rural give location)
(e) If foreign born, how long in U. S. A.? Boston years

3 (a) FULL NAME Oscar Powell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Cold

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1909

8. AGE: Years 31 | Months 1 | Days | If less than one day hr. min.

9. Birthplace md (Town, county, and state)

10. Usual Occupation

11. Industry or business Laborer

FATHER
12. Name Willie Powell
13. Birthplace Va

MOTHER
14. Maiden Name Mary Powell
15. Birthplace Va

16 (a) Informant Willie Powell
(b) Address 4305 Jefferson ave Newport News Va

17 (a) (Burial, cremation, or removal) (b) Date thereof (month, day, year) 3-27-1940

(c) Cemetery or crematory New Port News Va
Location

(d) Funeral director James A Stamps
(e) Address 142 N Strl St

19 (a) 27 (Date received by registrar) (b) Huntington Williams M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-26-1940. 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-10-1940, to 3-26-1940, and that I last saw h[illegible]live on 3-26-1940.

Immediate cause of death: Chr. Nephritis — Duration: ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. F. Maloney
Address Provident Hospital Date signed 3/26/40

over.

F 67678

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93a

Registered No. F 67678

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2112 Etting St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 3
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2112 Etting St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ethel Stovall

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	ed	Married

6 (b) Name of husband or wife Helen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1890

8. AGE: Years	Months	Days	If less than one day
49 50	9	18	hr. min.

9. Birthplace Richmond, Va (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business

FATHER
12. Name Thomas Stovall
13. Birthplace Va.

MOTHER
14. Maiden Name Sylvia Gaugh
15. Birthplace Va.

16 (a) Informant Helen Stovall
(b) Address 2112 Etting St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/40 (month) (day) (year)
(c) Cemetery or crematory Arbutus
Location

18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Druantman St

19 (a) 27 (Date received by registrar) Hortense Williams, M.D. Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/25 1940, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/20 1940, to 3/25 1940, and that I last saw h— alive on 3/25 1940.

Immediate cause of death Acute Myocarditis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
5 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. J. Halcher
Address 1111 Park Ave Date signed 3/26/40

F 67679

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 67679

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1146 Calhoun St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1146 Calhoun St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maria Dennis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years 48 | Months | Days | If less than one day hr. min.

9. Birthplace Norfolk Va
(Town, county, and state)

10. Usual Occupation maid

11. Industry or business

FATHER 12. Name unknown

13. Birthplace

MOTHER 14. Maiden Name unknown

15. Birthplace

16 (a) Informant Charles Dennis

(b) Address 1146 Calhoun St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Balto. Md

(b) Address Thomas C. Nelson

19 (a) 1313 (b) Preston St

Date received by registrar MAR 27 1940 Registrar's signature Hunter Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1940 at 1 1/2 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said Autopsy find that said deceased came (Autopsy or Inquiry) to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. P. Vanderbush M.D.
Medical Examiner.
Date signed 3/23/40

F 67680 HEALTH DEPARTMENT—CITY OF BALTIMORE F 67680

CERTIFICATE OF DEATH

93D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 N Calhoun St. 16-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. 4 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Melvin Smallwood

(a) Residence: No. 1019 N Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 24, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Smallwood

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Addie Ballard

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Viola Smallwood

(Address) 1019 N Calhoun

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cem Date 3/28 '40

19. UNDERTAKER Geo. D. Kelson

(Address) 1303 Preastman st.

20. FILED MAR 27 1940 Huntington Williams M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1940 to March 25, 1940

I last saw him alive on March 24, 1940 Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1a. Coronary Occlusion	
Thrombosis	3
with Cerebral Accident	

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Geo. McDonald M. D.

(Address) 8424 N Carey St.

F 67691

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 73a

F 67691 Registered No. 3698

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 623 Cumberland St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15d
(e) Length of stay in Baltimore (yrs., mos., or days) 50yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 623 Cumberland St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julius Caesar Hall

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-18-9660

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife Elizabeth Hall
6 (c) If alive, give age 68 years
7. Birth date of deceased (mo., day, yr.) ? ? 1861
8. AGE: Years 79 Months 7 Days 8 If less than one day hr. min.
9. Birthplace Calvert Co. Maryland (Town, county, and state)
10. Usual Occupation Draysman
11. Industry or business George Schumacher Lumber Co.

FATHER
12. Name George Hall
13. Birthplace Calvert Co. Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Calvert Co. Md

16 (a) Informant Mrs Elizabeth Hall
(b) Address 623 Cumberland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Thos. E. Kelson
(b) Address 1303 Presstman St

19 (a) 27 Mar 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-24 1940, at 10:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 8-31 1939, to 3-24 1940. and that I last saw him alive on 3-23 1940.

Immediate cause of death: Pernicious Anemia — Duration: Unknown
Due to: Unknown
Due to:
Other Conditions: Arthritis chronic — Unknown
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank Dimsaunders M. D.
Address 1029 N. Strieker Date signed 3-24-40

67682 HEALTH DEPARTMENT—CITY OF BALTIMORE 67682

CERTIFICATE OF DEATH

61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4713 Norwood Ave St. 28-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mary Horney Clark

If U. S. Veteran specify WAR _____

(a) Residence: No. 4713 Norwood Ave St., _____ Ward. _____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Carroll Clark

6. DATE OF BIRTH (month, day, year) Oct. 2, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	75	5	25 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Lloyd Patterson

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Eliza L. Horney

16. BIRTHPLACE (city or town) (State or country) Easton, Md

17. INFORMANT Robert Carroll Clark.

(Address) 4713 Norwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Mar 29th 40

19. UNDERTAKER Wm. Fitzhugh Sons.

(Address) North & Fulton Aves

20. FILED MAR 27 1940 Huntington Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 39 to March 26 1940.

I last saw her alive on March 26 1940 Death is said to have occurred on the date stated above, at 9:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Poisoning	3/15/40
Other contributory causes of importance: Cerebral Hemorrhage	2/15/40
Diabetes Mellitus	1928.

Was an operation performed? NA Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? [redacted] Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, when? _____

(Signed) Dew. E. Wells. M. D.

(Address) 4100 Edmondson Ave.

67683
67683

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 67683 Registered No. 67683

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 309 S Wolfe St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME NICHOLAS (NICK) STRASSER

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Divorced

6 (b) Name of husband or wife —
6 (c) If alive, give age. years

7. Birth date of deceased (mo., day, yr.) Dec 21, 1883

8. AGE: Years	Months	Days	If less than one day
60	3	4	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation None - vagrant
11. Industry or business

FATHER
12. Name Joseph Strasser
13. Birthplace Germany

MOTHER
14. Maiden Name Cecelia Rank Decakmeyer
15. Birthplace Germany Webbin

16 (a) Informant Mrs Josephine Baker
(b) Address 1346 W Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 28, 40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto. Md.

18 (a) Funeral director Wm J. Dickert Sons
(b) Address North & Pa Aves.

19 (a) MAR 27 1940 (Date received by Registrar) (b) Huntington, Williamsport, Md

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1940, at 11 a.m.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerosis	
Due to Chronic alcoholism	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 3-26-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

67684

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117a

Registered Number F 67684

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 704 Glenwood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 704 Glenwood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John S. Lynch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W.	married

6 (b) Name of husband or wife Alice M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 6 - 1890

8. AGE: Years	Months	Days	If less than one day
49	7	19	hr. min.

9. Birthplace Harford Co. Md
(Town, county, and state)

10. Usual Occupation Retired Restaurant
11. Industry or business owner

FATHER
12. Name John Lynch
13. Birthplace Ireland

MOTHER
14. Maiden Name Annie Shanahan
15. Birthplace Ireland

16 (a) Informant Mrs Alice M. Lynch
(b) Address 704 Glenwood Ave

17 (a) Burial (b) Date thereof 3-28-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Longreen Md.
Location

18 (a) Funeral director Leonard J. Lynch
(b) Address 3305 Harford Rd.

19 (a) H. (b) Wm. Williams M.D.
(Date received by registrar) Registrar

MAR 27 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-26 1940, at 5:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-26-1934 to 3-25 1940 and that I last saw h[illegible] alive on 3-25 1940.

Immediate cause of death	Duration
Hemorrhage from Chronic gastric ulcer	1933
Due to (Carcinoma?)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. B. Sylent M. D.
Address 7802 Harford Date signed 3-27-40

F 67685

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a Registered No. F 67685

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: W. Baltimore Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 52

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1217 S. Decker St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 52 years

3 (a) FULL NAME Mrs. Rose Dusynski (or) ROZALIA Duszinski (or) Duszahinski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 2 1868

8. AGE: Years	Months	Days	If less than one day
72	11		hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Julian John Rose
13. Birthplace Germany

MOTHER
14. Maiden Name Agata?
15. Birthplace Germany

16 (a) Informant Henry Dusynski
(b) Address 1217 S. Decker Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 25 40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location German Hills Rd

18 (a) Funeral director Martin F. G. Dippel
(b) Address 32 S. Arch St

19 (a) (Date received by registrar) Registrar

MAR 27 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-25 1940, at 8½p M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-29 1940, to 3-25 1940 and that I last saw h[illegible] alive on 3-25 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to Generalized Atherosclerosis	20 yrs.
Due to Hypertension	20 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isadore Sokes M. D.
Address West Balto. Station, Md. Date signed

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67686 F 396 CERTIFICATE OF DEATH 106 F 67686

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Hospital St. 11-4 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Shirley Green

If U. S. Veteran specify WAR _____

(a) Residence: No. 1216 Mc Culloh St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Baby.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/27/1939.

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Samuel Green.

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Margaretha Wall

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Samuel Green
(Address) 1216 Mc Culloh St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date 3/27, 1940

19. UNDERTAKER Mrs Katie R. Williams
(Address) 32 N Schroeder St

20. FILED MAR 27 1940 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-25, 1940

22. I HEREBY CERTIFY, That I attended deceased from 3-21, 1940, to 3-25, 1940

I last saw her alive on 3-25, 1940 Death is said to have occurred on the date stated above, at 5 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laryngo-Trachea-Bronchitis	3-20
Other contributory causes of importance: Atelectasis, rt. upper lobe.	1 day

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) Raymond M. Cunningham M. D.
(Address) Union Hospital

OCCUPATION is very important. See instructions on back of certificate.

67687 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

937 F 67687

1. PLACE OF DEATH 1710 N. Castle St. Registered No.

CITY OF BALTIMORE: (No. 8-6 St., 8 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Ira J. Peck

(a) Residence: No. 1710 N. Castle St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Olive Peck

6. DATE OF BIRTH (month, day, year) Nov. 28 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chicago Ill.

FATHER

13. NAME Frank Peck

14. BIRTHPLACE (city or town) (State or country) Connecticut

MOTHER

15. MAIDEN NAME Helen Beckley

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs Olive Peck

(Address) 1710 N. Castle St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Md. Date 3-28- 19 40

19. UNDERTAKER John C. Kelly Son

(Address) 2435 E. Oliver St

MAR 27 1940 Washington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-25 1940

22. I HEREBY CERTIFY, That I attended deceased from 3-1-40 19 to 3-25-40 19

I last saw him alive on 3-25 1940. Death is said to have occurred on the date stated above, at 5P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephroscleritis	1928
Bronchial asthma	12 hrs
Pulmonary edema	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. L. Fleming M. D.

(Address) 3025 Belair Road

USE CAUSE OF DEATH in plain terms, so that it may be properly OCCUPATION is very important. See instructions on back of certificate.

v s 3

67688

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 170 F 67688

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Essex
(If outside city or town limits, write RURAL and give town)
(d) Street No. Franklin ave near Stewart ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Reif

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife John Reif

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 63 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name August Staffel
13. Birthplace Germany

MOTHER
14. Maiden Name Mrs Reisling
15. Birthplace Germany

16 (a) Informant Mrs Johanna Wolf
(b) Address Franklin Ave - Essex - Md

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** March 28-40 (month) (day) (year)
(c) Cemetery or crematory St Paul Cem
Location Baltimore Md

18 (a) Funeral director John C. Miller Inc
(b) Address 2435-36 E. Oliver St.

19 MAR 27 1940 (Date received by Registrar) **(b)** Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-25 — 1940, at 3 20 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Bronchio-pneumonia	
Acute Hemorrhagic Nephritis	
Due to Fractured Tibia & Fibula of Leg:	
Fractured Pelvis	
Other Conditions Fatty Invasion of Cardiac Muscle	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 3-26-40
(c) Where did injury occur? Essex (City or town) Balto. (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Struck by auto. Crossing Eastern ave

23. Signature Howard J. Malecio M.D.
Medical Examiner.
Date signed 3-25-40

VS 6

7689 Duplicate

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No. F 67689

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: I200 Valley St.

(c) Hospital or institution: Little Sisters of the Poor

(d) Length of stay in hospital or inst. (yrs., mos., or days): 10

(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 1200 Valley st (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Becker

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife: Fererick Becker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE:	Years	Months	Days	If less than one day
	80			hr. min.

9. Birthplace: Germany (Town, county and state)

10. Usual Occupation: Housework

11. Industry or business

FATHER — 12. Name: Henry Kreckel; 13. Birthplace: Germany

MOTHER — 14. Maiden Name: Catherine Cook; 15. Birthplace: ?

16 (a) Informant: Little Sisters of the Poor

(b) Address: I200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 28 1940 (month) (day) (year)

(c) Cemetery or crematory: Schwarz

Location: Baltimore

18 (a) Funeral director: Rida Wiedefeld

(b) Address: 914 Greenmount Ave

Date rec'd by registrar: MAR 29 1940 Registrar: Katherine Williams M.D.

VS 4-40

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 25, 1940 at 5.30 p.m.

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 1 1940 to Mch 26 1940. and that I last saw her alive on Mch 26 1940.

Immediate cause of death	Duration
Chronic Myocarditis	3 yrs
Due to Arterio-Sclerosis	5 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: E. Gill Hall

Address: 1631 E North Ave Date signed: 3/26/40 M. D.

F 87690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. F 67690

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Josephs Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) City or County Balto.
(c) City or town Balto Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1526 Riverside Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Norman J Richards NORMAN L RICKERDS.

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married.

6 (b) Name of husband or wife Marie A. Rickerds

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) May 13 1902

8. AGE: Years 37 | Months 10 | Days 13 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation General yard Master

11. Industry or business B & O. R.R.

FATHER

12. Name George Rickerds.

13. Birthplace Maryland.

MOTHER

14. Maiden Name Hattie Hargett

15. Birthplace Maryland.

16 (a) Informant Marie A. Rickerds

(b) Address 1526 Riverside Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-30-40 (month) (day) (year)

(c) Cemetery or crematory Holy Cross Cem.

Location A. A. 8.

18 (a) Funeral director Mr Bernard E. Harle

(b) Address 121 E West St.

19 (Date rec'd by registrar) MAR 27 1940 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 26 40 19 , at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3.18.40 19 to 3.26.40 19 ; that I last saw h LM alive on 3 26 19 40.

Immediate cause of death: Lobar pneumonia — Duration: 10 da.

Due to: Type II pneumococcus.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. R. Arnold

Address St Josephs Hosp Date signed 3/26/40

VE 8

67691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157G

F 67691

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital) 7th Ward

Registered No. .....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Golgath, Jr.

If U. S. Veteran specify WAR .....

(a) Residence: No. 940 N. Washington St., St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/23/39

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Wilhelmina Eckardt

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 27 1940

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED MAR 27 1940 Huntington Williams M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1940 to March 24, 1940

I last saw him alive on March 23, 1940. Death is said to have occurred on the date stated above, at 1:25 P. m.

The principal cause of death and related causes of importance were as follows:

Laryngo-tracheal Bronchitis — Date of onset Unk

Other contributory causes of importance: Congenital Bilateral Inguinal Hernia — Unk

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Lawrason Brown M. D.

(Address) University Hospital

V8 8

5488

7692

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

8/a

52387 F 67692 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 - 12
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katie Bean

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1, 1869

8. AGE: Years	Months	Days	If less than one day
70 71	4 2	25	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Tom Bean
13. Birthplace Md.

MOTHER
14. Maiden Name Susie Dorsey
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 - 28 - 40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md.
Funeral director Tommy Byers
(b) Address 5005 Park Heights Ave

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1940, at 3:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 29 1940, to March 26 1940, and that I last saw her alive on March 26 1940.

Immediate cause of death Pneumococcus meningitis — Duration 2 days.

Due to

Due to

Other Conditions generalized arteriosclerosis — unknown.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Murray Lebhar, M. D.
Address Balto City Hosp. Date signed 3-27-40

67693 F 7642 159

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 67693

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL [redacted] NO.
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3926 Cloverhill Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Davidson
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Male
5. Color or race W
6 (a) Single, married, widowed, or divorced S
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 23, '40
8. AGE: Years Months Days If less than one day 6 hr. min.
9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Mr. Robt. Lenge Davidson Jr
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Virginia Louise Cole
15. Birthplace Baltimore, Md

16 (a) Informant Mr. Robert L. Davidson Jr.
(b) Address 3926 Cloverhill Rd

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery [redacted] MEDICAL SCHOOL MAR 26 1940
Location Commissioner of Health
18 (a) Funeral director Per H. A. Moore
(b) Address
19 MAR 26 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1940, at 9:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 23 1940 to Mar 23 1940, and that I last saw him alive on Mar 23 1940.

Immediate cause of death Asphyxia — Duration
Due to Pulmonary Atelectasis
Due to Prematurity (6 mo. fetus)
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature W. W. Gray, M. D.
Address 1014 St. Paul St Date signed 3/26/40

VS 3

5484

67694

HEALTH DEPARTMENT—CITY OF BALTIMORE

67694

S. S. No. 213-09-8277

CERTIFICATE OF DEATH

+ 121

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 5 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Carroll Bruce Weant, Jr. If U. S. Veteran specify WAR

(a) Residence: No. Westminster, Md. St., Ward. Carroll Co

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Gilbert Weant

6. DATE OF BIRTH (month, day, year) Dec 22 1909

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	30	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 3 38

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Westminster Carroll Co. Md.

FATHER

13. NAME C. Bruce Weant

14. BIRTHPLACE (city or town) (State or country) Prussia Carroll Co Md.

MOTHER

15. MAIDEN NAME Laura E. Stone

16. BIRTHPLACE (city or town) (State or country) Westminster Md.

17. INFORMANT C. Bruce Weant

(Address) Westminster, Md.

18. BURIAL, CREMATION, REMOVAL

Place Westminster Date Mar. 30, 19 40

19. UNDERTAKER J. Ed. Myers Jr.

(Address) Westminster, Md.

20. FILED MAR 28 1940 19 Hastings for Williams H.S.

(Registrar.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1940

22. I HEREBY CERTIFY, That I attended deceased from Mar. 22, 1940 to Mar. 27, 1940

I last saw h.wm. alive on Mar. 27, 1940 Death is said to have occurred on the date stated above, at 7.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendiceal adhesions	
Partial intestinal obstruction	3-25-40
Other contributory causes of importance:	
Secondary heart failure	3-27-40

Was an operation performed? Yes Date of 3-23-40

For what disease or injury? Chronic appendicitis

Name of operation Release of abdominal adhesions

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William S. Miller, M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

67695
377386

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ F 67695
54B
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days) 3 DAYS

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County
(c) City or town Akron - (If outside city or town limits, write RURAL and give town)
(d) Street No. 289 Sherman St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carl Clever -

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-3-23

8. AGE: Years	Months	Days	If less than one day
16	11	24	hr. min.

9. Birthplace Ohio - (Town, county and state)
10. Usual Occupation School -
11. Industry or business

FATHER
12. Name Wm. Clever -
13. Birthplace Penn -

MOTHER
14. Maiden Name Florence Gutshall
15. Birthplace Penn -

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3 30 40 (month) (day) (year)
(c) Cemetery or crematory
Location SHIPPENSBURG PA

18 (a) Funeral director Wm J Lickus & Son
(b) Address Norristown, Penn Ave Pottsville, Md.

19 (a) Date received (year) (b) Registrar

MAR 28 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 27 1940 at 4 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 24 1940 to Mar 27 1940 and that I last saw him alive on Mar 27 1940.

Immediate cause of death	Duration
Brain Tumor - malignant	5
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles E. Ireland M. D.
Address Johns Hopkins Hospital Date signed 3-27-40

F 67696 ✓ F 67696

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 N. Bond St. 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Charles Thomas

If U. S. Veteran specify WAR .....

(a) Residence: No. 614 N. Bond St St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Jan 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drydock

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Dinwiddie Co. Virginia

FATHER

13. NAME Andrew Thomas

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Rebecca Turner

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Henry Thomas (Brother)

(Address) 614 N Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Peters-Burg Va Date Mar. 27th 1940

19. UNDERTAKER E O Wilson

(Address) 1000 Brantley Ave Petersburg Va

20. FILED MAR 28 1940 Hunter H. Williams M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from Mar. 24, 1940 to Mar. 25 1940

I last saw him alive on Mar. 25 1940 Death is said to have occurred on the date stated above, at 11.58 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Accident	3/24/40
Rt Hemiplegia	3/24/40
Other contributory causes of importance:	
Hypertension	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Allen T. Parker M. D.

(Address) 822 N. Bond St

67697

CK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 108

5411 F 67697 Registered No.

1: PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:

Baltimore City Hospitals

12-3

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2428 Guilford Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emmett Roy Shook S.S. # 218-03-7199 X

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23, 1901

8. AGE: Years	Months	Days	If less than one day
38 37	11	3	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Glenn L. Martin

FATHER 12. Name Wm. O. Shook

13. Birthplace Md.

MOTHER 14. Maiden Name Mary Margaret McCarty

15. Birthplace Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 29 1940 (month) (day) (year)

(c) Cemetery or crematory Morland Park

Location Balto. Co. Md.

18 (a) Funeral director William Cook

(b) Address 1219 St. Paul St

19 (a) (Date rec'd by registrar) (b) Name of Hospital

MAR 28 1940 VS 1 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1940, at 7.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 26 1940, to March 26 1940, and that I last saw him alive on March 26 1940

Immediate cause of death Lobar Pneumonia — Duration 2 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. Murray Hebbeler M. D.

Address Balto City Hosp. Date signed 3-27-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67698 — CERTIFICATE OF DEATH — 93D — F 67698

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 5270 Park Heights Ave. Ward 27-18)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Thomas Joseph Smith — If U. S. Veteran specify WAR

(a) Residence: No. 5270 Park Heights Ave. Ward. S.S. 220-09-3599

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Emma V. Smith

6. DATE OF BIRTH (month, day, year): Oct 11th 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired - Construction Dept

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: C. & P. Tel Co.

10. Date deceased last worked at this occupation (month and year): 1935

11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (city or town) (State or country): Calvert Co. Md.

FATHER

13. NAME: Frederick Smith

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Katherine Pulse

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Emma V. Smith

(Address) 5270 Park Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Moreland Park Date: Mar 30th 1940

19. UNDERTAKER: William Cook

(Address) 1217 St. Paul St.

20. FILED 19 — Huntington for Williamson Bur.

MAR 28 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 26th, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1939 to Mch 26, 1940

I last saw him alive on Mch 26, 1940 Death is said to have occurred on the date stated above, at 4:55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myelomatosis	1 year

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? no Date of —

For what disease or injury? no

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Charles J. Mills M. D.

(Address) 5276 Park Heights Ave

OCCUPATION is very important. See instructions on back of certificate.

F 67699

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a Registered No. F 67699

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 733 N. Linwood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 77 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town.)
(d) Street No. 733 N. Linwood Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Catherine Dorothy McCullough.

3 (b) If veteran, name war — No
3 (c) Social Security Account No. — None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	widowed

6 (b) Name of husband or wife David McCullough
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 24. 1862

8. AGE: Years	Months	Days	If less than one day
77	8	2	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At Home.
11. Industry or business Housework

FATHER
12. Name Augusta White
13. Birthplace Germany

MOTHER
14. Maiden Name Dorothy Wittig
15. Birthplace Germany

16 (a) Informant David McCullough
(b) Address 733 N. Linwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 28 1940 (month) (day) (year)
(c) Cemetery or crematory Balto
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1219 St Paul st

MAR 28 1940 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 26 1940, at 6 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 4 1940, to Mar 26 1940, and that I last saw h alive on Mar. 25 1940.

Immediate cause of death	Duration
Chr. Myocarditis	1938
Due to	
Due to Chr. Interstitial Nephritis	1938
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Brown M.D.
Address 1663 N Monta Pl Date signed 3/26/40

67700

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

✓ F 67700

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 D
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 15 W Hill St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME ANNA ROGERS

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-09-6657

4. Sex: F

5. Color or race: Col

6 (a) Single, married, widowed, or divorced. WIDOWED

6 (b) Name of husband or wife Frank Rogers

6 (c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.) Feb 7th, 1898

8. AGE: Years 42 | Months 1 | Days 17 | If less than one day: hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Scrubbed floors

11. Industry or business Maryland Hospital

FATHER
12. Name Quary Scott
13. Birthplace Florence, South Carolina

MOTHER
14. Maiden Name Winnie - - - -
15. Birthplace Florence, South Carolina

16 (a) Informant Stephen - Charles Scott
(b) Address 727 Harford Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-28-40 (month) (day) (year)
(c) Cemetery or crematory Florence Cem 1940
Location South Carolina

18 (a) Funeral director Ernest Pree.
(b) Address 129 N Hanover St

MAR 28 1940
(Date rec'd by registrar)

19 (a) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25, 1940, at 4 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration: sudden

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. H. L. Wollenweber M.D.
Asst. Medical Examiner.
Date signed 3-26-40

F 67701 HEALTH DEPARTMENT—CITY OF BALTIMORE F 67701

CERTIFICATE OF DEATH

923

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 863 Harlem Ave. St., 17th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha L Lomax

If U. S. Veteran specify WAR .....

(a) Residence: No. 863 Harlem Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of John Lomax

6. DATE OF BIRTH (month, day, year) Nov 10th 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58 yrs.	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Anthony Belton

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Nancy Newman

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Edna Lee

(Address) 863 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Manassas Va Date Mar 28th 1940

19. UNDERTAKER Elroy O Wilson

(Address) 1000 Brantley Ave

20. FILED ..... 19.... Registrar.

MAR 28 1940

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26th 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 6th 1940 to Mar 28th 1940

I last saw her alive on May 24 1940 Death is said to have occurred on the date stated above, at 8.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 26th 1940
Other contributory causes of importance: Mitral Regurgitation of Heart	Heart disease

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry F. Brown M. D.

(Address) 1835 Madison Ave

OCCUPATION is very important. See instructions on back of certificate.

67702

✓ F 67702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 252 S. Bethel St
(c) Hospital or institution:

3-1

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 252 S. Bethel St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Spriggs

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4.7.1883

8. AGE: Years	Months	Days	If less than one day
56 57	11	17	hr. min.

9. Birthplace Baltimore Co Md.
(Town, county, and state)
10. Usual Occupation domestic.
11. Industry or business

FATHER
12. Name Richard Spriggs
13. Birthplace Md.

MOTHER
14. Maiden Name Marie Watkins
15. Birthplace Md.

16 (a) Informant Mrs. Goldie Brown
(b) Address 252 S. Bethel St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 28 40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Mt Winans

18 (a) Funeral director E C Wilson
(b) Address 1000 Beaumont Ave

19 (a) (b)

MAR 28 1940 Registrar Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/24 1940 at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/14 1940 to 19 .
and that I last saw h e v alive on 3/22 1940.

Immediate cause of death: Cardio-vascular-renal disease.
Duration: unknown

Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Raynor Browne M. D.
Address 1520 E. Madison St Date signed 3/27/40

Raynor Browne

F 67703

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X V 107

Registered No. F 67703

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Essex.
(If outside city or town limits, write RURAL and give town)
Street No. Mace & Upper Landing Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herman Gellert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 28, 1940

8. AGE: Years	Months	Days	If less than one day
		29	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Herman Conrad Gellert
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Pauline E Dietz
15. Birthplace Baltimore Co Maryland

16 (a) Informant Herman Conrad Gellert
(b) Address Essex Stemmers Run Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 29 1940 (month) (day) (year)

(c) Cemetery or crematory St Michaels Cemetery
Location Perry Hall. Md.

18 (a) Funeral director Essex Funeral Home.
(b) Address 7401 Belair Rd.

19 (a) (Date rec'd by registrar) (b) Thurston Williams M.D. Registrar

MAR 28 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-27 1940 at 4 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-27 1940 to 3-27 1940 and that I last saw him alive on 3-27 1940

Immediate cause of death	Duration
Bronchopneumonia (type undetermined)	2 Days
Due to Pleurisy with effusion Moderate	1 day
Other Conditions enlarged persisten thymus gland	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pneum. & Pleurisy & effus.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Kelmenson M. D.
Address St. Josephs Date signed 3-27-40

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 67704 F7688

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

159

F 67704 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver streets
(c) Hospital or institution:
St. Joseph's Hospital

27-7

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 min.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2926 Christopher Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Laval.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20, 1940

8. AGE: Years	Months	Days	If less than one day
6 hr. 10 min.			6 hr. 10 min.

9. Birthplace St. Joseph's Hospital (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Fulvio Marie Laval
13. Birthplace Italy

MOTHER
14. Maiden Name Lucille Dolores Iacobucci
15. Birthplace Cinn., Ohio

16 (a) Informant Hospital Records.
(b) Address St. Joseph's Caroline st.

17 (a) Holy Redeemer (Burial, cremation, or removal) Date thereof 3/28/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem. Location Belair Road Balto.

18 (a) Funeral director George E. Kuth Inc.
(b) Address 1735 Harford Ave.

19 (a) Date received MAR 28 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1940, at 3:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/20 1940, to 3/20 1940, and that I last saw him alive on 3/20 1940.

Immediate cause of death Prematurity 5 mo. — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. Anderson M. D.
Address St. Joseph's Hospital Date signed 3/29/40

67705

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93c

Registered No. F 67705

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1110 S.BAYLIS ST.
(c) Hospital or institution:

2659

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1110 S.BAYLIS ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LILLIAN AMRHEIN

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife PHILIP AMRHEIN

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 3 1879

8. AGE: Years	Months	Days	If less than one day
60	9 10	22	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business AT HOME

FATHER
12. Name THOMAS C.CHRISTENSEN
13. Birthplace DENMARK

MOTHER
14. Maiden Name LENA GEIST
15. Birthplace BALTO.MD.

16 (a) Informant OLIVE GAGNER DAUGHTER
(b) Address 1110 S.BAYLIS ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR.29/40 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN
Location EASTERN AVE EXT.

18 (a) Funeral director Selby & Zeilenhaus
(b) Address 403 S.WOLFE ST.
(c) MAR 28 1940 (Signature of registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR. 25 1940. at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased fr. 3-21 1940 to 3-25 1940.
and that I last saw alive on 19

Immediate cause of death	Duration
Rheumatic Cardiovascular Disease.	
Due to Myocardial failure	3-24-40
Due to	
Other Conditions None.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury E Aschenbrenner M.D.

23. Signature
Address 842 S. Eaton Date signed 3-27-40 M. D.

VS 1

F 67706

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

168 Registered No. F 67706

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 739 W. Lexington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Laspawskas (Lastauskas)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 15 1894

8. AGE: Years	Months	Days	If less than one day
55	5	8	hr. min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER 12. Name Alex Lastauskas

13. Birthplace Lithuania

MOTHER 14. Maiden Name Veiges Lutherina

15. Birthplace Lithuania

16 (a) Informant Vincent Lastauskas Bro.

(b) Address 1314 E. Main St. Rochester Minn.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/40 (month) (day) (year)

(c) Cemetery or crematory St Mathias

Location Baltimore Co.

18 (a) Funeral director Lilly & Zeiler Inc

(b) Address 403 S Monroe St.

(c) (Date received by local registrar) (b) Henrietta Williams, M.D. Registrar

MAR 28 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1940, at 11 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said .. find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Fractured skull	
Subdural Hemorrhage	
Due to Laceration of brain	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Major findings: Of operations Subtemporal decompression — subdural hematoma	
Of autopsy	

PHYSICIAN Underline the cause which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide?
(b) Date of occurrence 3/22/40
(c) Where did injury occur Mar 40 (City or town) Burgundy St (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Tavern (Specify type of place) While at work? No
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.
Date signed 3/24/40

F 67707

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 D

F 67707 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo 17 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1107 Argyle Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME AUGUST HANDY

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years 52 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Cordova Md. (Town, county, and state)

10. Usual Occupation Butler
11. Industry or business ? C A P

FATHER 12. Name ? ? ?
13. Birthplace

MOTHER 14. Maiden Name Alice Harris
15. Birthplace Md.

16 (a) Informant Charles Handy
(b) Address 1111 Argyle Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-28-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn

18 (a) Funeral director A. Halstead
(b) Address 918 Davis Hill Ave.

MAR 28 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1940, at 7 35 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Aortitis, syphilitic	
Due to	
Due to	
Other Conditions Stricture of prostate	
Wassermann? (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. W. Wallenmeyer Asst Medical Examiner. M.D.
Date signed 3-24-40

VS 6

67708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1318 ✓ Registered No. E 67708

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 926 Rutland Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 926 Rutland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME IDA MILLS

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	married

6 (b) Name of husband or wife Dr Mills
6 (c) If alive, give age 31 years

7. Birth date of deceased (mo., day, yr.) August 10, 1910

8. AGE: Years	Months	Days	If less than one day
29	8	16	____ hr. ____ min.

9. Birthplace Chester South Carolina
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business own home

FATHER
12. Name John Whitlock
13. Birthplace South Carolina

MOTHER
14. Maiden Name Hattie Hanna
15. Birthplace South Carolina

16 (a) Informant Husband; Dr Mills
(b) Address same address

17 (a) Burial (b) Date thereof 3/28/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Chester S. C.
(d) Funeral director Joseph D. Locke Jr
(b) Address 1304 N. Central Ave.

19 (a) 3-28-40 (b) Hunter Tor Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1940, at 5:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Chronic glomerulonephritis	4 years
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 3-26-40

3-28-40

V8 6

67709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. F 67709

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 107da.
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1131 May St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jennie Carter (49960)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	Married

6 (b) Name of husband or wife Frank
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/1/1903

8. AGE: Years	Months	Days	If less than one day
37	2	24	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James
13. Birthplace Virginia

MOTHER
14. Maiden Name Elizabeth Towson
15. Birthplace Virginia

16 (a) Informant Record
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Balto. Md.

18 (a) Funeral director Joseph S. Locke Jr.
(b) Address 1324 N. Central Ave

19 (a) MAR 28 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 25, 1940, at 2 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 8, 1939, to Mar. 25, 1940, and that I last saw her alive on Mar. 25, 1940.

Immediate cause of death	Duration
Tuberculosis of Larynx	1 yr
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Baltimore City Hos. Date signed 3/24/40

VS 3

67710 31 3908

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67710

CERTIFICATE OF DEATH

1318

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1318 Penna Ave St., 17-2 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Robinson

(a) Residence: No. 131 E. Penna Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mrs Lucy Robinson

6. DATE OF BIRTH (month, day, year): Dec 25 1871

7. AGE: 68 Years | Months 7 | Days 1 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Marble Polisher
10. Date deceased last worked at this occupation (month and year): Feb 1940
11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Not Known
14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER

15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: Mrs Lucy Robinson
(Address) 1318 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date May 29 1940

19. UNDERTAKER: Wm Brooks
(Address) 1437 N. Carey St

20. FILED: May 28 1940 Funeral Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 26, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1940 to March 26, 1940
I last saw him alive on March 26 1940 death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

1. Chronic Nephritis

Other contributory causes of importance:

Date of onset

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify.

(Signed) J. Stewart M. D.
(Address) 1318 Penna Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

67711

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 ✓ F 67711 Registered No. 11

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rochester Court Apts
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 D
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. Rochester Court Apts
(If rural give location)
(e) If foreign born, how long in U. S. A.? VV years

3 (a) FULL NAME Herman Seher

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Etta

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years 71 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Real Estate

11. Industry or business

FATHER 12. Name Herson Seher
13. Birthplace Russia

MOTHER 14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Etty Seher
(b) Address Rochester Court Apts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-28-40 (month) (day) (year)
(c) Cemetery or crematory Helen Trumpington Cem
Location Balto. & Pimlico Sts.

18 Funeral director Geo. Levin & Bro
(b) Address 2100 Eutaw Place

MAR 28 19 40 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION 55

20. DATE OF DEATH 3/27/40 19 , at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/19 1935, to 3/27 1940, and that I last saw him alive on 3/27 1940.

	Duration
Immediate cause of death: Coronary Thrombosis	3/25/40
Cerebral Embolus	3/25/40
Due to Diabetes	1930
General arteriosclerosis	1930
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H H Gunby M D M. D.
Address 2020 Eutaw Pl Date signed 3/27/40

67712

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

923

F 67712
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2205 Homewood Ave.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2205 Homewood Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Hebner Wells

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Femal	White	Married

6 (b) Name of husband or wife James Nelson Wells
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Feb. 5 - 1880

8. AGE: Years	Months	Days	If less than one day
60	1 —	23	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Conrad Hebner
13. Birthplace Germany

MOTHER
14. Maiden Name Rosetta Thament
15. Birthplace Baltimore, Md.

16 (a) Informant James Nelson Wells
(b) Address 2205 Homewood Ave.

17 (a) Burial (b) Date thereof 3/30/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Baltimore, Md

18 (a) Funeral director Chas. G. Black
(b) Address 742 W. North Ave.

MAR 28 1940
(Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MARCH 28, 1940 at 5:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1934 to MCH 27 1940, and that I last saw H.E.R. alive on MCH 27 1940.

Immediate cause of death	Duration
CORONARY OCCLUSION,	
Due to ORGANIC HEART DISEASE	6 YEARS.
Due to MITRAL INSUFFICIENCY	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John Rutherford M. D.
Address 2544 Greenmount Ave. Date signed 3/28/40

VS 3

Correct age if apparently improper. Physician: please write the causes of death clearly and legibly.

F 67713

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181

F 67713 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days) [illegible]

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 919 Granby St (If rural, give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME PETER CARLSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 5, 1852

8. AGE: Years	Months	Days	If less than one day
87	5	20	hr. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual Occupation old age pensioner

11. Industry or business

FATHER
12. Name [illegible]
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 28 '40 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Balto Md.

18 (a) Funeral director Frank H Seitz
(b) Address 844 N 36 St

19 MAR 28 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1940, at 4 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Burns, 1st, 2nd, 3rd degree, Left side of body — Duration 2 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence March 25, 1940
(c) Where did injury occur? 919 Granby St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? [illegible]
(e) Means of injury fell over oil stove

23. Signature H. X. Williams M.D.
Coroner Medical Examiner.
Date signed 3-25-40

Home 2nd floor

F 67714

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 117B

F 67714 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hosp 16-7
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2800 Winchester St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry K. Wheeler

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-0319

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lillie M. Wheeler
6 (c) If alive, give age: 51 years

7. Birth date of deceased (mo., day, yr.): March 5, 1888

8. AGE: Years: 52 | Months: 0 | Days: 22 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: Buyer - Salesman

11. Industry or business: Daniel Miller Co.

FATHER
12. Name: John F. Wheeler
13. Birthplace: Baltimore, Maryland

MOTHER
14. Maiden Name: Annie Klohr
15. Birthplace: Baltimore County, Maryland

16 (a) Informant: Mrs. Lillie M. Wheeler
(b) Address: 2800 Winchester Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/40 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn Cemetery
Location: Woodlawn, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons.
(b) Address: North & Pa. Avenues

19 MAR 28 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3-27 1940, at 9:56 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-26 1940, to 3-27 1940, and that I last saw him alive on 3-27 1940.

	Duration
Immediate cause of death: Cardiac Collapse	6 hours
Due to: Intestinal Obstruction	1 week
Due to: Abdominal Adhesions	10 days
Other Conditions: Duodenal Ulcer	9 years

(Include pregnancy within 3 months of death)

Major findings:
Of operation: Duodenal Ulcer
Of autopsy: Intestinal Obstruction

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: John M. Hunt M. D.
Address: Md. Gen. Hosp Date signed 3-27-40

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 67715

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 67715 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2709 Allendale Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2709 Allendale Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME ADELIA C LORSCHAEIDER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 23, 1842

8. AGE: Years	Months	Days	If less than one day
97	3	13	hr. min.

9. Birthplace Jackson, Mich
(Town, county, and state)

10. Usual Occupation none
11. Industry or business

FATHER
12. Name — Randall
13. Birthplace New York

MOTHER
14. Maiden Name Fuerstin Palmer
15. Birthplace New York.

16 (a) Informant Mrs J H Hough
(b) Address same address.

17 (a) Burial (b) Date thereof 3-28-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore Md

18 (a) Funeral director Wm Tschan Son
(b) Address 1040 N. Pa. Ave.

19 (a) (Date rec'd by registrar) MAR 28 1940 (Huntington Williams, M.D.)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1940, at 7 45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said ~~inquest~~ (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Arteriosclerotic heart disease — Duration: sudden
Due to
Due to
Other Conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J H Wallenmeyer M.D.
Medical Examiner.
Date signed 3-28-40

VS 6

67716

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a Registered No. F 67716

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3128 Keswick Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANNA FRYE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	widow

6 (b) Name of husband or wife Joseph M. Frye
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 2, 1866

8. AGE: Years	Months	Days	If less than one day
73	5	23	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant John Frye
(b) Address 3128 Keswick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 28 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Maryland

18 (a) Funeral director Chenowith and Donovan
(b) Address 3615-17 Chestnut Ave.

19 (a) MAR 28 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

12

20. DATE OF DEATH March 25 1940, at 12 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said inquiry find that said deceased came (Autopsy or Inquiry) to her death on the day stated above.

Immediate cause of death	Duration
Pneumonia, hypostatic	terminal
Due to Fracture, left femur	2 wks
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb. 5, 1940
(c) Where did injury occur? 3128 Keswick Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work?
(e) Means of injury fell down stairs, 2nd fl

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 3-27-40

67717

HEALTH DEPARTMENT—CITY OF BALTIMORE

67717

CERTIFICATE OF DEATH

93D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2840 N. Cold Spring Lane St., 15-13 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 9 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Herman

If U. S. Veteran specify WAR .....

(a) Residence: No. 2840 N. Cold Spring Lane St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Ida E. Herman

6. DATE OF BIRTH (month, day, year): March 22-1875

7. AGE — Years: 65 — Months: — Days: 4 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: R.R. Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Rail Road -

10. Date deceased last worked at this occupation (month and year): 1931

11. Total time (years) spent in this occupation: 40 yrs.

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Charles Herman

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Wilhemina Kempke

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: John Herman

(Address) 2840 N. Cold Spring Lane

18. BURIAL, CREMATION, OR REMOVAL: Forwarded PK Cem. 3/29/40

19. UNDERTAKER: Ellis S. White

(Address) 2840 Cold Spring Lane

FILED MAR 28 1940 19.... Hunting for Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/26/40

22. I HEREBY CERTIFY, That I attended deceased from 2/24 19 40 to 3/27 19 40

I last saw him alive on 2/24/40 Death is said to have occurred on the date stated above, at 8.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hypertension	
2 Arteriosclerosis	
Cerebral Hemorrhage	3/24/40.
Other pathological conditions contributing:	
Chronic Myocarditis	3/26/40
(myocarditis insufficiency)	

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, what? .....

(Signed) H. H. Carden M. D.

(Address) 1517 N. Monkton

OCCUPATION is very important. See instructions on back of certificate.

VS 3

28 1940

HHC

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a Registered No. E 67718

67718

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 922 W. Mulberry St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Arthur Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years	Months	Days	If less than one day
47			hr. ..... min.

9. Birthplace Balto - md (Town, county, and state)

10. Usual Occupation Odd Jobs

11. Industry or business

FATHER 12. Name Charles Wilson

13. Birthplace Annapolis - md

MOTHER 14. Maiden Name Josephine —

15. Birthplace md

16 (a) Informant Raymond Wilson

(b) Address 922 W. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-30-40 (month) (day) (year)

(c) Cemetery or crematory Arbutus Memorial

Location .....

18 (a) Funeral director Mrs Hattie R. Williams

(b) Address 322 N. Schroeder St.

19 (a) 20 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-26-1940 at 11.50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-24-1940 to 3-26-1940 and that I last saw him alive on 3-26-1940.

Immediate cause of death	Duration
Arterio-sclerotic Heart Disease	
Cardiac Hypertrophy	
Due to Mitral Insufficiency	?
Due to Chr Interstitial Nephritis.	?
Other Conditions Uremia + Hypertension (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy None.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature C. F. Mahoney M.D.
Address Provident Hospital Date signed 3/26/40

(over)

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

67719

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133 Registered No. F 67719

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 315 N. Fremont Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Juanita Monger (52079)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/7/25

8. AGE: Years	Months	Days	If less than one day
14	10	18	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation School
11. Industry or business

FATHER
12. Name Major Monger (Foster)
13. Birthplace Ga.

MOTHER
14. Maiden Name Nancy Offord (Foster)
15. Birthplace Ga.

16 (a) Informant Hospitals Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof Mar 29, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St
19 (a) (Date rec'd by registrar) (b) Huntington Williams

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 25, 1940, at 6:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 19, 1940 to Mar. 25, 1940, and that I last saw her alive on Mar. 25, 1940.

Immediate cause of death Pulmonary Tuberculosis
Due to Tuberculosis of the meninges
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration January 1940 over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Salerni M. D.
Address Baltimore City Hos. Date signed 3/25/40

67720

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a

F 67720 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 121 W West St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 3 1
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 121 W. West St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME WILLIAM GRIFFIN

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	— no.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	married - wf.

6 (b) Name of husband or wife Bella Griffin
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) ? 1889

8. AGE: Years	Months	Days	If less than one day
51			hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Plasterer
11. Industry or business own homes

FATHER
12. Name John Henry Griffin
13. Birthplace Eastern Shore Md

MOTHER
14. Maiden Name Mildred Robinson
15. Birthplace Fredericksburg Va.

16 (a) Informant Nellie Gibbs, wife
(b) Address 121 W West St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Mar. 29 1940 (month) (day) (year)
Cemetery or crematory Mt Zion Cem.
Location

18 (a) Funeral director Kate P. Williams
(b) Address 3229 W. Lafayette St

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1940, at 11 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Uremia	
Due to uremic retention	
Due to Hypertrophy prostate	
Other Conditions Stricture, urethra	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Williams M.D.
Medical Examiner.
Date signed 3-26-40

67721

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 67721

95C Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 801 Orleans St
(c) Hospital or institution: Baltimore City Jail
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 224 County St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Patterson

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Sterling Patterson
6 (c) If alive, give age: ? years
7. Birth date of deceased (mo., day, yr.): January 1908
8. AGE: Years 32 | Months 2 | Days | If less than one day ... hr. ... min.
9. Birthplace: Maryland (town, county, and state)
10. Usual Occupation: housework
11. Industry or business

FATHER
12. Name: Walter Black
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Caroline Brown
15. Birthplace: Maryland

16 (a) Informant: Mary Shipley (Sister)
(b) Address: 238 Colvin St.
17 (a) Buried (Burial, cremation, or removal) (b) Date thereof: May. 28-40 (month) (day) (year)
(c) Cemetery or crematory: Mt Zion Cemetery
Location:
18 (a) Funeral director: Katie R. Williams
(b) Address: 322 N. Schroeder St
19 (a) Date rec'd by registrar: May 28 1940 (b) Registrar: Huntington Williams M.D.

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1940, at 2:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/17/1940 to 3/25/1940, and that I last saw h.er alive on 3/24/1940.

Immediate cause of death	Duration
Acute Circulatory Failure	Short Time
Due to Acute Cardiac Dilatation	Unknown
Due to Unknown.	
Other Conditions Pertinent Abnormal Pregnancy	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature: Thomas J. Mish M. D.
Address: Baltimore City Jail Date signed: 3/27/40

Correct if incomplete, illegible or especially important. Physicians: please write the causes of death clearly and legibly.

F 67722 X F 67722

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md. 12-6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2yr8mo
(e) Length of stay in Baltimore (yrs., mos., or days) 2yr.8mo.17da.

2. USUAL RESIDENCE OF DECEASED:
(a) State New Jersey (b) County
(c) City or town Jersey City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 64 York Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nils RASTAD

3 (b) If veteran, name war	3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife Sadie Conley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16, 1886

8. AGE: Years	Months	Days	If less than one day
53	10	9	hr. min.

9. Birthplace Aalesund, Norway
(Town, county, and state)
10. Usual Occupation Engineer-Tug DAUNTLESS
11. Industry or business Seafaring

FATHER
12. Name Trond Rastad
13. Birthplace Aalesund, Norway.

MOTHER
14. Maiden Name Inger Vestad
15. Birthplace Aalesund, Norway.

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 29-40 (month) (day) (year)
(c) Cemetery or crematory St Marys
Location Hamden

18 (a) Funeral director A Reilly Slade
(b) Address 4907 York Road.

19 MAR 28 1940 (b) Huntington Williams, M.D.
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25, 1940, at 3:15PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 9, 1937, to Mar. 25, 1940, and that I last saw h im alive on Mar. 25, 1940.

Immediate cause of death	Duration
Pulmonary tuberculosis	6 Yrs.
Tuberculous pleuritis	6 Yrs.
Due to Pneumothorax	6 Yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Pneumothorax-artificial left & right- Pharacentesis
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Bryant M. D.
Address Date signed

Please answer all questions, using words. Do not use ditto marks. If unknown, state so. Please write the cause of death clearly and legibly.

F 67723

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 67723 Registered No. 779

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day 3 1
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 319 S. Spring St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	?

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? ?

8. AGE: Years	Months	Days	If less than one day
67 ?	?	?	hr. min.

9. Birthplace ? (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

JOHNS HOPKINS MEDICAL SCHOOL MAR 29 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) MAR 28 1940 (b) Burial Permit No. 4450
(Date rec'd by registrar)

Hearing for William Robinson

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1940, at 1:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 22 1940, to March 23 1940, and that I last saw him alive on March 23 1940.

Immediate cause of death	Duration
generalized arteriosclerosis	unknown.
Due to	
Due to	
Other Conditions Alcohol addiction and hypertension (Include pregnancy within 3 months of death)	unknown.

Major findings:
Of operations
Of autopsy not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M Wagle Lebedeff M. D.
Address Balto City Hosp. Date signed 3-26-40

MB

67724

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 67724
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 yrs., 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2551 Florence St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martha Grimes

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Widowed

6 (b) Name of husband or wife William (dead)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? 1852 ?

8. AGE: Years	Months	Days	If less than one day
88 ?	?	?	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business

FATHER
12. Name William Bright
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary ?
15. Birthplace Virginia

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAR 28 1940

18 (a) Funeral director Commissioner of Health
(b) Address For H. A. Moore

19 (a) (Date received by local registrar) (b) Hunting to Williamsport

MAR 28 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1940, at 12 30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 5 1932, to March 23 1940, and that I last saw her alive on March 23 1940.

Immediate cause of death Arteriosclerotic Heart Disease — Duration unknown

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(c) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 3-28-40

F 67725

F 67725

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1503 N Caroline St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 6
(e) Length of stay in Baltimore (yrs., mos., or days) 78

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town ..... (If outside city or town limits, write RURAL and give town)
(d) Street No. 1503 N Caroline St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** Elizabeth J Still

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem.	White	Married

6 (b) Name of husband ~~or wife~~ Theophilus Still
6 (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) Oct 3rd 1859

8. AGE: Years	Months	Days	If less than one day
80	5	24	..... hr. ..... min.

9. Birthplace Philadelphia Penn (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Whinery
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Watson
15. Birthplace Md

16 (a) Informant Theophilus
(b) Address 1503 N Caroline St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location Frederick Road City

18 (a) Funeral director Geo W Gabrilling
(b) Address 1124-1126 E Monument St

MAR 28 1940 (Registrar) Huntington Williams M.D. (Registrar)

VS 8

MEDICAL CERTIFICATION

20. **DATE OF DEATH** March 27 1940, at 7.20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 7 1940, to March 27 1940, and that I last saw her alive on March 27 1940.

Immediate cause of death	Duration
Bronchopneumonia	6 days.
Due to Intercurrent Bronchitis.	
Due to	
Other Conditions Arteriosclerosis Cum myocarditis.	7.

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Hyde M. D.
Address 1100 Park Ave Date signed 3/27/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

67726

F 67726

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 82

Registered No. .....

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3022 Pinewood ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 S

(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

(c) City or town 2 (If outside city or town limits, write RURAL and give town)

(d) Street No. 3022 Pinewood Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME William R. Burckhead Sr.

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Lucy M. Burckhead

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec. 22. 1866

8. AGE: Years 73 | Months 3 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Samuel Burckhead

13. Birthplace Calvert Co. Md.

MOTHER 14. Maiden Name Elizabeth Sparmstedt

15. Birthplace Md.

16 (a) Informant Wm. R. Burckhead

(b) Address 3022 Pinewood ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-30-40 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Annapolis Blvd.

18 (a) Funeral director Margaret J. Flynn

(b) Address 1422 Light St

19 (a) MAR 28 1940 (Registrar) Mattie [illegible] Registrar

(b) [illegible] of Vital Statistics

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1940, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 20 1940, to March 27 1940, and that I last saw h[illegible] alive on March 27 1940.

Immediate cause of death (a) C. Myelitis — Duration: 1 week

Due to ..... — Duration: over

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ✓

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature J. S. Harding M.D.

Address 4810 Belair Rd Date signed 3/27/40 M. D.

Dec 5643

53973-FD

F 67727

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 67727

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs.

12-5

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1713 St. Paul St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — — — years

3 (a) FULL NAME Michael Connelly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Divorced

6 (b) Name of husband or wife Jennie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-1-1878

8. AGE: Years	Months	Days	If less than one day
62	2	26	hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation WPA Laborer

11. Industry or business

FATHER
12. Name John Connelly
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Cassey
15. Birthplace New York

16 (a) Informant B.V.H. Records
(b) Address

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/29/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Frederick Road & Augusta Ave.

18 (a) Funeral director H. B. Mears and Son
(b) Address 865 N. Calvert Street

19 (a) MAR 28 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1940, at 10:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 21 1940 to March 27 1940, and that I last saw him alive on March 27 1940.

Immediate cause of death: Lobar Pneumonia — Duration: 12 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Balto. City Hosp. Date signed 3-27-40

VS 3

Use ink. Entries must be made on all lines. If none, write none. If unknown, state so. Do not abbreviate. Statements must agree. Physicians: please write the causes of death clearly and legibly. Be sure age is especially important. Please write plainly.

F 67728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1313 Registered No. F 67728

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland Homewood Apartments

(b) Street address Charles & 31st Streets

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-2

(e) Length of stay in Baltimore (yrs., mos., or days) 71 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County --------

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Charles & 31st Sts. (If rural give location)

(e) If foreign born, how long in U. S. A.? ----- years

3 (a) FULL NAME Mary Carroll Lyons

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ William R. Lyons

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) November 18, 1868

8. AGE: Years	Months	Days	If less than one day
71	4	119	hr. --- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business ----

FATHER 12. Name James Carroll

13. Birthplace Ireland

MOTHER 14. Maiden Name Esther Ann Grub

15. Birthplace Virginia

16 (a) Informant Miss Eleanor C. Lyons

(b) Address Homewood Apartments

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/30/40 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Cathedral

Location Frederick Road & Augusta Ave.

18 (a) Funeral director H. U. Mears & Son

(b) Address 805 N. Calvert Street

MAR 28 1940 (Date rec'd by registrar) (b) Filed by [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27th 1940, at 5:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 8th 1940, to March 27 - 1940, and that I last saw h~~er~~ alive on March 26th 1940.

Immediate cause of death	Duration
Suppurative Pneumonia	5 days
Cerebellar Fibrillation	10 days
Due to	
Due to	
Other Conditions Chronic Nephritis	1 year

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. T. Shutter M. D.

Address 300 N. Calvert St Date signed March 28/40

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 67729 — 163 H — Registered Number F 67729

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 432 S Grundy St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 432 Grundy St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME ALFRED E KILBOURNE

3 (b) If veteran, name war: World War

3 (c) Social Security Account No. 216-14-3180

4. Sex: M

5. Color or race: W

6 (a) Single, (Married) widowed, or divorced.

6 (b) Name of husband or wife: Agnes Kilbourne

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7 1865

8. AGE: Years 74 | Months 6 | Days | If less than one day: hr min

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business

FATHER
12. Name Alfred E Kilbourne
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Baltimore Md

16 (a) Informant Agnes Kilbourne
(b) Address 1634 Kilbourn Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 30 40 (month) (day) (year)
(c) Cemetery or crematory Union Cem
Location Baltimore Md

18 (a) Funeral director Wilson Co
(b) Address 1210 E Lone St

19 MAR 28 1940 (b) Filed by Registrar Huntington Williamson M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1940, at 6:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Illuminating gas poisoning.
Due to Suicide
Due to Mental depression.
Other Conditions
(Include pregnancy within 3 months of death)

Duration:

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence March 27, 1940
(c) Where did injury occur? 432 Grundy St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Illuminating gas from oven + heater

23. Signature [illegible] M.D.
Medical Examiner
Date signed 3-27-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67730 — CERTIFICATE OF DEATH 923 — F 67730

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4205 Oakford Ave. 28 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Bell Thomas

If U. S. Veteran specify WAR .....

(a) Residence: No. 4205 Oakford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. COLOR OR RACE: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Thomas

6. DATE OF BIRTH (month, day, year) ? ?

7. AGE: Years: About 74 | Months: | Days: | If LESS than 1 day, ... hrs. or ... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Westmoreland Co Va

FATHER

13. NAME: Wallace Bowling

14. BIRTHPLACE (city or town) (State or country): St Marys Co Md

MOTHER

15. MAIDEN NAME: Frances Ellen Coleman

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Mrs Francis Gill

(Address) 4205 Oakford Ave

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park March 29 19 40

19. UNDERTAKER: William Cook

(Address) 1217 Park Ave

FILED MAR 28 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1940 to March 27, 1940

I last saw her alive on March 26, 1940 Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation (Indefinite)	
Other contributory causes of importance:	
Acute dilatation of heart	3/26/40

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. R. T. Campbell M. D.

(Address) 1644 Hanover St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67731 — CERTIFICATE OF DEATH — 95C F 67731

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5608 Fair Oaks Ave St. 27-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Dodge Wittmer

If U. S. Veteran specify WAR .....

(a) Residence: No. 5608 Fair Oaks Ave St., Hamilton Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
Female	White	Widowed

3a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Jacob H. Wittmer

6. DATE OF BIRTH (month, day, year) Sept 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME (Unknown) Lyon

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT C. J. O'Connor

(Address) 1702 Bolton St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Mar 29 1940

19. UNDERTAKER Wm Cook

(Address) 1217 E. Paul St

20. FILED MAR 28 1940 Huntington Williams, M.P. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 27th, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1940, to March 27th, 1940.

I last saw h.e. alive on March 26th, 1940 Death is said to have occurred on the date stated above, at 4:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	Jan
Aortic Failure	1940
Generalized Arteriosclerosis	years
Other contributory causes of importance:	
Bronchio-Pneumonia	Feb 1940

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hamilton L. Brown M. D.

(Address) 1938 Linden Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 3

F 67732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a Registered No. F 67732

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 318 Hoshester ave
(c) Hospital or institution:

12-2

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Entire life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Guilford Homewood apts (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Harriet Johnson Wiggins

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: ✓
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug. 26, 1871
8. AGE: Years 68 | Months 7 | Days 1 | If less than one day: hr. min.
9. Birthplace Harford Co. Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John W. Wiggins
13. Birthplace Harford Co. Maryland

MOTHER
14. Maiden Name Harriet Elphant
15. Birthplace Harford Co. Maryland

16 (a) Informant Ruth Wiggins
(b) Address Guilford Homewood apts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 30 '40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director Smith
(b) Address 1 W Lanvale St

MAR 28 1940

19 (a) (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-27-1940, at 8 [illegible] P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquest Inquiry find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to arterio sclerosis	
Due to Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed 3-28-40

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

67733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No. 67733

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 Caton Avenue
(c) Hospital or institution: Jenkins Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) all 2 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Catonsville Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 113 Melvin Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME James A. Holden

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept. 2 1856

8. AGE: Years	Months	Days	If less than one day: hr.	min.
83	6	24		

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name James C. Holden
13. Birthplace Annapolis, Md.

MOTHER
14. Maiden Name Prudence A. Logsdon
15. Birthplace Not Known

16 (a) Informant Jenkins Mem. Hospl
(b) Address 1000 Caton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/40 (month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location Old Frederick Road

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC'Y) 108 W. MOUNT AVENUE Huntingdon Woodlawn, Md.

19 (a) MAR 28 1940
Registered in District No. ..... Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1940, at 4 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1940, to Mar. 26 1940 and that I last saw h/m alive on Mar. 26 1940.

Immediate cause of death	Duration
Coronary Occlusion	
Due to Arteriosclerosis	
Due to	
Other Conditions Chr. Arthritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations -
Of autopsy -

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles V. Lewis M. D.
Address Jenkins Memorial Hosp Date signed 3-26-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 67734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. F 67734

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3308 Ellerslie Ave

(c) Hospital or institution: Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore City

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 3308 Ellerslie Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Ella Stayen

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: October 19 1875

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 64 | Months 5 | Days 8 | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation School Teacher

11. Industry or business Balto. Public Schools

FATHER

12. Name Eberhard Stayen

13. Birthplace Germany

MOTHER

14. Maiden Name Jane Paddington

15. Birthplace West Indies

16 (a) Informant Mrs Jenny S. Stayen (sister)

(b) Address 3308 Ellerslie Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar-29-40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto Md.

18 (a) Funeral director STEWART & MOWEN COMPANY

(b) Address (H. E. MOWEN SUC.) 108 W. NORTH AVENUE

19 (a) MAR 28 1940 (Date rec'd by registrar) Huntington Willi[illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1940 at 9.25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 21 - 1940 to March 27 1940 and that I last saw h[illegible] alive on March 26 1940

Immediate cause of death: Cardiac decompensation — Duration 10 Days

Due to: Cardio vascular hypertension disease — ?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature George Morris

Address 2435 Mary Land Ave Date signed 3/28/40

M. D.

VS 3

67735

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

F 67735
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 213 S. Ann St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Mrs. Ella Bruff
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec. 18, 1855
8. AGE: Years 84 | Months 3 | Days 19 | If less than one day ... hr. ... min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Kemp Bruff
13. Birthplace Md.

MOTHER
14. Maiden Name Margaretta Jane Bevins
15. Birthplace Md

16 (a) Informant Rev. W. H. Litzinger
(b) Address 1503 Mt. Royal Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 30, 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Druid Ridge
Location Pikesville, Md.
18 (a) Funeral director John J. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place, Balto.
19 (a) [illegible] (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-28 1940, at 1:27 AM
21. I certify that death occurred on the date above stated; that I attended deceased from 2-11 1940 to 3-28 1940 and that I last saw her alive on 3-28 1940

Immediate cause of death	Duration
Chronic myocarditis	
Due to	
Due to	
Other Conditions, Irregular Febrile action (include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature L. C. Post M. D.
Address M. Gen. Hosp. Date signed 3-28-40

VS 3

PERSON WHO FURNISHES, WITH UNDERSTANDING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

67736

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 67736
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 712 Cathedral St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM B. ATHEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-19-79

8. AGE: Years	Months	Days	If less than one day
60 61	—	7	hr. min.

9. Birthplace Alexandria, Va (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Thomas B. Athey
13. Birthplace Virginia

MOTHER
14. Maiden Name Sarah Ella Price
15. Birthplace Alexandria, Va

16 (a) Informant Mrs. F. Burch Athey
(b) Address Severna Park, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Frederick Ave. Baltimore, Md.

18 (a) Funeral director John D. Mitchell Funeral Home
(b) Address 1900 Eutaw Place

19 (a) MAR 28 1940 (Date rec'd by registrar) (b) Thursday Wilkens Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1940, at 5:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 23 1940, to Mar 26 1940, and that I last saw him alive on Mar 26 1940.

Immediate cause of death	Duration
Myocardial failure	
Due to Gen arteriosclerosis C.V.D.	1926
Due to	
Other Conditions Angina pectoris	1933

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John F. Carahan M. D.
Address Church Home & Inf. Date signed 3-26-40

VS 3

Please write plainly, with INDELIBLE INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

67737 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 67737

CERTIFICATE OF DEATH ✓ 1313

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Wyman Park Apts. St. 13-7 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Gertrude Coe Neiberger

If U. S. Veteran specify WAR .....

(a) Residence: No. Wyman Park Apts. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. E. Neiberger

6. DATE OF BIRTH (month, day, year) June 16, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Proctor Coe

14. BIRTHPLACE (city or town) (State or country) N. Y. State

MOTHER

15. MAIDEN NAME Mary Carney

16. BIRTHPLACE (city or town) (State or country) N. Y. State

17. INFORMANT Mrs. Raymond E. Lenhard
(Address) 217 St. Dunstan's Road

18. BURIAL, CREMATION, OR REMOVAL
Place Bloomington, Ill. Date March 28, 1940

19. UNDERTAKER John O. Mitchell & Sons, Inc.
(Address) 1900 Eutaw Place, Baltimore

FILED ... 19... Registrar.

MAR 28 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from August 10, 1939 to March 25, 1940

I last saw ~~her~~ alive on March 27 1940 Death is said to have occurred on the date stated above, at 2:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3/19/40

Other contributory causes of importance:

Cerebral hemorrhage	8 yrs.
Coronary disease	2/15/37

Was an operation performed? ... Date of ...

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) C. Stevens Bond M. D.
(Address) 104 W. Madison St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

375873
67738

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 513

Registered No. F 67738

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N J (b) County
(c) City or town Atlantic City (If outside city or town limits, write RURAL and give town)
(d) Street No. 37 S. Iowa Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Castelberg

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	MARRIED

6 (b) Name of husband or wife Adelaide
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-3-58

8. AGE: Years	Months	Days	If less than one day
81	9	24	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Jacob Castelberg
13. Birthplace N Y

MOTHER
14. Maiden Name Emma Rodberg
15. Birthplace N Y

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/28/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Salem Fields
Location Kings Co. Brooklyn, N.Y.

18 (a) Funeral director David Lendheim & Son
(b) Address 1202 Eutaw Place

19 MAR 28 1940 (Date received by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR - 27 1940, at 10 55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20 1940, to MAR 27 1940, and that I last saw him alive on MAR 27 1940.

Immediate cause of death: Cardiac failure — Duration: Few hours
Due to: Cachexia & malnutrition
Due to: Carcinoma of prostate
Other Conditions: Advanced arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Carcinoma of prostate
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James H. Lemmon M. D.
Address Johns Hopkins Hospital Date signed 3/27/40

PLEASE WRITE ... correct age is especially important. Physician ...

VS 3

67780

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 Registered No. F 67739

PLACE OF DEATH:

1) Baltimore City, Maryland

2) Street address 4008 Parkwood ave

3) Hospital or institution:

4) Length of stay in hospital or inst. (yrs., mos., or days) 2 yr 1

5) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 4008 Parkwood ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert M. White

3 (b) If veteran, name war No. | 3 (c) Social Security Account No. No.

4. Sex Male | 5. Color or race Wh. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Jennie

(c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Mar 20 1854

8. AGE: Years 85 | Months 4 | Days 7 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business Ban. Maker

MOTHER / FATHER

12. Name John White

13. Birthplace Balto.

14. Maiden Name Mary Jane ?

15. Birthplace Balto

16 (a) Informant Elizabeth Schubart

(b) Address 4008 Parkwood ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 30 40 (month) (day) (year)

(c) Cemetery or crematory Garland Park

Location Taylor ave

18 (a) Funeral director Martin H. E. Dippel

(b) Address 37 S. Amm St

19 (a) MAR 28 1940 (b) Huntington Williamson, Md

VS 3

MEDICAL CERTIFICATION 46

20. DATE OF DEATH March 27 1940 at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1939 to March 27 1940 and that I last saw him alive on March 20 1940.

Immediate cause of death Hypostatic Pneumonia — Duration March one 1940

Due to

Due to Carcinoma of Pancreas — 4 months

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature William J. Ryan MD

Address 801 Cathedral Date signed 3/29/40

Please correct age is especially important

57740

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 67740

Registered No. 94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 001
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 303 S Madeira st.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLES SMITH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25 - 1887

8. AGE: Years 53 | Months 0 | Days 1 | If less than one day: hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John Smith
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine ?
15. Birthplace Baltimore Md

16 (a) Informant Mrs Edith Fuidge - sister
(b) Address 1311 Cambria St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 29 40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Philip Herwig Sons
(b) Address 2016 Orleans St.

19 (a) MAR 28 1940 (Date received by registrar) Hunter Stor Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1940, at 5 50 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death: Coronary occlusion — Duration: sudden

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.

Date signed 3-26-40

PLEASE WRITE PLAINLY. Physicians: please correct age is especially important.

67741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95B

Registered Number 67741

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument and Rutland
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 16 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel Co.
(c) City or town Jessup
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7-5
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Bernadine O'Neill

3 (b) If veteran, name war No.
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Robert L. O'Neill
6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.): May 20 1906

8. AGE: Years 33 | Months 10 | Days 6 | If less than one day: hr. ____ min.

9. Birthplace: Pittsburg, Penna. (Town, county, and state)
10. Usual Occupation: Home Wife
11. Industry or business: Own Home

FATHER
12. Name: Joseph A. Benke
13. Birthplace: Germany

MOTHER
14. Maiden Name: Irene E. Schneeberg
15. Birthplace: Pittsburg Penna.

16 (a) Informant: Robert L. O'Neill
(b) Address: Jessup Md.

17 (a) Burial: O'Neill (Burial, cremation, or removal) (b) Date thereof: Mar. 29 1940 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral Cem.
Location: Baltimore Md.

18 (a) Funeral director: Easton Sons
(b) Address: Great Falls Md.

19. Date received: MAR 28 1940 (By City Registrar) (By) Huntington Williams, M.D. Registrar

PLEASE WRITE ... correct age is especially important. Physicians, ...

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-26 1940, at 7A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-10 1940 to 3-26 1940, and that I last saw her alive on 3-25 1940

Immediate cause of death: Cardiac failure — Duration: 5 weeks
Due to: Rheumatic heart disease — 10 years
Due to: ____
Other Conditions: ____
(Include pregnancy within 3 months of death)
Major findings:
Of operations: ____
Of autopsy: ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: ____
(b) Date of occurrence: ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury: ____

23. Signature: [illegible] M. D.
Address: Sinai Hospital Date signed: ____

VS 8

742

BALTIMORE CITY HEALTH DEPARTMENT 62758 SD F 67742

CERTIFICATE OF DEATH 939

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town) No Home
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arch Currie

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1861

8. AGE: Years	Months	Days	If less than one day
78	7	14	hr. min.

9. Birthplace Mississippi (Town, county, and state)
10. Usual Occupation None - on relief
11. Industry or business

FATHER
12. Name John
13. Birthplace Texas

MOTHER
14. Maiden Name Evelyn Stone
15. Birthplace Arizona

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/40 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Germantown Rd. Poca

18 (a) Funeral director John J. Fahey Sons
Address 1318 Eutaw St.

19 (a) MAR 28 1940 (Date received by registrar) (b) Huntington Williams, M.D.

VS 8

PLEASE WRITE PLAINLY. Physicians: please correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-23- 1940, at 9:48 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-10- 1940, to 3-23- 1940 and that I last saw h[illegible] alive on 3-23- 1940

Immediate cause of death Bronchopneumonia — Duration 2 days

Due to Generalized arteriosclerosis ? Interstitial Nephritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Gen. arteriosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murray Hebb M. D.
Address Balto City Hosp. Date signed 3-28-40

743 61393-FD

F 67743

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133a

Registered No.

PLACE OF DEATH:

1. (a) Baltimore City, Maryland
   (b) Street address 4940 Eastern Ave.
   (c) Hospital or institution: Balto. City Hospitals
   (d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo. 27 ds.
   (e) Length of stay in Baltimore (yrs., mos., or days) life

10-1

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1121 Somerset St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** John B. White

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-11-1863

8. AGE: Years	Months	Days	If less than one day
76	10	15	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation supported by step nephew
11. Industry or business

FATHER
12. Name William T. White
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth
15. Birthplace Md.

16 (a) Informant B.V.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 29. 1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Winkfield
(b) Address 914 Greenmount Ave

19 (a) (Filed by registrar) (b) Huntingtown Williams Md

MAR 28 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1940, at 9.00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mch. 29 1939 to March 26 1940, and that I last saw him alive on March 26 1940.

Immediate cause of death Pyelonephritis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Emmanuel Salsbury M. D.
Address Balto City Hosp. Date signed 3-26-40

PLEASE correct age is especially important

7744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 67744
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 132 W. Clement
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto. City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 132 W Clement St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Harry E Smith

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower.

6 (b) Name of husband or wife Katherine Smith
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jun. 25, 1865

8. AGE: Years 75 | Months 9 | Days 2 | If less than one day: ____ hr. ____ min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation Retired. B.T.O.
11. Industry or business Engineer.

FATHER
12. Name John Smith
13. Birthplace Md

MOTHER
14. Maiden Name Dorothy Brown
15. Birthplace Md

16 (a) Informant Mrs Mary E Miller
(b) Address 132 W. Clement St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 30 1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md

18 (a) Funeral director A. Edward Evans
(b) Address 1420 N. Charles St

MAR 19 (a) 28 1940 (Date of death) (b) Harding for Williams, M.D. (Physician or coroner)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 27 1940 at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/27 19 40 to 3/27 19 40
and that I last saw him alive on 3/27 19 40

Immediate cause of death: Cerebral Hemorrhage — Duration: Hour

Due to Cardiac Thrombosis — 7

Due to ____

Other Conditions Arterio Sclerosis — 5 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____
(Specify type of place)
(e) Means of injury ____

23. Signature H. E. Harding
Address 1420 N. Charles St Date signed 3-30-40

PLEASE WRITE ... correct age is especially important. Physician ...

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

67745

CERTIFICATE OF DEATH

131 a

F 67745

1. PLACE OF DEATH Edgewood San

CITY OF BALTIMORE: (No. 6000 Belloma Rd 20-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Miss. Anna M. Meyer

If U. S. Veteran specify WAR

(a) Residence: No. 2306 Frederick Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Meyer

6. DATE OF BIRTH (month, day, year): Feb. 25-1871

7. AGE: Years 69 | Months 1 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany.

FATHER

13. NAME Balthas Schaffer

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME Marie Graner

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT Miss Helen Meyer

(Address) 2306 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Mar. 30 19 40

19. UNDERTAKER George F. Schwark

(Address) 2101 Frederick Ave.

20. MAR 28 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 27, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 1939 to March 27 1940

I last saw h[illegible] alive on March 26 1940. Death is said to have occurred on the date stated above, at 9" a.m.

The principal cause of death and related causes of importance were as follows:

Cardiac failure Acute — Date of death 3/27/40

Hypertension

Other contributory causes of importance:

Cardiovascular Renal Disease

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) 3124 Wilkens Ave

State CAUSE OF DEATH in OCCUPATION is very important. See instructions on reverse.

VS 3

67746

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-6

F 67746 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3503 Copley Road (If rural give location)
(e) If foreign born, how long in U. S. A.? ? years

3 (a) FULL NAME Mr. Clark L. Datnov DATNOV

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife Esther Datnov

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1891

8. AGE: Years 49 | Months | Days 13 | If less than one day ... hr. ... min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation Wholesale shoe business

11. Industry or business Wholesale shoe "

FATHER 12. Name Henry Datnov

13. Birthplace Lithuania

MOTHER 14. Maiden Name Tillie Schalman

15. Birthplace ?

16 (a) Informant Hospital Records

(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-24-40. (month) (day) (year)

(c) Cemetery or crematory Beth Sholom

Location Washington, D. C

18 (a) Funeral director Jack Levin

(b) Address 1432 E Balto St

19 (a) MAR 29 1940 (b) Huntingtown, Williamsport, Md

VS 3

PLEASE WRITE PLAINLY. Physicians, please correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1940, at 11:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 28 1940 to March 28 1940, and that I last saw him alive on March 28 1940.

Immediate cause of death Cerebral hemorrhage — Duration 4 HRS

Due to

Due to

Other Conditions Malignant hypertension — 777

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stuart D. Surley

Address Union Memorial Date signed 3/28/40

Kriesman

19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67747

CERTIFICATE OF DEATH.

194-a

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2806 Rockrose Ave 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Kriesman

(a) RESIDENCE. No. 2806 Rockrose Ave WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Isaac

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 72 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Eli Kriesman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: J. Blumberg

(Address): 2806 Rockrose Ave

15 MAR 29 1940. 16 Investigator for Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 28 1940

17 I HEREBY CERTIFY, That I attended deceased from February 22 1940, to March 28, 1940

that I last saw her alive on March 28, 1940

and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. 35 ds.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) B. M. Bergarff M. D.

3/28 1940 (Address) 3755 Pk Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rozedale Cemetery

DATE OF BURIAL: March 29 1940

20 UNDERTAKER: Sol Levinson Bro

ADDRESS: 124 W Northern

N. B.—... mation should be carefully supplied, so that it may be prop... CAUSE OF DEATH in plain terms, so that it may be prop... TION is very important. See instructions on back of certificates.

67748 ? BALTIMORE CITY HEALTH DEPARTMENT X 107 F 67748

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland.
(b) Street address Calvert & Saratoga
(c) Hospital or institution Mercy Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore County
(c) City or town Randallstown (If outside city or town limits, write RURAL and give town)
Street No. — (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Carolee Worthington

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 6 1940

8. AGE: Years | Months | Days 22 | If less than one day — hr. — min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Hospital Records
(b) Address Mercy Hosp

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3/29/40 (month) (day) (year)
(c) Cemetery or crematory Gwynns
Location Baltimore Md

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOOLLEN SUC.) 108 W. NORTH AVENUE

MAR 29 1940 Received by registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-28 1940 at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-18 1940, to 3-28 1940, and that I last saw h[illegible] alive on 3-28 1940.

Immediate cause of death: Bronchopneumonia — Duration: 10 days
Due to
Due to
Other Conditions Infancy.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. J. Mendelis M. D.
Address Mercy Hospital Date signed 3-28-40

PLEASE WRITE correct age is especially important. Physician, please

7749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

128 F 67749

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 6 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Dr Drew Henry Gaver

If U. S. Veteran specify WAR —

(a) Residence: No. Linthicum Hts St., Ward. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel B. Gaver

6. DATE OF BIRTH (month, day, year) May 17 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	47	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dentistry

10. Date deceased last worked at this occupation (month and year) March 30/40

11. Total time (years) spent in this occupation 7 years

12. BIRTHPLACE (city or town) (State or country) Myersville Md.

FATHER

13. NAME Lewis F. Gaver

14. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

MOTHER

15. MAIDEN NAME Minnie Schnauer

16. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

17. INFORMANT Dr H. D. Gaver - (Brother)

(Address) Medical Arts Bldg

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date Mar 31/40

19. UNDERTAKER STEWART & MOWEN COMPANY

(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

20. FILED ___, 19___ [illegible] Registrar

MAR 29 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/28/ 1940

22. I HEREBY CERTIFY, That I attended deceased from 3/22 1940 to 3/28/ 1940

I last saw h[illegible] alive on 3/28/ 1940 Death is said to have occurred on the date stated above, at 9:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute pancreatitis	3/22/40
Chr. cholecystitis	?
Stricture, Common bile duct	?

Other contributory causes of importance

Acute hepatitis	3/23/40
Paralytic ileus	3/23/40

Was an operation performed? yes Date of 3/22/40

For what disease or injury? Acute pancreatitis

Name of operation Cp common duct; chol cystostomy

What test confirmed diagnosis? ___ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ___

(Signed) D. Grant Kitchen Jr. M. D.

(Address) University Hospital

7750 F 67750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Cambridge Arms Apt St., 12 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Emma Belle Pratt (PRATT) If U. S. Veteran specify WAR None

(a) Residence: No. Cambridge Apts St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard R Pratt

6. DATE OF BIRTH (month, day, year) Jan 9, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) Dec 1939

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Canonsburg Pennsylvania

FATHER

13. NAME Albert Completon

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Anna Mary Orris

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mr Howard R Pratt
(Address) Cambridge apts

18. BURIAL, CREMATION, OR REMOVAL
Place Johnsonion Pa Date Mar 29/40

19. UNDERTAKER STEWART & MOWEN COMPANY
(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

20. FILED MAR 29 1940 Registrar

state CAUSE OF DEATH. OCCUPATION is very important. See instructions

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from January, 1940, to March 28, 1940

I last saw him alive on March 28, 1940. Death is said to have occurred on the date stated above, at 3:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Occlusion	3/28/40
Other contributory causes of importance:	
Rheumatic Heart disease	probably Jan 1940
Acute Bronchitis	

Was an operation performed? no Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Francis M. Gluck M. D.

(Address) 715 Park Ave

67751

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 63

F 67751 Registered No.

PLACE OF DEATH:

a) Baltimore City, Maryland

b) Street address

c) Hospital or institution: West Balto Genl Hosp

d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days

e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 3414 Old York Rd (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Hampshire

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced M

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4 1874

8. AGE Years 65 | Months 8 | Days 12 | If less than one day hr. min.

9. Birthplace New Freedom, Pa. (town, county, and state)

10. Usual Occupation H. W. at Home

11. Industry or business

FATHER 12. Name Conrad S Hufsfent

13. Birthplace Germany

MOTHER 14. Maiden Name Sophia Bush

15. Birthplace Germany

16 (a) Informant Miss Margaret Hampshire

(b) Address 3414 Old York Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 30, 1940 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cemetery

Location 4300 Old Frederick Road

18 (a) Funeral director Edwin W. Conklin & Son

(b) Address 924 E. Eager st.

(a) MAR 29 1940 (Date received by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1940 at 3 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 18 1940 to March 27 1940 and that I last saw h[illegible] alive on March 27 1940

Immediate cause of death	Duration
Coronary infarction-acute	
Due to Coronary atherosclerosis	
Due to	
Other Conditions Toxic Nodular goitre Hypertension-etiology?	

(Exclude pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy not done

PHYSICIAN Underline the cause to which death should be charged statistically.

32. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W B Gehr

Address W B Gehr Date signed 3/29/40

Please correct age is especially important

F 67752

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

158

F 67752 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

14-3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 586 Baker St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Warren Williams

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race cd | 6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife none

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct ? 1939

8. AGE: Years | Months 65. | Days | If less than one day ____ hr. ____ min.

9. Birthplace Md (Town, county and state)

10. Usual Occupation Infant

11. Industry or business

FATHER 12. Name Ruston Williams

13. Birthplace Md

MOTHER 14. Maiden Name Ethel ?

15. Birthplace Md.

16 (a) Informant Ruston Williams

(b) Address 586 Baker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Tho. E. Kelson

(b) Address 1303 Druidman

19 (a) (Licensed undertaker) Huntingtown Williams MD

MAR 30 1940

VRS

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-27-40 19 at 9.22 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-25- 1940 to 3-27- 1940 and that I last saw h[illegible] alive on 3-27- 1940.

Immediate cause of death Marasmus.

Due to Malnutrition

Due to ____

Other Conditions Anemia

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy None

Duration
?
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury ____

23. Signature C. F. Maloney M. D.

Address Provident Hospital Date signed 3/28/40

PLEASE fill in all items and correct age is especially important

67753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 ✓ F 67753 Registered No.

PLACE OF DEATH:

1) Baltimore City, Maryland

2) Street address Fayette & Calhoun Sts

3) Hospital or institution: Franklin Square Hospital 6-2

4) Length of stay in hospital or inst. (yrs., mos., or days) 1 Day

5) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 122 N. Glover St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katherine Kelly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 30-1882

8. AGE: Years 57 | Months 65 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Thomas O'Connor

13. Birthplace Ireland

MOTHER 14. Maiden Name Betty Scheiler

15. Birthplace Germany

16 (a) Informant George O'Connor

(b) Address 122 N. Glover St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/40 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel

Location O'Donnell Rd.

18 (a) Funeral director John J. Horan

(b) Address 3001 E. Baltimore St.

19 (a) MAR 29 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1940, at 6:22 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 27 1940 to March 28 1940, and that I last saw her alive on March 28 1940.

Immediate cause of death	Duration
Diabetic Coma (Diabetes Mellitus)	
Due to Hypertensive-Cardio-Vascular	
Due to Disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Nathan Woy M. D.

Address Franklin Sq. Hosp. Date signed

Please correct age is especially important.

VS 3

37952
37754

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Reg. No. F 67754

PLACE OF DEATH:
Baltimore City, Maryland
Street address
Hospital or institution: JOHNS HOPKINS HOSPITAL
(a) Length of stay in hospital or inst. (yrs., mos., or days) 7
(b) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Reisterstown (If outside city or town limits, write RURAL and give town)
(d) Street No. Hanna More Academy (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Lucille H. Adams

(b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-30-79

8. AGE: Years 60 | Months 8 | Days 27 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

MOTHER / FATHER

12. Name Frederick Adams

13. Birthplace Md

14. Maiden Name Sallie Hayman

15. Birthplace Md

16 (a) Informant Records

(b) Address Johns Hopkins Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-40 (month) (day) (year)

(c) Cemetery or crematory Green Mount

Location Baltimore, Md.

18 (a) Funeral director John Oursler Sons

(b) Address 1900 Eutaw Place

19 (a) Date received by registrar MAR 29 1940 (b) Registrar's signature [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 27 1940, at 10:50 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 17 1940 to Mar. 27 1940 and that I last saw her alive on Mar. 27 1940.

Immediate cause of death: Coronary Occlusion — Duration 15 hrs.

Due to: Arterio-Sclerosis

Due to:

Other Conditions: Salpingo-oophorectomy, 3-25-40.
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Ovarian Cyst.
Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. P. Sturgis M.D.

Address Johns Hopkins Hosp. Date signed 3-29-40

Correct age if appearing

67755

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

937 F 67755

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 203 Hawthorne Road St. 27-14 (Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William F. Smith

If U. S. Veteran specify WAR

(a) Residence: No. 203 Hawthorne Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie J. Stofreten

6. DATE OF BIRTH (month, day, year) Jan. 20, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wholesale

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. stationer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William F. Smith

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Steuart C. Smith

(Address) 5008 Greenleaf Road

18. BURIAL, [redacted]

Place Druid Ridge Cem. Date March 30, 1940

19. UNDERTAKER John O. Mitchell & Sons, Inc.

(Address) 1900 Eutaw Place, Baltimore

20. FILED , 19 Registrar.

OCCUPATION is very important. Do

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from October, 1937, to March 28, 1940

I last saw h there alive on March 28, 1940. Death is said to have occurred on the date stated above, at 1:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	3/28/40
Hemorrhagic enteritis & edema with	
Arteriosclerotic heart disease	4 years
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry Wm. Hensen M. D.

(Address) 20 E. Preston Street

Hunting for Williams, M.D.

Hensen

MAR 29 1940

7756

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 463

52705 S 67756 Registered No.

PLACE OF DEATH:
Baltimore City, Maryland

Street address 4940 Eastern Avenue

Hospital or institution:
Baltimore City Hospitals 17-2

(a) Length of stay in hospital or inst. (yrs., mos., or days) 1½ mo

(b) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 543 Oxford Street (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

(a) **FULL NAME** Charles W Ray

(b) If veteran, name war: WORLD WAR

3 (c) Social Security Account No. 216-03-5448

4. Sex: M

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 16, 1893

8. AGE: Years 46 | Months 10 11 | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Unemployed

FATHER
12. Name Thurston Ray
13. Birthplace North Carolina

MOTHER
14. Maiden Name Lucy Briggs
15. Birthplace Louisiana

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 3-30-40 (month) (day) (year)

(c) Cemetery or crematory Baltimore Nat Cem

Location Baltimore Md

18 (a) Funeral director William A Jackson

(b) Address 916 Pulaski ave Huntingtown Williams MD

MAR 29 1940 (Date rec'd by registrar)

(Signature of Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-25 1940, at 2-20 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-8 1940, to 3-25 1940, and that I last saw h[illegible] alive on 3-25 1940.

Immediate cause of death: Carcinoma Stomach — Duration: ?

Due to .....

Due to .....

Other Conditions Gas gangrene of Buttock (Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma stomach

Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature L Kuboo Leonard Jr M. D.

Address Balto city Hosp Date signed 3-25-40

VS 8

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HEALTH DEPARTMENT—CITY OF BALTIMORE

67757

CERTIFICATE OF DEATH 131a F 67757

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 5910 Walnuth St. 26-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Henry Poppel

If U. S. Veteran specify WAR .....

(a) Residence: No. 5910 Walnuth St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Poppel

6. DATE OF BIRTH (month, day, year) Nov. 4 - 1864

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	75	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. Cutting Room

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Poppel

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Kosicka

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Ida Poppel

(Address) 5910 Walnuth

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cemetery Date 3/30 1940

19. UNDERTAKER John J. Duda

(Address) 26 Judson St

20. FILED MAR 29 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1939 to March 27, 1940

I last saw him alive on March 26, 1940 Death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Coronary Embolism	20 min.
Cerebral Sclerosis	1 yr.
Mitral Regurgitation	1 yr.
Other contributory causes of importance: Chronic Interstitial Nephritis	1 yr.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. F. A. Stevens, M. D.

(Address) 2878 Hanford Rd

State CAUSE OF DEATH OCCUPATION is very important.

VS 3

F 67758

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 F 67758 Registered No.

PLACE OF DEATH:
a) Baltimore City, Maryland
b) Street address 937 Leadenhall
c) Hospital or institution: —
d) Length of stay in hospital or inst. (yrs., mos., or days) 23 d
e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 937 Leadenhall (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Cleveland Joyner

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-7998

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years 55 | Months 1 | Days 7 | If less than one day hr. — min.

9. Birthplace N. Carolina (Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Mallie Walden
(b) Address 937 Leadenhall St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Ct
Location Balto City

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 1018 Montgomery St

19 MAR 29 1940 (Date rec'd by registrar) (b) Filed by Thos Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 26 1940, at 10.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 21 1940 to Mar 26 1940, and that I last saw h— alive Mar 26 1940.

Immediate cause of death Lobar Pneumonia — Duration 5 days

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. H. Carroll M. D.
Address 711 Warner St Date signed 3/27/40

Please correct age is especially important

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

67759 — 61 — F 67759 Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address
Hospital or institution: JOHNS HOPKINS HOSPITAL
(a) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(b) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) No. 1515 Byrd St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Margaret Broecker
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Leonard
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 11-26-88
8. AGE: Years 51 | Months 4 | Days 2 | If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Patrick Mc Cormick
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret McCormick
15. Birthplace Ireland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Annapolis Rd
18 (a) Funeral director J. H. McCully
(b) Address 1316 W. Lanvale St
19 MAR 29 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1940 at 1:32 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Mar 25 1940 to Mar 28 1940, and that I last saw h[illegible] alive on Mar 28 1940.

Immediate cause of death: Arteriosclerotic heart disease with failure — Duration: ? years
Due to: Arteriosclerosis. — 11 days
Bronchopneumonia
Other Conditions: Diabetes Mellitus
Left Hemiplegia
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature W B McAllister Jr M. D.
Address Johns Hopkins Hospital Date signed 3-29

VS 3

correct age is [illegible]

7760. # ?

LB 51995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 137a

F 67760

Registered No.

PLACE OF DEATH:
Baltimore City, Maryland

Street address 4940 Eastern Avenue

Hospital or institution:
Baltimore City Hospitals

(a) Length of stay in hospital or inst. (yrs., mos., or days) 10 days 2 mts.

(b) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1631 Ashland Ave.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Charles H. Williams

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Brown

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Amelia (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 10, 1856

8. AGE: Years 83 | Months 7 | Days 17 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Old Age Pension

11. Industry or business

FATHER
12. Name William Williams
13. Birthplace Md.

MOTHER
14. Maiden Name Martha Howe
15. Birthplace Md.

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-30-40 (month) (day) (year)

(c) Cemetery or Crematory Mt. Auburn Cem
Location Baltimore Md.

(a) Funeral director Mrs. Frances A. Hemsley

(b) Address 578 W. Biddle St.

19 (a) (Date received by registrar) (b) Registrar Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-27 1940, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-17 1940 to 3-27 1940, and that I last saw him alive on 3-27 1940.

Immediate cause of death: Benign prostatic hypertrophy with urinary retention — Duration: over 2 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature E. K. Woodward Jr. M. D.

Address Balto City Hosp. Date signed 5-28-40

COPY

67761

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

Registered No. F 67761

PLACE OF DEATH:
1. (a) Baltimore City, Maryland
(b) Street address Valley & Eager Streets
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1109 Sargeant Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME FRANK J. MUNDER
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower

6 (b) Name of husband or wife late Mathilda Munder
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 26, 1856

8. AGE: Years	Months	Days	If less than one day
83	6	1	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Watchman? retired.
11. Industry or business

FATHER
12. Name George Munder
13. Birthplace Switzerland

MOTHER
14. Maiden Name Mary Ann Berger
15. Birthplace Switzerland.

16 (a) Informant Mrs Amelia Crocker
(b) Address # 4709 Delaware Avenue.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Mar 30, 1940 (month) (day) (year)
(c) Cemetery or crematory Loud on Park
Location 3801 Frederick Avenue

18 (a) Funeral director John J. Cowan & Son
(b) Address # 901 Hollins Street

MAR 29 1940
(Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

P

20. DATE OF DEATH Mar 27th, 1940, at 12.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 24- 1940 to Mch 27- 1940 and that I last saw him alive on Mch 27- 1940

Immediate cause of death	Duration
Acute Dilatation Heart	1 day
Due to Chronic Myocarditis	3 yrs
Due to	
Other Conditions Acute Bronchitis	4 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gill Wall M. D.
Address 1631 E. North Ave Date signed 3/28/40

Correct age is especially important

VS 2

67762

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 67762 Registered No.

PLACE OF DEATH:

(a) Baltimore City, Maryland 736 McHenry St

(b) Street address

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 736 McHenry Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John K. Cochrane

3 (b) If veteran, name war	3 (c) Social Security Account No.
World War	218-10-3936

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Margaret Cochrane

6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Aug 5th, 1892

8. AGE: Years	Months	Days	If less than one day
47	7	23	hr. min.

9. Birthplace Brooklyn, New York. (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER

12. Name James Cochrane

13. Birthplace New York

MOTHER

14. Maiden Name Unknown

15. Birthplace New York

16 (a) Informant Mrs Margaret Cochrane

(b) Address # 736 McHenry Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 30, 1940 (month) (day) (year)

(c) Cemetery or crematory Baltimore National

Location 5501 Frederick Avenue

18 (a) Funeral director John J. Cowan & Son

(b) Address # 901 Hollins Street

19 (c) 1940 (Date received by registrar) Harrington for Hollingsworth Registrar

MEDICAL CERTIFICATION A

20. DATE OF DEATH Mar 28th, 1940, at 6.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 20, 1940, to Mar. 28, 1940, and that I last saw him alive on March 28, 1940.

Immediate cause of death	Duration
Acute Lobar Pneumonia.	2 Days
Due to —	
Due to —	
Other Conditions None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at Work? (Specify type of place)

(e) Means of injury

23. Signature J. Hugh Cowan, M. D.

Address 901 N. Frederick Ave Date signed 3/29/40

VS 3

APR 2 1940

F 7675

67763 LB 53884

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 67763 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hr. 35 min.

(e) Length of stay in Baltimore (yrs., mos., or days) 5 hr. 35 min. If foreign born, how long in U. S. A.? ____ years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County ____

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 659 George St. (If rural give location)

3 (a) FULL NAME Baby Boy White ([redacted])

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Brown	single

6 (b) Name of husband or wife ____

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 3/18/40

8. AGE: Years	Months	Days	If less than one day
			5 hr. 35 min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation ____

11. Industry or business ____

FATHER — 12. Name James

13. Birthplace S. C.

MOTHER — 14. Maiden Name Lottie Haltiwanger

15. Birthplace S. C.

16 (a) Informant B. C. H. Records

(b) Address ____

17 (a) cremation (Burial, cremation, or removal) (b) Date thereof 3-28-40 (month) (day) (year)

(c) Cemetery or crematory crematory

Location B.C.H.

18 (a) Funeral director ____

(b) Address ____

19 (a) MAR 29 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/18 1940 at 7:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/18 1940 to 3/18 1940 and that I last saw him alive on 3/18 1940.

Immediate cause of death Prematurity (6 months) — Duration ____

Due to ____

Due to ____

Other Conditions ____

(Include pregnancy within 3 months of death)

Major findings:

Of operations ____

Of autopsy ____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ____

(b) Date of occurrence ____

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? ____

(e) Means of injury ____

23. Signature D. Lewis Dean M. D.

Address Balto City Hosp Date signed 3/18/40

Please see that age is especially important.

67764

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D 51783 SD

Registered No. F 67764

PLACE OF DEATH:
Baltimore City, Maryland
Street address 4940 Eastern Avenue
Hospital or institution:
Baltimore City Hospitals
(a) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo.
(b) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street and No. 3203 Stafford Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Clarence Knight

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Frieda

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1889

8. AGE: Years 50 | Months 9 | Days 21 | If less than one day ... hr. ... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business WPA

FATHER
12. Name Columbus
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Jane ?
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 29/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Maryland

18 (a) Funeral director J. B. Wippel & Bro.
(b) Address 1300 Eutaw Place

MAR 29 1940

(Date received by local registrar) Dan'l L. Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1940, at 9:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 10 1940, to March 26 1940, and that I last saw him alive on March 26 1940.

Immediate cause of death: Bronchopneumonia — Duration: 9 days.
Due to: Hypertensive Cardiovascular Disease — Duration: unknown.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Mourning Selvester M. D.
Address Balto City Hosp. Date signed 3-26-40

67765

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-a

Registered No. F 67765

PLACE OF DEATH:
Baltimore City, Maryland
Street address 818 S. East Ave
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) 77

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 818 S. East Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

26

(a) FULL NAME George H. Madsen

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
(b) Name of husband or wife: Mary Madsen
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 9 1862
8. AGE: Years 77 Months 8 Days 8 If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Railroader
11. Industry or business R.R.

FATHER
12. Name George P. Madsen
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Nancy Ann Landon
15. Birthplace Baltimore, Md.

16 (a) Informant Howard Madsen
(b) Address 818 S. East Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/40 (Month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Baltimore Md

18 (a) Funeral director Sherwood & Company
(b) Address 21 W. 25th St

19 MAR 29 1940 (b) Harrington Williamson M.D.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 27 1940, at 8:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 24 1940, to Mar 27 1940 and that I last saw h alive on 19

Immediate cause of death: Carcinoma of Larynx
Due to: chronic Interstitial

	Duration
	1
	Days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None.
Of autopsy None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None.
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury None

23. Signature E A Schumacher M.D.
M. D.
Address 542 S. East Ave Date signed 3-28-40

F 67766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

483 F 67766

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33rd & Calvert St

(c) Hospital or institution: Union Memorial

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days

(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Anne Arundel

(c) City or town Annapolis (If outside city or town limits, write RURAL and give town)

Street No. 206 West Street (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mrs. Margaret Armiger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan 24, 1893

8. AGE: Years	Months	Days	If less than one day
47	2	4	..... hr. ..... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Mr. Robt. J. Deale

13. Birthplace Maryland

MOTHER

14. Maiden Name Julia A. Hudson

15. Birthplace Maryland.

16 (a) Informant Robert Armiger

(b) Address 206 West St Annapolis Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 31-1940 (month) (day) (year)

(c) Cemetery or crematory Deale

Location Deale Md

18 (a) Funeral director B. L. Hopkins

(b) Address Annapolis Md

19 (a) ..... (b) Huntingtown, Williamsburg, Md. (Date paid by registrar)

MAR 29 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28, 1940, at 10:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 9 1940, to Mar 28 1940, and that I last saw her alive on Mar 28 1940

Immediate cause of death Paralytic ileus, Postoperative.

Duration 4 days.

Due to Bronchial diabetes; Secondary anemia from intestinal neoplasm

Due to .....

Other Conditions Adenocarcinoma of the ileum possible fat embolism atherosclerotic heart disease

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature Murray L. Johnson, M.D.

Address Union Memorial Hospital Baltimore, Md. Date signed 3-29-40 M. D.

correct age if especially important

67767

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161

Registered No. F 67767

PLACE OF DEATH:
1. Baltimore City, Maryland
2. Street address Fayette St.
3. Hospital or institution Bon Secours Hosp.
4. Length of stay in hospital or inst. (yrs., mos., or days) 5
5. Length of stay in Baltimore (yrs., mos., or days) Life 49yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 2646 Harlem Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1 (a) FULL NAME Mrs. Gertrude Showacre

(b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife George W.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 24 1890

8. AGE: Years 49 | Months 6 | Days 29 | If less than one day hr. min.

9. Birthplace Nevada (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Frederick Von Nordeck

13. Birthplace Germany

MOTHER 14. Maiden Name Sarah Huber

15. Birthplace Penn.

16 (a) Informant Mrs Sarah Huber

(b) Address 318 Allendale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/40 (month) (day) (year)

(c) Cemetery or crematory Western Cem.

Location Edmondson Ave.

18 (a) Funeral director J. Vernon Kuhns

(b) Address 2301 Edmondson Ave

19 MAR 29 1940 Huntington Williams, M.D.
(Registrar's signature)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1940, at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 24 1940, to Mar 28 1940, and that I last saw h-r alive on March 28 1940.

Immediate cause of death — Duration

Brain Abscess — 7 days

Due to Otitis Media — 1 month

Due to — 6 months 2 days

Other Conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. McClafferty M. D.
Address Bon Secours Hosp. Date signed 3-28-40

Correct Information

67768

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

Registered No. F 67768

PLACE OF DEATH:

1. (a) Baltimore City, Maryland
(b) Street address 1805 Poplar Grove St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 1805 Poplar grove St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Andrew J. Wernsdorfer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Mamie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 7 1874

8. AGE: Years 65 | Months 5 | Days 21 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Retired Plumber

11. Industry or business

FATHER — 12. Name John J. Wernsdorfer

13. Birthplace Germany

MOTHER — 14. Maiden Name Dorothea Stark

15. Birthplace Germany

16 (a) Informant Mrs Mamie Wernsdorfer

(b) Address 1805 Poplar Grove St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/40 (month) (day) (year)

(c) Cemetery or crematory Salem Church Cem.

Location Falls Road

18 (a) Funeral director Margaret G. Shipman

(b) Address 1713 Hollins St Baltimore, Md.

19 (Date rec'd by registrar) MAR 29 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1940, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 27 1940 to March 28 1940 and that I last saw him alive on March 28 1940

Immediate cause of death: Infarction of Myocardium due to

Arteriosclerotic coronary thrombosis — Duration 1 day

Due to Arteriosclerotic heart disease — 2 weeks

Due to Hypertensive cardio-vascular disease — 2 yrs.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L. Kendig Wallace M. D.

Address 2839 Walbrook Ave Date signed 3-29-40

Please correct age if obviously wrong

VS 3

67769

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 93-D

F 67769 Registered No. 8867

PLACE OF DEATH:
Baltimore City, Maryland
Street address Eaton & Wilkens Ave
Hospital or institution:
St. Agnes Hospital
(a) Length of stay in hospital or inst. (yrs., mos., or days)
(b) Length of stay in Baltimore County (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 6420 Frederick Rd. Catonsville (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

(a) FULL NAME Mr. George Ochs

(b) If veteran, name war

(c) Social Security Account No.

3. Sex male | 5. Color or race white | 6 (a) ~~Single~~, married, ~~widowed or divorced~~ Married

(b) Name of ~~husband or~~ wife Catherine Ochs

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan 12 1859

8. AGE: Years 81 | Months 2 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Retired Watchman

11. Industry or business B & O R.R.

FATHER 12. Name Mr Kanon Ochs

13. Birthplace "

MOTHER 14. Maiden Name "

15. Birthplace "

16 (a) Informant Frederick Ochs

(b) Address Hammonds Ferry Rd - Lansdowne Md.

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof Mar 30th 1940 (month) (day) (year)

(c) ~~Cemetery or crematory~~ Cathedral

Location Balto Md.

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St.

MAR 29 1940 (Date rec'd by registrar) (b) Harrying for Williams Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1940, at 10 40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 26 1940 to Mar 26 1940 and that I last saw him alive on Mar 26 1940.

Immediate cause of death	Duration
Heart failure	
Arteriosclerotic cardio-vascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles V. Sewell M. D.

Address St Agnes Hosp Date signed 3-26-40

67770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-N

F 67770

Registered No.

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive and 31st St.

(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore, Maryland.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 106 S. Monroe Street
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

1 (a) **FULL NAME** Peter KELLY

3 (b) If veteran, name war SAW

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mrs. Carrie Hardman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1867

8. AGE: Years 72 | Months 7 | Days 12 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Joseph F. Kelly

13. Birthplace Unknown

MOTHER 14. Maiden Name Elizabeth Fleming

15. Birthplace Unknown

16 (a) Informant Records-U. S. Marine Hospital,

(b) Address Baltimore, Maryland.

17 (a) Interment (Burial, cremation, or removal) (b) Date thereof March 30th 40 (month) (day) (year)

(c) Cemetery or crematory National

Location Baltimore Md

18 (a) Funeral director [illegible]

(b) Address 1219 E Fort St

19 (a) [illegible] (Registrar) (b) [illegible]

MAR 29 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27, 1940, at 2:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 24, 1940, to Mar. 27, 1940, and that I last saw him alive on Mar. 27, 1940.

Immediate cause of death: Cardiovascular renal disease — Duration: Unknown

Cerebral hemorrhage — 4 days

Due to Arteriosclerosis, general — Unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature J. M. D. Anderson. M. D.

Address U.S. Marine Hospital, Baltimore, Maryland. Date signed 3/27/40

67771

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193-D

F 67771 Registered No.

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1200 Valley St.

(c) Hospital or institution: Little Sisters of the Poor

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

(c) City or town ..... (If outside city or town limits, write RURAL and give town)

(d) Street No. 1200 Valley St (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

1. (a) FULL NAME Antonio Starace

(b) If veteran, name war ..... 3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Anna Comella

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE:	Years	Months	Days	If less than one day
	87			..... hr. ..... min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Fruit dealer

11. Industry or business .....

FATHER 12. Name Ciro Starace

13. Birthplace Italy

MOTHER 14. Maiden Name Jessie Maganaro

15. Birthplace Italy

16 (a) Informant Little Sisters of the Poor

(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 30, 1940 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore

18 (a) Funeral director Rita Wiedefeld

(b) Address 914 Greenmount Ave

19 (a) MAR 29 1940 (Registrar) (b) Thos. J. H. Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28, 1940 19 7.45 p.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 20 1940 to Mch 28 1940 and that I last saw him alive on Mch 27 - 1940

Immediate cause of death Acute Bronchitis — Duration 8 days

Due to .....

Due to .....

Other Conditions Chronic Myocarditis — Duration 1 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature E. Gill Hall M.D.

Address 1631 E. North Av Date signed 3/29-40

Correct age is optional

67772 (6)

BALTIMORE CITY HEALTH DEPARTMENT X
CERTIFICATE OF DEATH 13B

Registered No. W 67772

PLACE OF DEATH:
Baltimore City, Maryland
Street address
Hospital or institution: JOHNS HOPKINS HOSPITAL
Length of stay in hospital or inst. (yrs., mos., or days) 7
Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Riderwood (If outside city or town limits, write RURAL and give town)
(d) Street No. 2391 W. Joppa Rd. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Jacqueline Dorsey
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race Black | 6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 10-8-37
8. AGE: Years 2½ 2 | Months 5 | Days 18 | If less than one day hr. min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business
FATHER 12. Name Patrick Bradshaw
13. Birthplace N. J.
MOTHER 14. Maiden Name Kerney
15. Birthplace Md
16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 29 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location a.a Co.
18 (a) Funeral director Raymond Sanders
(b) Address 1413 E Preston St.
19 (Date received by registrar) MAR 29 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1940 at 10:30 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 3-26 1940 to 3-26 1940 and that I last saw h[illegible] alive on 3-26 1940.

Immediate cause of death: Meningitis — Duration: 2 weeks
Due to Tuberculosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy TBC Meningitis & Pneumonia

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Henry P. Goldberg
Address Johns Hopkins Hosp Date signed 3-28-40

VS 3

F 67773

67773

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No.

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1514 Division Street

(c) Hospital or institution: Provident Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 302 Laurens St
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

14

1. (a) FULL NAME Maude C. Johnson Wilson

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~or wife~~: Joseph P. Wilson

(c) If wife, give age years

7. Birth date of deceased (mo., day, yr.): Dec. 29-1899

8. AGE: Years: 40 | Months: 4 | Days: 29 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual Occupation: School Teacher

11. Industry or business: Public Schools

FATHER

12. Name: Julius C. Johnson, Sr

13. Birthplace: Md.

MOTHER

14. Maiden Name: Lillie V. Matthews

15. Birthplace: Md

16 (a) Informant: Joseph P. Wilson (husband)

(b) Address: 302 Laurens St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 31, 1940 (month) (day) (year)

(c) Cemetery or crematory: Mt. Auburn

Location: Baltimore, Md.

18 (a) Funeral director: John W. Johnson

(b) Address: 1700 Pennsylvania Ave.

19 (a) Date received by registrar: JUN 2 1940 (b) Registrar: Houston Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1940, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-8 1940, to 3-28 1940 and that I last saw her alive on 3-28 1940

Immediate cause of death: Rheumatic Heart Disease
Lobar Pneumonia — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature: W. H. Butler, M.D.

Address 2033 Druid Hill Ave. Date signed May 30 1940

67774

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 67774

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel Co
(c) City or town Severna (If outside city or town limits, write RURAL and give town)
(d) Street No. 251 Quarterfield Rd (If rural give location)
Severn Md. R.D.
(e) If foreign born, how long in U. S. A.? 17 years

1 (a) FULL NAME HERMAN DIECHGREBER

1 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: Louisa Deichberger nee Schoening

6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Sept. 9 1868

8. AGE: Years 71 | Months 6 | Days 19 | If less than one day: hr. min.

9. Birthplace Hammerfest W. Prussia (Town, county, and state)

10. Usual Occupation Laborer (Retired)

11. Industry or business Balto Car - Foundry

FATHER
12. Name Christian Deichberger
13. Birthplace W. Prussia

MOTHER
14. Maiden Name Unknown
15. Birthplace W. Prussia

16 (a) Informant Mr. Otto Deichberger
(b) Address Quarterfield Rd. Severn MD

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 30, 1940 (month) (day) (year)
(c) Cemetery or crematory Deichbergers Private Cem
Location Quarterfield Rd. A.A. Co

18 (a) Funeral director Thomas W. Lynch Estate
(b) Address Glen Burnie, Md

19 MAR 29 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1940, at 1:15 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Pneumonia, hypostatic	2 days
Due to: Fracture, right femur	2 mo.
Due to:	
Other Conditions: Arteriosclerosis general (Include pregnancy within 3 months of death)	

Major findings:
Of operations: fracture
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence: Jan 23, 1940
(c) Where did injury occur? Quarterfield Rd, Severna (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury: slipped on ice and fell

23. Signature: Frank I Wolfenmeyer M.D.
Date signed 3-29-40 (Coroner) Medical Examiner.

correct age if appearing

VS 6

67775

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

Registered No. F 67775

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 28 S. Carey St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 28 S. Carey St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Louise Rothe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~parents~~ Adolph Rothe

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2, 1867

8. AGE: Years 72 | Months 8 | Days 25 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER 12. Name Henry Bahn

13. Birthplace Germany

MOTHER 14. Maiden Name Unknown

15. Birthplace Germany

16 (a) Informant Olga Keck

(b) Address 28 S Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 30 1940 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location 3801 Frederick Rd

18 (a) Funeral director Harry H Wilke

(b) Address 4101 Edmondson Ave

19 (Date rec'd by registrar) MAR 29 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1940, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1940 to March 27 1940 and that I last saw her alive on March 27 1940.

Immediate cause of death: Malnutrition

Senility

Due to: Arteriosclerosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Emily Hoag M. D.

Address 729 Park Blvd. Date signed March 29

correct age is especially important

VS 1

67776

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 67776

1. PLACE OF DEATH:
Baltimore City, Maryland
(a) Street address Wyman Park Drive and 31st St.,
(b) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(c) Length of stay in hospital or inst. (yrs., mos., or days) 12days
(d) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland. (b) County Harford
(c) City or town Belair, Maryland.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2-b
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years.

(a) FULL NAME: HARWARD, Winfield B.

(b) If veteran, name war: WW

3 (c) Social Security Account No.:

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Gertrude Vandergrift

6 (c) If alive, give age: 49 years

7. Birth date of deceased (mo., day, yr.) Sept. 20, 1885

8. AGE: Years 54 | Months 36 | Days 9 | If less than one day: hr. ..... min.

9. Birthplace: Belair, Maryland. (Town, county, and state)

10. Usual Occupation: Executive Officer, Md. Vets. Commission.

11. Industry or business:

FATHER
12. Name: Charles W. Harward,
13. Birthplace: Harford County, Maryland.

MOTHER
14. Maiden Name: Lydia C. Baker,
15. Birthplace: Harford County, Maryland.

16 (a) Informant: Records-U.S.Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 1 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cem.
Location Harford Co., Md.

18 (a) Funeral director Dean & Foster
(b) Address Bel Air, Md. - Williams, Md.

19 (Date received by Registrar) MAR 29 1940 Huntington
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29, 1940, at 2:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 18, 1940 to March 29, 1940, and that I last saw him alive on March 29, 1940.

Immediate cause of death	Duration
Coronary thrombosis	12 da.
Due to Arteriosclerosis, generalized	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. B. H. Anderson M. D.
Address U.S.Marine Hospital Baltimore, Maryland. Date signed 3/29/40

VS 3

67777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 83-a F 67777

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1128½ E. Lexington St. 5-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Gibson

If U. S. Veteran specify WAR

(a) Residence: No. 1128½ E Lexington St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54 55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton Md

FATHER

13. NAME Phillip Gibson

14. BIRTHPLACE (city or town) (State or country) Easton Md

MOTHER

15. MAIDEN NAME Sallie

16. BIRTHPLACE (city or town) (State or country) Easton Md

17. INFORMANT Grover C. Gibson

(Address) Easton Md

18. BURIAL, CREMATION, OR REMOVAL

Place Bet Calvary Cem. Date 3/29 19 40

19. UNDERTAKER Robert V. Williams

(Address) 1515 McCulloh St

20. MAR 29 1940 Washington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/23/40. 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 19 1940 to Mar 23 1940

I last saw h alive on Mar 23 1940 Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3/19/40
Cerebral Hemorrhage due to	2/19/40
Other contributory causes of importance: Right Hemiplegia	2/19/40

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert L. Lofland M. D.

(Address) 822 N. Bond St

OCCUPATION IS VERY IMPORTANT

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

67778

CERTIFICATE OF DEATH

F 67778

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 336 S. Smallwood St., 20-5 Ward)

Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Matilda M. Such

If U. S. Veteran specify WAR

(a) Residence: No. 336 S. Smallwood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Frederick W. Such

6. DATE OF BIRTH (month, day, year): September 8-1855

7. AGE: Years 84 | Months 6 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Carl Bauman

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Wilhelmina Hedrich

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: Mrs. Rank

(Address) 336 S. Smallwood St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Pauls Cemetery Date March 30 1940

19. UNDERTAKER: George C. Schmidt.

(Address) 2101 Frederick Ave.

Filed MAR 30 1940 Huntington Williams M.D. Registrar.

OCCUPATION IS Very Important

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1940 to March 28, 1940

I last saw her alive on March 27, 1940 Death is said to have occurred on the date stated above, at 3:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Old Age	
General Arterio-Sclerosis	6 yrs.

Other contributory causes of importance:

Acute Dilatation of Heart	2 days.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. G. Mayer M.D.

(Address) 76 Cathedral St.

67779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-a

Registered Number 67779

PLACE OF DEATH:

1. Baltimore City, Maryland
   Street address 3023 White Ave.
   Hospital or institution:

1. (a) Length of stay in hospital or inst. (yrs., mos., or days)
   (b) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3023 White ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Mary K. Dolan

(b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Michael Dolan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 22 1858

8. AGE: Years 81 | Months 6 | Days 7. | If less than one day hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Valentine Hammel
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Metzger
15. Birthplace Unknown

16 (a) Informant Mrs. May Gosnell
(b) Address 3023 White Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1 1940 (month) (day) (year)
(c) Cemetery or crematory Woodland Park
Location: Baltimore Maryland

18 (a) Funeral director Lucas M. Turnbull Home
(b) Address 7401 Belair Road

19 (a) [illegible] (Date rec'd by Registrar) MAR 30 1940 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29th 1940 at 5.55 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 24 1940 to March 29 1940 and that I last saw her alive on March 29 1940

Immediate cause of death: Bronchio Pneumonia — Duration: March 26

Due to:

Due to:

Other Conditions La Grippe — March 24

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Morris B. Green

Address 3009 Eutaw ave Date signed 3/30/40

VS 3

780 37686D

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 67780 Registered No. 131-a

PLACE OF DEATH:
Baltimore City, Maryland

Street address

Hospital or institution: JOHNS HOPKINS HOSPITAL

(a) Length of stay in hospital or inst. (yrs., mos., or days) 15 Days

(b) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore - (If outside city or town limits, write RURAL and give town)

(d) Street No. 4 N. Caroline St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Clarence Jackson

(b) If veteran, name war —

3 (c) Social Security Account No. —

4 Sex: Male | 5 Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Single -

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-27-01

8. AGE: Years 38 | Months 4 | Days 0 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer -

11. Industry or business

FATHER 12. Name Charles Jackson -

13. Birthplace Maryland

MOTHER 14. Maiden Name Estella Bullups -

15. Birthplace Maryland -

16 (a) Informant Ricords -

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 29 to 40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cemet

Location West Port

18 (a) Funeral director E O Wilson

Address 1000 Brantley Av

MAR 30 1940

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 29, Thu 1940 at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 13, 1940 to Mar 28 1940 and that I last saw him alive on Mar. 29 1940.

Immediate cause of death Uremia — Duration 2 wks.

Due to Arteriolar nephro-sclerosis.

Due to

Other Conditions Cardiac hyper-trophy

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Arterio nephrosclerosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature James H. Lemmon M.D.

Address Johns Hopkins Hosp Date signed 3-30 40

67781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered Number 67781

PLACE OF DEATH:

1. Baltimore City, Maryland
   (a) Street address 3424 Oak St.
   (b) Hospital or institution:
   (c) Length of stay in hospital or inst. (yrs., mos., or days) 13 8
   (d) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3424 Oak St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Anna Rosa Hoy.
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married.

6 (b) Name of husband or wife Oscar L. Hoy.
6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) Nov 9, 1905

8. AGE: Years 34 | Months 4 | Days 19 | If less than one day: hr. min.

9. Birthplace maryland. (Town, county, and state)
10. Usual Occupation housewife.
11. Industry or business

FATHER
12. Name John C. Buck.
13. Birthplace md.

MOTHER
14. Maiden Name Rosa A. Fisher.
15. Birthplace md.

16 (a) Informant Oscar L. Hoy.
(b) Address 3424 Oak St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 30 1940 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hampden.

18 (a) Funeral director Ehrenfeld & Donovan
(b) Address 3615-17 Chestnut Ave.

MAR 30 1940
(Registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28, 1940, at 12 05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 3 1939 to March 28 1940, and that I last saw h.e.r alive on March 25 1940.

	Duration
Immediate cause of death: Tuberculous Peritonitis	2 mos.
Due to: Pulmonary Tuberculosis both lungs & Cavitation	?
Due to:	
Other Conditions: Infectious Arthritis	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lawrence J. Fumanelli M. D.
Address 3711 Falls Rd. Date signed 3-29-40

Correct Rec'd 13 Sept

VS 2

7782

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95c

F 67782
Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 20 Madison & Linden Ave
Hospital or institution:
Maryland Gen'l Hospital

(a) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(b) Length of stay in Baltimore (yrs., mos., or days) 22

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 3601 Clear Spring Road 6301 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Mrs. Edward E. Corbett

(b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced Married

(b) Name of husband or wife Mrs. Hanna Corbett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11 1862

8. AGE: Years 77 | Months 11 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace Virginia (town, county, and state)
10. Usual Occupation Retired
11. Industry or business Minister

FATHER
12. Name Richard Corbett
13. Birthplace England

MOTHER
14. Maiden Name Maranda Crockett
15. Birthplace Virginia

16 (a) Informant Mrs. Ruth Corbett
(b) Address 6301 Clearspring Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7-40 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location

18 (a) Funeral director A. Reuben Shade
(b) Address 4490 York Road

19 (a) Date received by registrar 4-7-40 (b) Registrar Thurlington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 - 29 1940, at 2:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-8 1940, to 3-29 1940, and that I last saw him alive on 3-29 1940.

Immediate cause of death Cardiac Decompensation — Duration

Due to Heart block

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. J. Johnston M. D.
Address Maryland Gen'l Hospital Date signed 3/29/40

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 59B

Registered No. F 67783

67783

PLACE OF DEATH:
Baltimore City, Maryland
Street address 2905 Ailsa Ave.,
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days) 2 Yrs 3

Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
If Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. (a) FULL NAME Annie Washington Trexler

(b) If veteran, name war ---

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

(b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 29, 1857

8. AGE: Years	Months	Days	If less than one day
82	2	28?	hr. min.

9. Birthplace Dorchester Co., Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business --

FATHER
12. Name Isaac Starr Trexler
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name W. Elizabeth Travers
15. Birthplace Church Creek, Md.

16 (a) Informant W. Carroll Redman
(b) Address 2905 Ailsa Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 30, 1940 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Greenmount Ave.

18 (a) Funeral director G. Howard Strong
(b) Address 715 Light St.,

MAR 30 1940
(Date rec'd by registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 28 1940 at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from February 5th, 1930, to March 28th, 1940, and that I last saw h[illegible] alive on March 27th, 1940.

Immediate cause of death	Duration
Arthritis deformans.	12 years
Generalized Arteriosclerosis.	10 years
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas. E. Rohrer, M. D. M. D.
Address 2814 Ailsa Avenue. Date signed March 29th, 1940.
Baltimore, Md.

7784

BALTIMORE CITY HEALTH DEPARTMENT X/940

CERTIFICATE OF DEATH

F 67784 Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 2938 Mt. Carl Street
Hospital or institution:
Mrs. Emma Grams Nursing home 12-2
Length of stay in hospital or inst. (yrs., mos., or days) 21 days
Length of stay in Baltimore (yrs., mos., or days) 21 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Garrett
(c) City or town Oakland, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5-C Alley Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

(a) FULL NAME Bridget Ella Neal

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: widowed
(b) Name of husband or wife Mr. Thurman Neal
6 (c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) Feb. 15 1870
8. AGE: Years 70 | Months 1 | Days 14 | If less than one day hr. ..... min.
9. Birthplace Thurston, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Canal
13. Birthplace Not known

MOTHER
14. Maiden Name Not known
15. Birthplace " "

16 (a) Informant Thomas A. Neal Jr.
(b) Address 3919 Clarkhill Rd

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 3/31/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Oakland
Location Oakland, Md.
(d) Funeral director C. B. Bolden
Address Oakland, Md.

MAR 30 1940

19 (a) ..... (Date received by registrar) (b) Livingston Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1940, at 10:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 16 1940 to Mar 29 1940, and that I last saw her alive on Mar 28 1940.

Immediate cause of death: Pulmonary edema — Duration 2 months
Due to: Coronary sclerosis — 2 yrs.
Due to: .....
Other Conditions: .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Wards B. Allen
Address 24 E. Eager St. Balto Date signed 3/30/40 M. D.

7785 F 7795

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157 G

F 67785
Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address Madison and Linden Ave
Hospital or institution:
Maryland General Hospital
(a) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 11
(b) Length of stay in Baltimore (~~yrs., mos., or~~ days) 27

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) ~~City or~~ town Lansdowne
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2 Second Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

(a) FULL NAME Baby Male Orem (Douglass Pitcher Orem)
(b) If veteran, name war:
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
(b) Name of husband or wife
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.): Mar 2nd 1940
8. AGE: Years | Months | Days: 27 | If less than one day: hr. min.
9. Birthplace: Maryland Gen. Hosp. - Balto, Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business
12. FATHER — Name: Douglas Orem
13. Birthplace: Balto Md
14. MOTHER — Maiden Name: Lillian Orem
15. Birthplace: Balto Md.
16 (a) Informant: Lillian Orem
(b) Address: 2nd ave - Lansdowne Md
17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof: Mar 30th 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~: Maryland Park
Location: Balto. Co. Md.
18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St
(a) Date received by registrar: MAR 30 1940 (b) Registrar: Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-29 1940 at 12:45 AM
21. I certify that death occurred on the date above stated; that I attended deceased from 3-2 1940 to 3-29 1940 and that I last saw him alive on 3-29 1940.

Immediate cause of death: Cyanotic Stenosis — Duration
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature: L. C. Post
Address: Maryland General Hosp. Date signed: 3-29-40

67786 HEALTH DEPARTMENT—CITY OF BALTIMORE F 67786

CERTIFICATE OF DEATH 1937

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3602 Reisterstown Road (Ward) 45-12

Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Walter Scott Bartley

If U. S. Veteran specify WAR ____

(a) Residence: No. 3602 Reisterstown Road Ward ____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Ella M. Bartley

6. DATE OF BIRTH (month, day, year): Dec 14-1891

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
68	3	13 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Doorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Met Theatre

10. Date deceased last worked at this occupation (month and year): ____

11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Kentucky

FATHER

13. NAME: Walter S. Bartley

14. BIRTHPLACE (city or town) (State or country): Kentucky

MOTHER

15. MAIDEN NAME: Adele S. Stepis

16. BIRTHPLACE (city or town) (State or country): Kentucky

17. INFORMANT: Alice Newmark

(Address) 3602 Reisterstown Road

18. BURIAL, CREMATION, OR REMOVAL

Place: Hampstead Apr 1 19 40

19. UNDERTAKER: William Cook

(Address) 1217 St Paul St.

20. FILED ____ 19 40 Huntington Williamsport

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1939 to Mar 29, 1940

I last saw him alive on Mar 27, 1940. Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	?
Hypertension	?
	-
Other contributory causes of importance:	
Pulmonary Edema	?
Acute Cardiac Decompensation	2 days

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Harry Shannon M. D.

(Address) 75 E Lexington St

7787

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

133 F 67787
Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 4940 Eastern Avenue
Hospital or institution:
Baltimore City Hospitals 12-9
(a) Length of stay in hospital or inst. (yrs., mos., or days) 411 da.
(b) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2113 Oak St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Corrine Bass (41871)
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: F
5. Color or race: C
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Charles
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 3/14/11
8. AGE: Years 29 | Months | Days 13 | If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Joseph Barrett
13. Birthplace Maryland

MOTHER
14. Maiden Name Ida Bond
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 3/30/40 (month) (day) (year)
(c) Cemetery or crematory Pleasant Rest Cemetery
Location Towson, Md.
(a) Funeral director Archibald A. Geddes
(b) Address 2101 W. Baltimore St.

19 (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1940, at 12:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 10, 1939, to Mar. 27, 1940, and that I last saw her alive on Mar. 27, 1940.

Immediate cause of death: Tuberculosis of the lungs — Duration: Dec. 1938
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Balto. City Hospital Date signed 3/27/40

VS 3

67788

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 D

Registered Number F 67788

PLACE OF DEATH:
Baltimore City, Maryland
Street address 1932 N Baltimore St
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days) 20 1

Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1932 N Baltimore St
(If rural give location)
(e) If foreign born, how long in U. S. A.? yrs.

(a) FULL NAME Minnie N Gildea

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Frank N

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1 1874

8. AGE: Years 65 | Months 7 | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business Housewife

FATHER
12. Name Joseph Bury
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mr Frank N Gildea
(b) Address 1932 N Baltimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore County

18 (a) Funeral director Williams & Tuckey & Sons
(b) Address North & Pennsylvania Ave

19 (a) (Date received by Registrar) (b) Huntington Williams M.D.

MAR 30 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1940 at 9 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 24 1940 to March 28 1940, and that I last saw h alive on 3-28 1940

Immediate cause of death	Duration
Aortic Aneurism and Chronic Endocarditis	2 yr.
Due to	
Due to	
Other Conditions Bronchopneumonia	4 da.

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Hollis Williams
Address Baltimore Md Date signed 3-29-40

F 67789

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

Registered No. F 67789

PLACE OF DEATH:

1. Baltimore City, Maryland
2. Street address 3030 Presstman St
3. Hospital or institution:

4. (a) Length of stay in hospital or inst. (yrs., mos., or days) 16
(b) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto.
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3030 Presstman St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Caroline Stephens

(b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife John H. Stephens | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 18-1856

8. AGE: Years 83 | Months 4 | Days 11 | If less than one day hr. min.

9. Birthplace Gladersburg Md (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER 12. Name Peter Becker

13. Birthplace Germany

MOTHER 14. Maiden Name Mary E. Becker

15. Birthplace Germany

16 (a) Informant John Stephens

(b) Address 3030 Presstman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apl 2-1940 (month) (day) (year)

(c) Cemetery or crematory Lorraine Park

Location Frederick Road - City

18 (a) Funeral director Wm. J. Gartner & Son

(b) Address North Avenue

19 (a) Date received by registrar APR 3 1940 (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1940 to March 29 1940 and that I last saw h/W alive on March 29 1940.

Immediate cause of death	Duration
(a) Chronic valvular heart dis	7 yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. H. Calvert, M.D.

Address 1736 Pop & Pr. Date signed 3/29/40

67790

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 107 F 67790

PLACE OF DEATH:
Baltimore City, Maryland

Street address 3021 Arumah Avenue.
Hospital or institution:

16-6

(a) Length of stay in hospital or inst. (yrs., mos., or days) ---
(b) Length of stay in Baltimore (yrs., mos., or days) 70 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County ---
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3021 Arumah Avenue.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 70 Years years

(a) FULL NAME: John Dandy

(b) If veteran, name war: ---

3 (c) Social Security Account No. ---

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Racheal Dandy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 19th 1856

8. AGE: Years 83 | Months 7 | Days 10 | If less than one day ... hr. ... min.

9. Birthplace England
(Town, county, and state)

10. Usual Occupation Retired Engineer

11. Industry or business Railroad

FATHER
12. Name John Dandy
13. Birthplace England

MOTHER
14. Maiden Name Ellen ?
15. Birthplace England

16 (a) Informant Dr. Walter E. Dandy
(b) Address 3904 Juniper Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 30-1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Aves.

MAR 30 1940 (Date received by Registrar) (b) Huntington Williamsport

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29th 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 16 1940, to Mch 29 1940 and that I last saw him alive on Mch 29 1940

Immediate cause of death: Bronchopneumonia — Duration: 2 days

Due to:

Due to:

Other Conditions: Arteriosclerosis, cerebral embolism, nervous breakdown, bronchopneumonia

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edgar W. Cunningham M. D.

Address 9 E Chase St. Date signed 3/29/40

67791

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No. F 67791

PLACE OF DEATH:
Baltimore City, Maryland
Street address 3608 Duvall Ave
Hospital or institution:

) Length of stay in hospital or inst. (yrs., mos., or days) 15 d
) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3608 Duvall Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Amanda D. Beach

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Fem. | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Wm. A. Beach

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 28, 1870

8. AGE: Years 69 | Months 10 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Daniel Albert

13. Birthplace Germany

MOTHER 14. Maiden Name Susanna Zimmer

15. Birthplace Md

16 (a) Informant Mr. John F. Albert

(b) Address 2707 Elmora Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 30 1940 (month) (day) (year)

(c) Cemetery or crematory Baltimore.

Location Baltimore, Md.

18 (a) Funeral director Wm. Mitchell Sons

(b) Address North & Pa Ave.

19 (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 27 1940 at 10:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1934 to March 27 1940 and that I last saw h.er alive on March 27 1940.

Immediate cause of death	Duration
Coronary Thrombosis -	1 day
Due to Arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward E. Edel, M. D.
Address 3403 Garrison Blvd Date signed 3/29/40

VS 3

15 1F 67792

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 117a

F 67792 Registered No.

PLACE OF DEATH:
Baltimore City, Maryland

Street address

Hospital or institution: JOHNS HOPKINS HOSPITAL

15-1

Length of stay in hospital or inst. (yrs., mos., or days)

Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 713 Cumberland (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Ray Spencer

(b) If veteran, name war

3. (c) Social Security Account No.

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Married

(b) Name of husband or wife Mary.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-8-05

8. AGE: Years 34 | Months 7 | Days 20 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business

FATHER 12. Name Ray Spencer

13. Birthplace Va.

MOTHER 14. Maiden Name Maggie Lee

15. Birthplace N.C.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director 1303 Pennsylvania Ave

(b) Address Towson Co Md

19 MAR 30 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 28 1940 at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 26 1940 to Mar. 28 1940 and that I last saw h alive on Mar 28 1940

Immediate cause of death	Duration
Anoxaemia	
Due to Anaesthesia	½ hour
Due to	
Other Conditions Gastric Ulcer	4 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations Gastric Ulcer
Of autopsy Gastric Ulcer

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Williams Gray Whitmore M. D.

Address Johns Hopkins Hospital Date signed 3-29-40

VS 3

F 67793

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

F 67793
Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address
Hospital or institution:
Provident Hospital

(c) Length of stay in hospital or inst. (yrs., mos., or days) 14-2
(d) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1710 Etting Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

(a) FULL NAME EDWARD DAY

(b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex M
5. Color or race Col
6 (a) Single, married, widowed, or divorced. widower
6 (b) Name of husband or wife ?
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1881
8. AGE: Years 59 Months Days If less than one day hr. min.
9. Birthplace St Mary's County Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Amelia Stansbury
(b) Address 1305 Fremont Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location
18 (a) Funeral director Thos. E. Kelson
(b) Address 1303 Presstman St
MAR 30 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1940, at 1 40 P.M.
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said autopsy find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death: Intermalestal hernia — Duration: hours
Due to: none
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

27. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H. L. Wallace M.D. Asst Medical Examiner.
Date signed 3-26-40

VS 6

67794

S. 217-03-6187

B 53156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

F 67794

Registered No.

PLACE OF DEATH:
Baltimore City, Maryland

Street address 4940 Eastern Avenue

Hospital or institution:
Baltimore City Hospitals

Length of stay in hospital or inst. (yrs., mos., or days) 4 days

Length of stay in Baltimore (yrs., mos., or days) 21 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1221 Madison Ave.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME: John Forman

(b) If veteran, name war

3 (c) Social Security Account No. 217-03-6187

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: divorced

(b) Name of husband or wife: Lillian

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9, 1900

8. AGE: Years 39 | Months 11 | Days 18 | If less than one day ... hr. ... min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation on welfare

11. Industry or business

FATHER
12. Name John
13. Birthplace Va.

MOTHER
14. Maiden Name Michael Branch
15. Birthplace Va.

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 30-40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director James & Hayes

(b) Address 142 Ostend St

19 MAR 30 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-27 1940, 2:35 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-23 1940, to 3-27 1940, and that I last saw him alive on 3-26 1940

Immediate cause of death: Carcinoma stomach with metastasis — Duration: 7

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature L. K. Woodward Jr. M. D.

Address Balto City Hosp. Date signed 3-27-40

VS 2

7795

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 67795

Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 1728 Hanover St.
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) 23 3 1728 Hanover St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Edna a Jenkins
(b) If veteran, name war
3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	married

(b) Name of husband or wife John H. Jenkins (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) FEB. 24. 1890

8. AGE: Years	Months	Days	If less than one day
50	1	3	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Amey.
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary. Dietz
15. Birthplace Baltimore Md.

16 (a) Informant John H. Jenkin (Husband)
(b) Address 1728 Hanover St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore City
(d) Funeral director John R. Kenly
(e) Address 1242 Lead Ter. (Carlton)
19 (a) (Date received) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 27, 1940. at 1.40 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 9/20/ 1939 to 3/27/ 1940 and that I last saw her alive on 3/27/ 1940

Immediate cause of death: Cerebral hemorrhage — Duration: 3 days
Due to
Due to
Other Conditions: Diabetes 1 yr. 6 mos.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Dr Harry Deibel M.D.
Address 1226 Hanover St. Date signed 3/28/ 1940

VS 3

7796

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-F

F 67796 Registered No.

PLACE OF DEATH:
Baltimore City, Maryland

Street address

Hospital or institution: JOHNS HOPKINS HOSPITAL

Length of stay in hospital or inst. (yrs., mos., or days)

Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) St. No. 2211 Etting St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Charles Brooks

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Black | 6 (a) Single, married, widowed, or divorced Single

(b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/9/39

8. AGE: Years | Months 7 | Days 20 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name William Brooks

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Mildred B. McGuire

15. Birthplace Baltimore Md

16 (a) Informant Mildred B. McGuire

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 30 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cemetery

Location Brooklyn

18 (a) Funeral director Wm. Brooks

(b) Address 1463 W. Carey St

19 (a) MAR 30 1940 (Date received by registrar) (b) MAR 30 1940 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1940 at 3:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 25 1940, to March 29 1940, and that I last saw him alive on March 27 1940.

Immediate cause of death: Congenital heart disease — Duration: Birth

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Wm. R. Lasher Jr. M. D.

Address Johns Hopkins Hosp. Date signed Mar 28

F 67797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 170-C

F 67797 Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address
Hospital or institution: Mercy Hospital
(c) Length of stay in hospital or inst. (yrs., mos., or days) 38 hrs
(d) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Mt Airy
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Warren Dorsey
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: F
5. Color or race: C.
6 (a) Single, married, widowed, or divorced: M
(b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept. 7, 1934
8. AGE: Years 5 | Months 7 | Days 23 | If less than one day hr. min.
9. Birthplace Carroll Co. Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Clayton D. Dorsey
13. Birthplace Md.

MOTHER
14. Maiden Name Goldie Cartlon
15. Birthplace Md.

16 (a) Informant Clayton D. Dorsey
(b) Address Mt. Airy Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1, 1940 (month) (day) (year)
(c) Cemetery or crematory Fairview
Location Mt. Hay Conville Carroll Co. Md

18 (a) Funeral director C. M. Walter
(b) Address Westfield Md

MAR 30 1940

19 (a) (Date rec'd by registrar) (b) Huntington Nottawasa, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1940 at 1:15 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

	Duration
Immediate cause of death: Fractured Skull	
Cerebral Concussion	
Due to Fractured at femur	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3/28/40
(c) Where did injury occur? Ridge Rd near Mt. Airy (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Highway While at work? No (Specify type of place)
(e) Means of injury Struck by auto
23. Signature [illegible] M.D. Medical Examiner.
Date signed 3/30/40

VS 6

67798 F 67798

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 2700 Goodwood Rd
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days) 27 yrs
Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
Street No. 2700 Goodwood Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Bridget B. Dickey

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Thomas F.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-16-1858

8. AGE: Years 81 | Months 5 | Days 13 | If less than one day hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Thomas Daley
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Donnelly
15. Birthplace Ireland

16 (a) Informant Mrs Charles McCausland
(b) Address 2700 Goodwood Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-40 (month) (day) (year)
(c) Cemetery or crematory Canton Va
Location

18 (a) Funeral director Leonard V. Tuck
(b) Address 5305 Harford Rd

MAR 30 1940 (b) Huntington Williams, M.D.
(Date received by local registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 29 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 25 1940 to 3/29 1940 and that I last saw her alive on 3/29 1940.

Immediate cause of death Chronic Myocarditis, Infection — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Myles Dolley
Address 5705 Harford Rd Date signed 3/30/40

VS 3

67799

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 67299

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 918 N. Luzerne Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

1. (a) FULL NAME PAUL O. CRIMI

(b) If veteran, name war —

3 (c) Social Security Account No. 216-05-0618

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Sofia Macri

6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) July 2, 1888

8. AGE: Years 51 | Months 8 | Days 26 | If less than one day hr. min.

9. Birthplace Messina, Italy (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business Tailor Shop

FATHER
12. Name Calogero Crimi
13. Birthplace Italy

MOTHER
14. Maiden Name Rosa Spoto
15. Birthplace Italy

16 (a) Informant Wife - Sofia Crimi
(b) Address same address.

17 (a) Holy Redeemer (Burial, cremation, or removal) (b) Date thereof Apr. 1st 40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Belair Rd - Baltimore Md

18 (a) Funeral director Frank Della Vecchia
(b) Address 52 N. Morley St.

19 (a) MAR 30 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1940, at 11 05 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ (Autopsy or Inquest) thereon and from the evidence obtained by said ~~autopsy~~ (Autopsy or Inquest) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration: sudden

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 3-28-40

VS 6

67800

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 67800
Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address
Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 4 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Bengies (If outside city or town limits, write RURAL and give county)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME DORA ELIZABETH MYERS

(b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F
5. Color or race Col
6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 24 1935

8. AGE: Years 5 | Months 2 | Days 7 | If less than one day ... hr. ... min.

9. Birthplace Bengies Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name Russell Myers
13. Birthplace Bradshaw Md.

MOTHER 14. Maiden Name Dora Reid
15. Birthplace Bengies Md.

16 (a) Informant Dora Myers
(b) Address Bengies Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 31, 1940 (month) (day) (year)
(c) Cemetery or crematory Sharp St. Cemetery
Location Bengies Md.

18 (a) Funeral director Mrs. R. G. Elliott & Daughter
(b) Address 1129 N. Caroline St.

19 MAR 30 1940 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1940 at 6 15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Septicemia	
Due to Pneumonia, lobular, bilateral, primary.	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. L. Wallenmeyer M.D. Medical Examiner.
Date signed 3-29-40

F 67801

801

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

Registered No.

PLACE OF DEATH:
1. Baltimore City, Maryland
2. Street address
3. Hospital or institution: D.C.H. St Josephs Hospital
4. Length of stay in hospital or inst. (yrs., mos., or days) 6 days
5. Length of stay in Baltimore (yrs., mos., or days) Always

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1020 Augusta St (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

10-1

1. (a) FULL NAME Sarah Estella Thompson Alexander
(b) If veteran, name war
3. (c) Social Security Account No.

4. Sex F
5. Color or race Col
6. (a) Single, married, widowed, or divorced. M
6 (b) Name of husband or wife Silvesta Alexandria
6 (c) If alive, give age 35 years
7. Birth date of deceased (mo., day, yr.) Oct 15, 1908
8. AGE: Years 31 | Months 6 5 | Days 12 | If less than one day hr. min
9. Birthplace Washington D.C. (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Edward Thompson
13. Birthplace Va.

MOTHER
14. Maiden Name Jemima Ramall
15. Birthplace Va.

16. (a) Informant Jemima Thompson
(b) Address 1024 Asquith St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 30, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery Cemetery
Location A.A. County Md.
(a) Funeral director Mrs. R.C. Elliott & Daughter
(b) Address 1129 St. Carlins Ste.

19. (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MAR 30 1940

VS

MEDICAL CERTIFICATION 1 dau

20. DATE OF DEATH March 27 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H B Wiedefeld M.D. Medical Examiner.
Date signed 3/27/40

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67802

CERTIFICATE OF DEATH

84-B F 67802

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 15-40 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME John E. Spalding

If U. S. Veteran specify WAR _____

(a) Residence: No. 3902 Garrison Blvd. St., _____ S. S. No. 216-01-6231

(Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of Mary Elizabeth Spalding

6. DATE OF BIRTH (month, day, year) April 4, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	35	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardener.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Joiner.

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Emittsburg Md.

FATHER

13. NAME Martin J. Spalding

14. BIRTHPLACE (city or town) (State or country) Emittsburg Md. Littlestown, Pa

MOTHER

15. MAIDEN NAME Bernadette Welty

16. BIRTHPLACE (city or town) (State or country) Emittsburg Md

17. INFORMANT Mary Elizabeth Spalding

(Address) 3902 Garrison Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 4-1, 1940

19. UNDERTAKER Lorman Byers

(Address) 5005 Park Heights Ave.

20. MAR 30 1940 (Registrar) (Deputy Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28th, 1940

22. I HEREBY CERTIFY, That I attended deceased from February 9th, 1940 to March 28th, 1940

I last saw him alive on March 28th, 1940 Death is said to have occurred on the date stated above, at 9.00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus Meningitis	2-6-40

Other contributory causes of importance

Mastoiditis, Left

Otitis Media, Left.

Was an operation performed? Yes. Date of 2-9-40 2-28-40

For what disease or injury? Mastoiditis; Pneumo. Meningitis.

Name of operation Mastoidectomy, Cranstomy

What test confirmed diagnosis? Culture. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify _____

(Signed) Louis Carlin Garcia M. D.

(Address) Univ. Hospital.

VS 3

CGK

67803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

44323

Registered No. F 67803

PLACE OF DEATH:
Baltimore City, Maryland
Street address 4940 Eastern Ave.
Hospital or institution:
Baltimore City Hospitals
Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) 37 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 314 South Patterson Park Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

1 5

(a) **FULL NAME** Earl Webster, Sr.

(b) If veteran, name war

3 (c) Social Security Account No. ?

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

(b) Name of husband or wife Lula
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 2, 1890

8. AGE:

Years	Months	Days	If less than one day
49	7	26	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Wm.
13. Birthplace Md.

MOTHER
14. Maiden Name Anna
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 3-30-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Dealy, Dulaud
Location Eastern Ave Md.

18 (a) Funeral director Wm. J. Dickey & Sons
(b) Address North & Pa. Aves.

19 (a) MAR 3 1940 Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-28- 1940, at 2 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-30- 1939 to 3-28- 1940 and that I last saw h~~im~~ alive on 3-28- 1940.

Immediate cause of death Cardiac failure — Duration ?
Due to Arteriosclerotic Hy. Dis — ?
Due to Gen. arteriosclerosis — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Irma Wagdelstein, M.D.
Address Balto City Hosp. Date signed 3-30-40

67804

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 67804

Registered No.

PLACE OF DEATH:

1) Baltimore City, Maryland

2) Street address 126 W. Perry St

3) Hospital or institution:

d) Length of stay in hospital or inst. (yrs., mos., or days)

e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 126 W Perry St

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

1 (a) FULL NAME Elsie Thomas Floyd

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Col

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 8 1907

8. AGE: Years 32 Months 5 Days 19 If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Wise Thomas

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Nellie Thomas

15. Birthplace Baltimore Md

16 (a) Informant Peggie Morris

(b) Address 126 W Madison ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cemetery

Location Baltimore Md.

18 (a) Funeral director Archibald A Gaddis

(b) Address 2101 McCulloh St.

(a) Signature of local registrar (b) Huntington Williams, M.D. Registrar

MAR 31 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 27 1940, at 11 20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/23 1940 to 3/27 1940 and that I last saw her alive on 3/27 1940.

Immediate cause of death Acute Lobar Pneumonia — Duration 6 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Huntington Williams

Address 1111 N Eutaw Date signed 3/29/40 M. D.

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F 67805

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a Registered No. F 67805

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3802 Bonner Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.) 35 years

(a) **FULL NAME** Morris Lazinsky (MORRIS LAZINSKY)

(b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-21

8. AGE: Years 69 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county and state)

10. Usual Occupation Retired Merchant

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Wright Funeral Home
(b) Address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 3-31-40 (month) (day) (year)
(c) Cemetery or crematory Pt. Pleasant
Location Balt. Pet. Hamilton Line

18 (a) Funeral director Jack Lewis Inc.
(b) Address 1439 E. Baltimore St.

MAR 31 1940 (Date Rec'd by Registrar) (b) Wright Funeral Home, Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-30 1940, at 3:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-5- 1940, to 3-30 1940, and that I last saw h[im] alive on 3-30 1940.

	Duration
Immediate cause of death: Hemorrhage - Post Operative	
Due to Arteriosclerotic Cardiovascular Disease -	14 hrs
Due to Complete Heart Block	
Other Conditions Benign Prostatic Hypertrophy -	

(Include pregnancy within 3 months of death)

Major findings:
Operations Hypertrophied Prostate Benign -
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney Friedlander M. D.
Address Sinai Hospital Date signed 3-30-40

1737 F 67806

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-3 ✓

Registered No. F 67806

PLACE OF DEATH:
Baltimore City, Maryland

Street address.....

Hospital or institution: JOHNS HOPKINS HOSPITAL

Length of stay in hospital or inst. (yrs., mos., or days).....

Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County.....

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1208 Jefferson (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

5-1

(a) **FULL NAME** Cornelius Ross ✓

(b) If veteran, name war .....

3 (c) Social Security Account No. 213-07-7641

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Widowed

(b) Name of husband or wife Lucy

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 11-18-85

8. AGE: Years	Months	Days	If less than one day
54	4	11	hr. ..... min. .....

9. Birthplace [illegible] Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business .....

FATHER

12. Name James Ross

13. Birthplace Va.

MOTHER

14. Maiden Name Mollie D.

15. Birthplace Va.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-1940 (month) (day) (year)

(c) Cemetery or crematory Mt Calvery Cem

Location Brooklyn A. A. Co., Md

18 (a) Funeral director Robert M. and W. Knight

(b) Address 218 McElderry St

19 (a) Date received MAR 31 1940 (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1940 at 3 05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 24 1940 to Mar. 29 1940, and that I last saw h[illegible] alive on Mar 29 1940.

Immediate cause of death	Duration
Tuberculous pneumonia	2 wks.
Due to	.....
Due to	.....
Other Conditions	.....

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....

(Specify type of place)

(e) Means of injury .....

23. Signature Charles W. Dewar

Address John Hopkins Hos. Date signed 3/30

67807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56-B

Registered No. E 67807

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Union Memorial Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE of DECEASED:

(a) State Maryland (b) County

(c) City or town Bridgetown (If outside city or town limits, write RURAL and give town)

(d) Street No. R.F.D. #1 (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1 (a) FULL NAME Nettie C. Edie

1 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female.

5. Color or race: White.

6 (a) Single, married, widowed, or divorced: Widowed.

6 (b) Name of husband or wife: Gemmill C. Edie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 24, 1886

8. AGE: Years 53 | Months 7 | Days 16 | If less than one day: hr. min.

9. Birthplace Byberries Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business "

FATHER 12. Name Thomas B. Heaton

FATHER 13. Birthplace Maryland.

MOTHER 14. Maiden Name Geraldine Ayres

MOTHER 15. Birthplace Maryland

16 (a) Informant Norton Heaton

(b) Address Byberries Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) Apr 2

(c) Cemetery or crematory Batchelors Pa

Location Batchelors Pa

18 (a) Funeral director A Downing Hess

(b) Address Farm Dale Pa

19 (a) Date received (by Registrar) APR 2 1940 (b) Registered

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1940, at 5 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 19 1940, to March 30 1940, and that I last saw her alive on March 30 1940.

Immediate cause of death	Duration
(a) Cardiac failure & pulmonary edema	5 hrs.
Due to (b) Arteriosclerotic N.D.	
Due to (c) Postoperative Pneumonia	7 days
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Hysterectomy for Myomata of uterus
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Hammond Bryan M. D.

Address Union Memorial Hosp Date signed 4/1/40

F 67808

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-13

F 67808 Registered No.

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 537Washington. Blvd.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)

(d) Street No. 537 Washington. Blvd. (If rural give location)

(e) If foreign born, how long in U. S. A.? 25 years

1 (a) FULL NAME Fabyonas Wicerskis (Fabian Andrew Vercerskis)

3 (b) If veteran, name war NO

3 (c) Social Security Account No. 216- 07 -5348

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Bernice Lotus

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 20 1894

8. AGE: Years 46 | Months 2 | Days 10 | If less than one day: hr. min.

9. Birthplace Lith. (Town, county, and state)

10. Usual Occupation Tailor.

11. Industry or business

FATHER

12. Name Joseph

13. Birthplace Lith.

MOTHER

14. Maiden Name Unknow.

15. Birthplace Lith.

16 (a) Informant Bernice Vercerskis

(b) Address 537Washington. Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-40. (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Bel-Air Md.

18 (a) Funeral director Joseph Kasmarek Sons

(b) Address 602 W Washington Blvd

Huntington Williams, M.D.

(Date) (Registrar) Registrar

MAR 31 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1940, at 7:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 30 1939, to March 30 1940 and that I last saw him alive on March 30 1940.

Immediate cause of death: Chronic asthmatic bronchitis — Duration: 2 yrs

Due to

Due to

Other Conditions Myocardial Insufficiency 5 da

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature I. B. Bronushas, M. D. M.D.

Address 3037 O'Donnell St Date signed 3-30-40

67809

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 67809

Registered No.

PLACE OF DEATH:

1. Baltimore City, Maryland
2. Street address 712 N. Luzerne Ave.
3. Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 712 N. Luzerne Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Anna Elizabeth Huber

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) ~~Single~~, married, widowed, or divorced. Married

6 (b) Name of husband or wife Lawrence Huber

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 19th 1887

8. AGE: Years 53 | Months 2 | Days 4 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John Hammerbacher

13. Birthplace Germany

MOTHER 14. Maiden Name Susanna Hammer

15. Birthplace Germany

16 (c) Informant Lawrence Huber

(b) Address 712 N Luzerne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1st 1940 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Road

18 (a) Funeral director Leo J. Cook

(b) Address 1701-03 N. Patti Park Ave

MAR 31 1940 (Date received by registrar) (b) Huntington Hillcrest, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1940 at 10 P M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 28 1940 to March 28 1940 and that I last saw her alive on March 28 1940.

Immediate cause of death Cardiac thrombosis — Duration 25 Min.

Due to Hypertension. — 2 yrs

Due to

Other Conditions Diabetes. — 3 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. F. Kay Davis M. D.

Address 712 Randall St Date signed 3/30/40

67810

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 - D Registered No. E 67810

PLACE OF DEATH:
Baltimore City, Maryland
Street address 1008 Roland Heights Ave
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)

Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1008 Roland Heights Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Mrs. Elizabeth F. Tuttle

(b) If veteran, name war —

(c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

(b) Name of husband or wife James R. Tuttle

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16 1865

8. AGE: Years 75 | Months 7 | Days 13 | If less than one day: hr. min.

9. Birthplace Rochester N.Y. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Ward Mayer
13. Birthplace Germany

MOTHER
14. Maiden Name Fredrica Rusk
15. Birthplace Germany

16 (a) Informant James R. Tuttle
(b) Address 1908 Roland Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1-1940 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 (a) [illegible] (b) [illegible] for Williams, M.D.
(Signature of Registrar)

MAR 31 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1940 at 8:50 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1934 to Mar 29 1940 and that I last saw her alive on Mar 29 1940.

Immediate cause of death Chronic Myo + endo - carditis. — Duration 6 yrs.

Due to

Due to

Other Conditions Pulmonary embolism.
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 846 W 36th St. Date signed 3/30/40

F 67811

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

Registered No. F 67811

PLACE OF DEATH:
Baltimore City, Maryland

Street address

Hospital or institution:
Maryland General Hospital

Length of stay in hospital or inst. (yrs., mos., or days) 24 days

Length of stay in Baltimore (yrs., mos., or days) 70 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 3449 Falls Rd 13
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Edward D. Stone

(b) If veteran, name war —

3 (c) Social Security Account No. —

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

(b) Name of husband or wife Katie M Stone

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 8, 1870

8. AGE: Years	Months	Days	If less than one day hr.	min.
70	1	21		

9. Birthplace Baltimore Maryland
(Town, county and state)

10. Usual Occupation Minister

11. Industry or business

FATHER

12. Name Walter Henry Stone

13. Birthplace Virginia

MOTHER

14. Maiden Name Susan Grace Mahon

15. Birthplace Virginia

16 (a) Informant Katie M Stone

(b) Address 3449 Falls Rd

17 (a) Burial (b) Date thereof April 1-1940
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md

18 (a) Funeral director Horace F. Burgee

(b) Address 1631 Falls Road

19 (a) (b) Hunter & Williams by Hyte

(Date rec'd by registrar) APR 3 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/29/40 19 . at 3 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/5 1940 . to 3/29 1940 .
and that I last saw h m alive on 3/29 1940 .

Immediate cause of death Carcinoma Prostate Gland — Duration 4 days

Due to Metastasis to Spine — 29 days

Due to Bronchial Pneumonia, Bilat. — 4 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature L. D. Johnston Jr. M.D.

Address Md General Hospital Date signed 3/29/40 M. D.

67812

BYUS

BALTIMORE CITY HEALTH DEPARTMENT

93-D

CERTIFICATE OF DEATH

Registered No. F 67812

PLACE OF DEATH:
Baltimore City, Maryland
Street address 524 E. 35th St.
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 524 E. 35th St
(If rural give location)
(d) If foreign born, how long in U. S. A.? years

9-39

(a) **FULL NAME** James B Byus

(b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

(b) Name of husband or wife: Virginia Byus | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 4 - 1849

8. AGE: Years 90 | Months 7 | Days 24 | If less than one day: hr. min.

9. Birthplace Talbott Co. Md. (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Engineer

FATHER 12. Name Stanley M. Byus

13. Birthplace Maryland

MOTHER 14. Maiden Name Talpia Eggleston

15. Birthplace Maryland

16 (a) Informant Mrs. L. C. Jefferson

(b) Address 524 E. 35th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1-1940 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md.

18 (a) Funeral director Horace H. Burgee

(b) Address 3631 Falls Road

19 (a) (Date rec'd by registrar) (b) Registrar, Baltimore, Md.

MAR 31 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28- 1940 at 9-20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 20 1940, March 27 1940 and that I last saw him alive March 28 1940

Immediate cause of death: Bronchitis — Duration: 1 year

Due to: Arteriosclerosis

Due to:

Other Conditions: Chronic Bronchitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. Turner Longwell M.D.

Address 4012 E 25th St Date signed 3/30/40

67813

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67813

CERTIFICATE OF DEATH

45-D

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 921 Montpelier St. St. 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Earl F. Fink Jr.

If U. S. Veteran specify WAR

(a) Residence: No. 921 Montpelier St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 14, 1931.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
8yrs.	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto, Md.
(State or country)

FATHER

13. NAME Earl E. Fink

14. BIRTHPLACE (city or town) Balto, Md.
(State or country)

MOTHER

15. MAIDEN NAME Mertz

16. BIRTHPLACE (city or town) Balto, Md.
(State or country)

17. INFORMANT Mother & father

(Address) 921 Montpelier St.

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Memorial Date 3/31/40 19...

19. UNDERTAKER Charles L. Schimunek.

(Address) 2601-03 E. Madison St.

20. FILED Huntington Williams M.D. Registrar.

MAR 31 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1940. to March 28, 1940.

I last saw he alive on March 28, 1940. Death is said to have occurred on the date stated above, at 4:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of Jaw.	Oct. 1939

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Unknown. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Benjamin E. Bowman M. D.

(Address) 1411 Eutaw Place

67814

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83

F 67814 Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 2517 W. Fairmount Ave
Hospital or institution:

) Length of stay in hospital or inst. (yrs., mos., or days)

) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2517 W. Fairmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 32 Yrs years

20

(a) **FULL NAME** Amelia Szymczewska

(b) If veteran, name war

3 (c) Social Security Account No. 212-05-9286

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 31, 1906

8. AGE: Years 33 | Months 4 | Days 30 29 | If less than one day: hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Operater

11. Industry or business Paper Box Factory

FATHER 12. Name Adam Szymczewska

13. Birthplace Poland

MOTHER 14. Maiden Name Felicia Pietrusianska

15. Birthplace Poland

16 (a) Informant Adam Szymczewska

(b) Address 2517 W. Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2, 1940 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cem.

Location Baltimore City

18 (a) Funeral director Pott & B. M. Walter

(b) Address Pratt & Stricker Sts

MAR 31 1940 (Date rec'd by registrar) (b)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30, 1940 at 5.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/29 1940 to 3/30 1940 and that I last saw H alive on 19

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 day

Due to: Hypertension

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos A Cullen M. D.

Address 445 W Balto St Date signed 3/30/40

67815

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 67815

PLACE OF DEATH:
Baltimore City, Maryland
Street address 3907 Old York Road
Hospital or institution:

(a) Length of stay in hospital or inst. (yrs., mos., or days)

(b) Length of stay in Baltimore (yrs., mos., or days) 71 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3907 Old York Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

(a) **FULL NAME** Pauline A Mullan

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. D

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 3, 1868

8. AGE: Years 71 | Months 7 | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Paine Mullan
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Emily S. Adam
15. Birthplace ----- Pennsylvania

16 (a) Informant Mrs. Cyril Keller
(b) Address 601 Springfield Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/40 (month) (day) (year)

(c) Cemetery or crematory Cathedral Cemetery
Location Frederick Rd. & Augusta Ave.

18 (a) Funeral director H A Meyers and Son
(b) Address 805 North Calvert Street

19 (a) MAR 31 1940 (Date received by registrar) (b) Hamilton Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1940 at 9 am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W H Vandeusen M.D.
Medical Examiner
Date signed 3/30/40

7816

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59-B

Registered No. E 67816

PLACE OF DEATH:

1. Baltimore City, Maryland
1. Street address 11 E. Preston Street
1. Hospital or institution:

1. Length of stay in hospital or inst. (yrs., mos., or days) ----
1. Length of stay in Baltimore (yrs., mos., or days) 85 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County ------

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 11 E. Preston Street (If rural give location)

(e) If foreign born, how long in U. S. A.? ------ years

(a) **FULL NAME** Elizabeth M. Hinds

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Edwin H. Hinds

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Mar. 5, 1855

8. AGE: Years 85 | Months 0 | Days 24 | If less than one day hr. --- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business -----

FATHER 12. Name George S. Gootee

13. Birthplace Maryland

MOTHER 14. Maiden Name Sarah Howell

15. Birthplace Maryland

16 (a) Informant Miss Georgie Hinds

(b) Address 11 E. Preston Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/40 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Frederick Road & Augusta Ave.

18 (a) Funeral director L. W. Mears and Son

(b) Address 803 N. Calvert Street

(c) (Date received by Registrar) MAR 31 1940 (Registrar) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1940, at C M

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1940, to March 29 1940, and that I last saw h[illegible] alive on March 14 1940.

Immediate cause of death Pulmonary Edema

Due to Arteriosclerosis & Hypertrophic Arthritis

Duration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy ✓

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ✓

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Chester T Blake M. D.

Address 20 E Preston Date signed March 30/40

67817

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-B

F 67817 Registered No.

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Caroline & Monument Sts

(c) Hospital or institution: St. Josephs Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Days

(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1812 E. 28th St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1. (a) FULL NAME Carrie Willms (Carrie E. Wildner)

(b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex Female | 5. Color or race White | 6. Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Gustavus H. Wildner

6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) June 19 1889

8. AGE: Years 50 | Months 9 | Days 10 | If less than one day hr. min.

9. Birthplace Rock Hall, Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER 12. Name Leonard Disney

13. Birthplace Baltimore, Md

MOTHER 14. Maiden Name Sarah Taylor

15. Birthplace Rock Hall, Md

16 (a) Informant Mr. G. H. Wildner

(b) Address 1817 E 28th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 2-1940 (month) (day) (year)

(c) Cemetery or crematory Loraine

Location Baltimore, Md

18 (a) Funeral director Wm. Buckler & Sons

(b) Address North Penna Ave

19 (a) MAR 31 1940 (Date received by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 29 1940, at 11:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 27, 1940, to Mar. 29, 1940, and that I last saw her alive on Mar. 29, 1940.

Immediate cause of death	Duration
Pulmonary embolus	
Due to Post-operative	
Due to Carcinoma of uterus	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Carcinoma of uterus

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature M. P. Trump M. D.

Address St. Josephs Hosp. Date signed 3/29/40

67818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 67818

Registered No. .....

PLACE OF DEATH:
Baltimore City, Maryland
Street address Bethlehem Steel Co
Hospital or institution:
1101 Key Highway
(a) Length of stay in hospital or inst. (yrs., mos., or days)
(b) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
Street No. 1626 E 32nd St (If rural give location)
(d) If foreign born, how long in U. S. A.? ..... years

(a) FULL NAME Harry Allen Randall (Harry Allen Randall)
(b) If veteran, name war
3 (c) Social Security Account No. 217-03-4739

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife ---
6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) March 21st, 1893

8. AGE: Years	Months	Days	If less than one day
47	0	8	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Ship-Fitter
11. Industry or business Bethlehem Steel Co.,

FATHER
12. Name James Poe Randall
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Flora Murray
15. Birthplace Virginia

16 (a) Informant Mrs Geo A. Albrecht
(b) Address 1626 E. 32nd Street.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1 1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.'
(b) Address North & Penna. Aves.

19 (a) MAR 31 1940 (Date rec'd by Registrar) (b) Clinton Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1940, at 2.35 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Primary sclerosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. W. Mansfield M.D. Medical Examiner.
Date signed 3/29/40

F 67819

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 67819

Registered No. 93-9

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Cabart Street
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 56 days.
(e) Length of stay in Baltimore (yrs., mos., or days) ——

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3904 Groveland Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? —— years

1. (a) FULL NAME Edward J. Burgess
(b) If veteran, name war
3 (c) Social Security Account No. 220-09-0169

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 9, 1861
8. AGE: Years 78 | Months 4 | Days 19 | If less than one day ... hr. ... min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Proofreader.
11. Industry or business Balto. News Pat.

FATHER
12. Name William H. Burgess.
13. Birthplace Maryland.?

MOTHER
14. Maiden Name Eleanor Amos
15. Birthplace Maryland?

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 1, 40 (month) (day) (year)
(c) Cemetery or Crematory Druid Ridge
Location Pikesville Md
18 (a) Funeral director Wm. J. Pickard's Sons
(b) Address North & Eutaw Sts. H.P.
19 (a) 3-31-1940 (b) [signature] Registrar
Date rec'd Reg. No.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1940, at 10 44 PM
21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1940, to March 28 1940, and that I last saw him alive on March 28 1940.

Immediate cause of death: Pulmonary edema
Due to Cardiac failure.
Due to Arteriosclerotic heart disease.
Other Conditions Old coronary occlusion
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Aneurism of Heart

Duration: 1 hr.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature S. D. Sunday
Address Union Memorial Date signed 3/31/40

F 67820

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 67820 Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 2357 W. North Avenue
Hospital or institution:

) Length of stay in hospital or inst. (yrs., mos., or days)

) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2357 W. North Avenue (If rural give location)
1523
(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Sarah E. Layfield

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: W.
6 (a) Single, married, widowed, or divorced. Married

(b) Name of husband ~~of wife~~ Henry A. Layfield
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 27, 1861

8. AGE: Years 78 | Months 4 | Days 3 | If less than one day hr. min.

9. Birthplace Philadelphia, Pennsylvania (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Howard Lloyd
13. Birthplace Philadelphia, Pennsylvania

MOTHER
14. Maiden Name Margaret Ellis
15. Birthplace Philadelphia, Pennsylvania

16 (a) Informant Mr. Henry A. Layfield
(b) Address 2357 W. North Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 1, 1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1940, at 7:00AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-1- 1939, to 3/30 1940, and that I last saw her alive on 3/30 1940.

Immediate cause of death: Acute Circulatory Collapse — Duration: 3 Hours

Due to

Due to

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward A. Tallino M. D.
Address 1837 N. Fremont Ave. Date signed 3/31/40

VS 3 A

53264 - RB

67821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 67821

Registered No.

PLACE OF DEATH:
Baltimore City, Maryland

Street address 4940 Eastern Ave.

Hospital or institution:
Baltimore City Hospitals

Length of stay in hospital or inst. (yrs., mos., or days) 1 mo., 4 days

Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore - Mt. Washington (If outside city or town limits, write RURAL and give town)

(d) Street No. 2717 Cheswold Rd., (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** William Grogg

(b) If veteran, name war

3 (c) Social Security Account No. 213-05-6885

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
ale	White	Single

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 7/25/1917

AGE: Years	Months	Days	If less than one day
22	8	5	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Clerical Work

11. Industry or business Unknown

FATHER
12. Name William K. Grogg (dead)
13. Birthplace Maryland

MOTHER
14. Maiden Name Lillye K. Schmidt (dead)
15. Birthplace Baltimore, Maryland

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-40 (month) (day) (year)

(c) Cemetery or crematory Lorraine Cem.

Location

18 (a) Funeral director Williams & Tubman

(b) Address Beatty & Pa. Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MAR 31 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/30/40 19 . at 1:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/27/40 19 . to 3/30 1940. and that I last saw him alive on 3/30 19 40.

Immediate cause of death: Tuberculosis of the Lungs
Tuberculosis of the Larynx — Duration June 1939

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. Williams M.D.

Address B. C. H. Date signed 3/31/40

67822

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 F 67822 Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address
Hospital or institution: Church Home & Infirmary
Length of stay in hospital or inst. (yrs., mos., or days) 1 day
Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 847 W. 34th St (If rural give location)
(e) If foreign born, how long in U. S. A.? Entire early childhood years

(a) FULL NAME George N. Pratt

(b) If veteran, name war | 3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

(b) Name of husband or wife Mrs Elizabeth Pratt
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Canada (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

MOTHER | FATHER
12. Name ?
13. Birthplace ? Canada
14. Maiden Name ?
15. Birthplace Canada

16 (a) Informant Hospital Records
(b) Address

17 (a) Interment (Burial, cremation, or removal) (b) Date thereof 3/31/40 (month) (day) (year)
(c) Cemetery or crematory St Michaels Md
Location

18 (a) Funeral director J. A. Mitchell
(b) Address 1 E Eutaw Place

19 (a) Filed (b) Registrar Huntington Williams Registrar
APR 8 1940

VS 2.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1940, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 30 1940 to Mar 31 1940, and that I last saw h(im) alive on Mar 31 1940.

Immediate cause of death: Lobar Pneumonia {Whole left lung} — Duration 5 days
Due to
Due to Chronic Bronchial Asthma — Duration Life
Other Conditions Hyperarteriosclerosis Cardio-Renal Dis — Duration 3
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John F. Goodchaux M. D.
Address Church Home & Inf Date signed 3-31-40

F 67823

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

Registered No. F 67823

PLACE OF DEATH:
Baltimore City, Maryland

Street address

Hospital or institution: JOHNS HOPKINS HOSPITAL

Length of stay in hospital or inst. (yrs., mos., or days) 2 dys

Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Cecil

(c) City or town Perryville
(If outside city or town limits, write RURAL and give town)

(d) Street No. R.F.D. 1
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Roland Bowser

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

(b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 3, 1925

8. AGE: Years	Months	Days	If less than one day
14	4	16	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Roland Bowser

13. Birthplace Md N.C.

MOTHER 14. Maiden Name Frances Dicks

15. Birthplace Md Va

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Disposal (Burial, cremation, or removal) (b) Date thereof Apr. 1, 1940 (month) (day) (year)

(c) Cemetery or Crematory

Location Ralph Pennel Original

18 (a) Funeral director Wm A Patterson

(b) Address Perryville, Md.

DEC 1 1940 Huntington Williams, M.D. Registrar

(Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 31 1940, at 1005 P M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 30 1940, to MAR 31 1940 and that I last saw him alive on MAR 31 1940.

Immediate cause of death Uraemia — Duration Week

Due to Chronic nephritis — Duration 2 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Jno. A. Stanford M. D.

Address Johns Hopkins Hosp. Date signed Apr 1 1940

824
73407

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ F 67824

137a Registered No.

PLACE OF DEATH:
Baltimore City, Maryland

Street address

Hospital or institution: JOHNS HOPKINS HOSPITAL

Length of stay in hospital or inst. (yrs., mos., or days)

Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Florida (b) County

(c) City or town Port Orange
(If outside city or town limits, write RURAL and give town)

(d) Street No. 115
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Paul Haller X

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	WIDOWED

(b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-16-61

8. AGE: Years	Months	Days	If less than one day
78	9	14	hr. min.

9. Birthplace GERMANY
(Town, county, and state)

10. Usual Occupation Plumber - Retired

11. Industry or business

FATHER 12. Name Johannes Haller

13. Birthplace Ger

MOTHER 14. Maiden Name Ursula Haller

15. Birthplace Ger

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof April 4-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory

Location Daytona Beach - Florida

18 (a) Funeral director John C. Miller Inc

(b) Address 242-35 E. Olive St.

19 (a) [illegible] Huntington Williams M.D.
Registrar

MAR 31 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 30 1940, at 755 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 29 1939, to MAR 30 1940, and that I last saw him alive on MAR 30 1940.

Immediate cause of death Paralysis, Cerebral Hemorrhage — Duration 3 days

Due to

Due to Pneumonia — 1 day

Other Conditions Urinary tract infection — 3 months
Prostatic enlargement — years

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature James H. Lemann

Address Johns Hopkins Hospital Date signed 3/31/40

67825

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 67825
Registered No. 186

PLACE OF DEATH:
Baltimore City, Maryland
Street address Dukeland & Bayview ave
Hospital or institution: West Balto Gen Hosp.
Length of stay in hospital or inst. (yrs., mos., or days) 13 days
Length of stay in Baltimore (yrs., mos., or days) 71 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Millersville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Theodore Sackhoff Theodore H. Sackhoff
(b) If veteran, name war
3 (c) Social Security Account No.
4. Sex male
5. Color or race white
6 (a) Single, married, widowed, or divorced. Widowed married
(b) Name of husband or wife Elizabeth M. Sackhoff
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 11, 1867
8. AGE: Years 70 Months 9 Days 17 If less than one day hr. min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business
FATHER 12. Name William Albert Sackhoff
13. Birthplace Germany
MOTHER 14. Maiden Name Adelaide Kohlmeyer
15. Birthplace Germany
16 (a) Informant Carolina Sackhoff
(b) Address Millersville Anne Arundel Co.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1, 1940 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore, Md.
18 (a) Funeral director P. R. Lamborn
(b) Address 1005 N. Baltimore St.
19 (a) (Date) (b) Huntington Williams, M.D. (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1940, at 3:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 10 1939 to March 29 1940 and that I last saw h[illegible] alive on March 29 1940.

Immediate cause of death: Bilateral Bronchopneumonia
Fractured Rt femur
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration: 3/22/40, 11/10/39

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11-10-39
(c) Where did injury occur? Millersville Md Anne Arundel Co (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Fell down stairs
23. Signature Leonard Wallent
Address 1028 - 9th Date signed

APR 1 1940

VS 3

F 67826

OK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

5346 F 67826 Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 4940 Eastern Ave.
Hospital or institution:
Baltimore City Hospitals
Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 939 N. Duncan Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Cordelia Korytowski

(b) If veteran, name war —

3 (c) Social Security Account No. none

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

(b) Name of ~~husband~~ Christian Korytowski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 30, 1863

8. AGE: Years	Months	Days	If less than one day
76 75	2	28	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles Smith
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Dietz
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2nd 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Holy Redeemer
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) (Date received by registrar) (Signature of registrar) Huntington Williams M.D. Registrar

APR 1 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-28 1940, at 11:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-4 1940, to 3-28 1940, and that I last saw her alive on 3-28 1940.

Immediate cause of death	Duration
Arteriosclerotic gangrene Left foot	over 1 month
Due to Diabetes mellitus	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations gangrene left foot
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosp Date signed 3-28-40 M. D.

67827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. E 67827

PLACE OF DEATH: St Agnes Hospt
Baltimore City, Maryland
Street address Wilkens + Caton Ave
Hospital or institution:
Wilkens + Caton Ave
Length of stay in hospital or inst. (yrs., mos., or days) 1 day
Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Severn
(If outside city or town limits, write RURAL and give town)
(d) Street No. 25 61
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. (a) **FULL NAME** Baby Robert Emil Schultz X
(b) If veteran, name war NO
3 (c) Social Security Account No. NONE
4. Sex male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Single
(b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov 21st 1939
8. AGE: Years | Months 4 | Days 10 | If less than one day hr. min.
9. Birthplace Severn, Md. Anne Arundel Co.
(Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name William P. Schultz
13. Birthplace Severn, Md

MOTHER
14. Maiden Name Ellen V. Dave
15. Birthplace Brandville, Md

16 (a) Informant Ellen V. Schultz
(b) Address Severn Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/40 (month) (day) (year)
(c) Cemetery or crematory Friendship Comm
Location A.A. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) Date received by registrar APR 3 1940 (b) Name of registrar Mrs. Virginia Fox Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-31 1940, at 1:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-30 1940 to 3-31 1940, and that I last saw ~~him~~ alive on 3-31 1940.

Immediate cause of death Bilateral bronchopneumonia — Duration
Due to —
Due to
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eleanor V. Leavitt M. D.
Address St Agnes Hospital Date signed 3-31-40

Spies

67828

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

Registered No. F 67828

PLACE OF DEATH:

1) Baltimore City, Maryland

2) Street address Calvert Street

3) Hospital or institution: Mercy Hospital

4) Length of stay in hospital or inst. (yrs., mos., or days) 15

5) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town ~~Baltimore~~ Idlewild (If outside city or town limits, write RURAL and give town)

(d) Street No. 6508 Beverly Road (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

1. (a) FULL NAME Mrs. Gertrude C. Spies

(b) If veteran, name war ..... 3 (c) Social Security Account No. ....

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife William F. Spies

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 24 1897

8. AGE: Years 42 | Months 9 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace Balto. Md. (town, county, and state)

10. Usual Occupation Housewife

11. Industry or business .....

FATHER 12. Name Charles Reabe

13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Caroline Kreusel

15. Birthplace Balto. Md

16 (a) Informant Records

(b) Address Mercy Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/40 (month) (day) (year)

(c) Cemetery ~~or crematory~~ London Park

Location Balto. Md.

18 (a) Funeral director William Cook

(b) Address 127 E. Paul St

19 (a) ..... (Date received by registrar) (b) By ..... (Registrar)

APR 1 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/30 1940 3:15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/15 1940 to 3/30 1940 and that I last saw h[illegible] alive on 3/30 1940

Immediate cause of death	Duration
Generalized Peritonitis	2 days
Due to Obstruction of Ileum (Volvulus)	
Due to Ruptured Gangrenous Appendix	15 days
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operation: Ruptured appendix & free fluid and adhesions.

Of autopsy: Multiple adhesions. Peritonitis.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature R. M. Beck M. D.

Address Mercy Hospital Date signed 3/30/40

F 67829

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 67829 ✓ 93-D Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 59 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3628 Repsmire Road (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

1. (a) FULL NAME Mrs William Edward Fitzpatrick (Jennie Fitzpatrick)
(b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife William Edward Fitzpatrick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19-1880

8. AGE: Years 59 | Months 9 | Days 12 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Lally
13. Birthplace Md.

MOTHER
14. Maiden Name Marcelene Barnes
15. Birthplace Md.

16 (a) Informant William E. Fitzpatrick Jr.
(b) Address 3628 Repsmire Rd City.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date rec'd by registrar) (Signature of Registrar) Hunting Ford Williams, M.D. Registrar

1 va 40

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1940 at 6 47 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 27 1940 to Mar 31 1940, and that I last saw h.er alive on Mar. 31 1940.

Immediate cause of death	Duration
Bronchopneumonia	2½ days
Due to Asthma	20 yrs.
Due to	
Other Conditions Hypertensive Cardio-Vascular disease (Include pregnancy within 3 months of death)	30 yrs.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Douglas H. Stone M.D.
Address Mercy Memorial Date signed 3/31/40

7830

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-a F 67830 Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address Cor. Linden & Madison
Hospital or institution: Maryland General Hospital
(a) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(b) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2207 Orleans St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME George J. Rimbach
(b) If veteran, name war
3. (c) Social Security Account No. 215-12-3447

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

(b) Name of husband or wife Catherine E. Rimbach
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug. 30-1865

8. AGE: Years	Months	Days	If less than one day
74	6	29 28	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Retired Ins. Agent
11. Industry or business

FATHER
12. Name Albert Rimbach
13. Birthplace Germany

MOTHER
14. Maiden Name Sophie Grauel
15. Birthplace Germany

16 (a) Informant Catherine E. Rimbach
(b) Address 2207 Orleans

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1-1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd.

18 (a) Funeral director John A. Miller
(b) Address 2334 Jefferson Ave. Huntington Williams Hts

(c) Date received APR 1 1940 (d) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1940, at 7:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 21, 1940, to Mar 28 1940, and that I last saw him alive on Mar. 28, 1940.

Immediate cause of death	Duration
Coronary thrombosis	6 days
Due to Chronic myocarditis	
Due to	
Other Conditions Strangulated inguinal hernia, lt., direct. (Include pregnancy within 3 months of death)	

Major findings:
Of operations Strangulated inguinal hernia, lt, direct
Of autopsy

PHYSICIAN
(Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert J. Coffman M. D.
Address Md. General Hosp. Date signed 3/28/40

Cassetaro

67831

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-6 Registered No. E 67831

PLACE OF DEATH:
Baltimore City, Maryland
Street address 3318 Noble st
Hospital or institution:

) Length of stay in hospital or inst. (yrs., mos., or days)
) Length of stay in Baltimore (yrs., mos., or days) 26 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3318 Noble st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Alexander Cassettaro

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

(b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24 1862

8. AGE: Years 77 | Months 9 | Days 5 | If less than one day hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name unknown

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace unknown

16 (a) Informant Mrs. Bunnice

(b) Address 3318 Noble St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1-40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Road

18 (a) Funeral director Albert M. Perrigo

(b) Address 440 E. North Ave

19 (a) APR 1 1940 (Date rec'd by registrar) (b) Hunting for Lithuania, Md. Registrar

MEDICAL CERTIFICATION 330p

20. DATE OF DEATH March 29 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.
Date signed 3/29/40

VS 6

67832 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 93-D F 67832

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 545 Sanford PL St.) (Ward 3)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Hattie Hawthorne

If U. S. Veteran specify WAR _____

(a) Residence: No. 545 Sanford PL St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored.	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) — 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	55	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Central S. C
(State or country)

FATHER

13. NAME James Heney

14. BIRTHPLACE (city or town) S. C
(State or country)

MOTHER

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) S C
(State or country)

17. INFORMANT Beulah Davis
(Address) 1709 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cemetery Date 4/1/40

19. UNDERTAKER Thos. E. Kelson
(Address) 1303 Preston an St

APR 1 1940 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 28 1940 to March 29, 1940

I last saw her alive on Mar 27 9, 1940. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Vascular Disease	
Other contributory causes of importance:	

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Thos. E. Kelson Jr. M. D.

(Address) 703 E Preston St

67833 HEALTH DEPARTMENT—CITY OF BALTIMORE F 67833

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1548 Leslie St. 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Stephney

If U. S. Veteran specify WAR

(a) Residence: No. 1548 Leslie St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Martha Stephney

6. DATE OF BIRTH (month, day, year): Dec 15 68

7. AGE: Years 72 | Months 1 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Eliza Duffin

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Lawrence Wagner

(Address) 1548 Leslie St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Tabor A A Co Md Date 4/1 1940

19. UNDERTAKER: Thos. E. Kelson

(Address) 1303 Presstman St.

FILED APR 1 1940 Thurston Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 29, 1940

22. I HEREBY CERTIFY, That I attended, deceased from Jan 15, 1940 to March 29, 1940

I last saw h[illegible] alive on March 26, 1940. Death is said to have occurred on the date stated above, at [illegible]

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia;	3/22/40
Other contributory causes of importance: Myocarditis	Jan.
Arteriosclerosis	

Was an operation performed? No, Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Barkman Higgins, M. D.

(Address) 1243 Madison Ave

VS B

PC

67834

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 ✓ F 67834 Registered No.

PLACE OF DEATH:

1. (a) Baltimore City, Maryland
   (b) Street address 1215 Hollins St.
   (c) Hospital or institution:
   (d) Length of stay in hospital or inst. (yrs., mos., or days)
   (e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1215 Hollins St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Anna Amelia Snoops
(b) If veteran, name war
(c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife Wm. Snoops
6 (c) If alive, give age 78 years
7. Birth date of deceased (mo., day, yr.) Mar. 18, 1869
8. AGE: Years 71 | Months 0 | Days 9 | If less than one day hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business own home

FATHER
12. Name Conrad Foos
13. Birthplace Germany

MOTHER
14. Maiden Name Madeline Kelluer
15. Birthplace Germany

16. (a) Informant Wm. Snoops
(b) Address 1215 Hollins St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 30 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18. (a) Funeral director Frederick L. Offer
(b) Address 1205 W. Lombard St

19. (a) 1940 (Date received by registrar) (b) Registrar's signature Williams M. Dupuis

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 27 1940, at 9 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/9 1935 to 3/27 1940 and that I last saw her alive on 3/27 1940

Immediate cause of death	Duration
Carcinomatosis - primary in breast	5 yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William M. Dupuis M. D.
Address 1326 W. Lombard Date signed 3/29/40

VS 3

7835

Elva D Lippincott

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 67835 Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address Broadway
Hospital or institution:
Church Home & Infirmary
Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs.
Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mayld (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) ~~Street~~ No. Church Home & Infirmary
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

(a) FULL NAME Elva D. Lippincott
(b) If veteran, name war
3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) ~~Single~~, ~~married~~, widowed, or ~~divorced~~.
Female	White	

(b) Name of husband or wife J. H. Lippincott
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 21, 1867

AGE: Years	Months	Days	If less than one day
72 73	3	8 9	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Wm Dumbacco
13. Birthplace Mayland

MOTHER
14. Maiden Name Mayland Vickers
15. Birthplace Mayland.

16 (a) Informant Julia Dumbacco
(b) Address 101 W 39th

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-1-40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North ave.

18 (a) Funeral director John O. Mitchell Sons
(b) Address 400 Eutaw Place

19 (a) Filed by me APR 1 1940 (b) Registrar Baltimore, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-30-40 19 . at 2 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1, 1939 19 . to 3-30-40 19 , and that I last saw h cr alive on 3-30-40 19 .

Immediate cause of death	Duration
Coronary occlusion	1 day
Due to Arteriosclerotic thrombosis	1 day
Due to	
Other Conditions Chron. arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John F. Coolahan M. D.
Address Church Home & Inf. Date signed 3-30-40

67836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a F 67836

Registered No.

PLACE OF DEATH:
Baltimore City, Maryland

Street address

Hospital or institution: Maryland General Hospital

Length of stay in hospital or inst. (yrs., mos., or days) 104 days

Length of stay in Baltimore (yrs., mos., or days) 80 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County —

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 228 Woodlawn Road (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Cora D. Jefferson

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

(b) Name of husband or wife John R. H. Jefferson 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1, 1860

8. AGE: Years	Months	Days	If less than one day
80	2	28	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Charles Jordan

13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Julian Lutro

15. Birthplace N.Y.

16 (a) Informant Frank R. Frey

(b) Address 9010 Navahoe St. Phila. Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/40 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Balto. Md.

18 (a) Funeral director John O. Mitchell & Sons

(b) Address 1900 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Registrar

APR 2 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1940, at 10 25 a.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-15 1939 to 3-29 1940. and that I last saw her alive on 3-29 1940.

	Duration
Immediate cause of death Bronchopneumonia	8 days
Due to Fracture of left femur	104 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence Dec 15, 1939

(c) Where did injury occur? Baltimore City (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? At home While at work? no (Specify type of place)

(e) Means of injury Slipped on rug

23. Signature John M. Scott M. D.

Address Maryland Gen. Hosp. Date signed Mar 29, 40

67837 F 7709 STILLBIRTH No. 67837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No.

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 503 N. Strieker St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 15 min.

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits write RURAL and give town)

(d) Street No. 503 N Strieker St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1941

1 (a) FULL NAME none Infant Upshur

(b) If veteran, name war

3 (c) Social Security Account No.

4 Sex fem.

5. Color or race col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/29/40

8. AGE: Years | Months | Days | If less than one day hr. 15 min.

9. Birthplace 503 N. Strieker St (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Oliver Upshur

13. Birthplace Painted, Va.

MOTHER 14. Maiden Name Lorenzia Collins

15. Birthplace Loudon, Ga.

16 (a) Informant mother

(b) Address 503 N. Strieker St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHNS HOPKINS MEDICAL SCHOOL APR 1 1940

18 (a) Funeral director Commissioner of Health

(b) Address Per H. A. Moore

19 (a) APR 1 1940 (Date received by registrar) Huntington Williams M.D. (Signature of registrar) 5495

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/29 1940. at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/29 1940 to 3/29 1940 and that I last saw h[illegible] alive on 3/29 1940

Immediate cause of death

Due to Premature

Due to Birth

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature C. J. Pilfoot M. D.

Address 1560 Lanvale St. Date signed 3/29/41

67838 F1707 STATE BIRTH # 67838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No.

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 503 N. Stricker St

(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) 15 mins

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

(c) City or town ..... (If outside city or town limits, write RURAL and give town)

(d) Street No. 503 N. Stricker St (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Male Infant Upsher

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4 Sex Male

5. Color or race Col.

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 3/29/40

8. AGE: Years | Months | Days | If less than one day hr. 15 min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation .....

11. Industry or business .....

FATHER 12. Name Oliver Upsher

13. Birthplace Payta, Va.

MOTHER 14. Maiden Name Georgia Collins

15. Birthplace Cockran, Georgia

16 (a) Informant Mother

(b) Address 503 N. Stricker St

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)

(c) Cemetery or crematory .....

Location JOHNS HOPKINS MEDICAL SCHOOL APR 1 1940

18 (a) Funeral director Commissioner of Health

(b) Address .....

19 APR 1 1940 (Date rec'd by registrar) Thurlington Williams, M.D. Registrar 5494

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 29 1940. at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 29 1940 to Mar. 29 1940 and that I last saw h[illegible] alive on Mar. 29 1940.

Immediate cause of death

Due to Premature

Due to Birth

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature C. H. Pifott M. D.

Address 5360 Lowndes Date signed 3/30/40

VS 3

67839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 67839 Registered No.

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 15 N. Durham St

(c) Hospital or institution:

6-4

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) all her life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto. city

(c) City or town Balto. city

(If outside city or town limits, write RURAL and give town)

(d) Street No. 15 N. Durham St

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** Carrie Rennia Brown

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col.

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) Dec 15 1886

8. AGE: Years 54 | Months 2 | Days 14 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Domestic Servant

11. Industry or business

FATHER 12. Name Henry Bonds

13. Birthplace Md

MOTHER 14. Maiden Name Charlotte Stewart

15. Birthplace Md

16 (a) Informant Mildred Johnson

(b) Address 1522 Orleans St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2 1940 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem

Location Brooklyn

18 (a) Funeral director E O Wilson

(b) Address 1000 Druid Hill Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

APR 1 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1940, at 2:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-29- 1940, to 3-29- 1940 and that I last saw h[illegible] alive on 3-29- 1940.

Immediate cause of death Apoplexy — Duration 4 hrs

Due to Whitedrea

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Maurice Adams M. D.

Address 312 E. 23rd St. Date signed 3-31-40

F 67840

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 67840 Registered No.

PLACE OF DEATH:
1. Baltimore City, Maryland
1. Street address 1709 E. Biddle St
1. Hospital or institution:

1. Length of stay in hospital or inst. (yrs., mos., or days) 8 7
1. Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1709 E. Biddle St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Priscilla Purnell

(b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: F
5. Color or race: C
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Ralph Purnell
6 (c) If alive, give age 53 years
7. Birth date of deceased (mo., day, yr.) 2-9-1887
8. AGE: Years 53 | Months 1 | Days 19 | If less than one day ... hr. ... min.
9. Birthplace Cedar-Hill, Md (Town, county, and state)
10. Usual Occupation domestic
11. Industry or business

FATHER
12. Name James Reed
13. Birthplace Va

MOTHER
14. Maiden Name Lucenda —
15. Birthplace Va

16 (a) Informant Lucy Johnson Reed
(b) Address 1709 E. Biddle
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 27 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery Amer
Location Baltimore
18 (a) Funeral director Edwin O Wilson
(b) Address 1000 Pennsylvania Ave

APR 1 1940 (a) Date received by registrar (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-28 1940 at 10 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-4 1939 to 3-28 1940 and that I last saw h[illegible] alive on 3-28 1940.

Immediate cause of death	Duration
Apoplexy	2 days
Due to hypertensive	
Due to cardiac disease	unknown
Other Conditions arterio-sclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 1500 E. Madison St Date signed 3-30 M. D.

Rayner Browne

F67841 X F67841

BALTIMORE CITY HEALTH DEPARTMENT 1939 Registered No.

CERTIFICATE OF DEATH

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 4-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Carroll Co
(c) City or town Union Mills (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Gertie Hollinger
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
(b) Name of husband or wife: Steward Hollinger
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 9, 1902
8. AGE: Years 37 Months 11 Days 22 If less than one day hr. min.
9. Birthplace Penna. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Noah Steiner
13. Birthplace Penna

MOTHER 14. Maiden Name Lucy Baublitz
15. Birthplace Penna

16 (a) Informant Steward Hollinger
(b) Address Westminster, Md. R.D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 3, 1940 (month) (day) (year)
(c) Cemetery or crematory Silver Run, Md.
Location

18 (a) Funeral director J. W. Little & Son
(b) Address Littlestown, Penna.

19 APR 1 - 1940 (Date rec'd by registrar) Washington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/31 1940 at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-30 1940 to 3-31 1940 and that I last saw HER alive on 3-31 1940.

	Duration
Immediate cause of death: ACUTE PULMONARY EDEMA	8 MIN.
Due to: HYPERTENSIVE CARDIOVASCULAR	
Due to: DISEASE	2 YRS
Other Conditions: PREGNANCY - TERM	9 mo

(Include pregnancy within 3 months of death)

Major findings:
Of operations: POST MORTEM CESAREAN SECTION
Of autopsy: ACUTE CARDIAC FAILURE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury 0

23. Signature [illegible] M. D.
Address University Hospital Date signed 4/1/40

67842

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 67842

Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 4111 Frathinson Ave
Hospital or institution: ✓

Length of stay in hospital or inst. (yrs., mos., or days) ✓
Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ✓
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4111 Frathinson Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

(a) FULL NAME Lottie V. Helbert

(b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced married

(b) Name of husband or wife Harmon Helbert

6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Feb 28-1877

8. AGE: Years 63 | Months 1 | Days 1 | If less than one day ..... hr. ..... min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER
12. Name Joseph V. Branch
13. Birthplace Norfolk Va

MOTHER
14. Maiden Name Fannie V. Marchant
15. Birthplace Mississippi

16 (a) Informant Mrs Claudia Trimble
(b) Address 3173 Belvedere Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1-1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore Co. Md

18 (a) Funeral director Jos Lichtenberg & Sons
(b) Address North Ave

APR 1 1940 (Date rec'd by registrar) Victor Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1940, at 6.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/14 1939 to 3/29 1940 and that I last saw h alive on 3/28 1940.

Immediate cause of death: Carcinomatosis, primary in right breast — Duration 4 yrs

Due to .....

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature William A Triplett M. D.
Address 1326 W Lombard Date signed 3/30/40

VS 3

67843

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108 F 67843 Registered No.

PLACE OF DEATH:
a) Baltimore City, Maryland
b) Street address 33rd + Calvert Sts..
c) Hospital or institution: Union Memorial Hospital.
d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County ?
(c) City or town ? (If outside city or town limits, write RURAL and give town)
(d) Street No. Blackstone Apts (If rural give location) N Paul + 33rd St.
(e) If foreign born, how long in U. S. A.? ..... years

(a) FULL NAME MRS. Bessie Katherine ELderkin.

(b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

(b) Name of husband or wife David O. Elderkin | 6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 31, 1858

8. AGE: Years 81 | Months 8 | Days 0 | If less than one day ..... hr. ..... min.

9. Birthplace Hampstead, Carroll Co. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

MOTHER / FATHER

12. Name Johne Gettinger

13. Birthplace D.C.

14. Maiden Name Unknown

15. Birthplace ?

16 (a) Informant Mr. Clarence E. Elderkin

(b) Address 100 Beechdale Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 2, 1940 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cemetery

Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons,

(b) Address North & Pa. Aves. Balto. Md.

19 (a) Apr 1 1940 (b) Entered by [illegible] for Williams M.R. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31, 1940, at 6:03 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 24 1940 to Mar. 31 1940, and that I last saw her alive on Mar. 31, 1940.

Immediate cause of death Pneumonia. | Duration: one

Due to .....

Due to .....

Other Conditions Cardiac Failure.

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature William F Reence M. D.

Address Union Memorial Hosp. Date signed .....

67844

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 67844

191-A Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 2125 Chelsea Ter.
Hospital or institution:

15-8

(a) Length of stay in hospital or inst. (yrs., mos., or days)
(b) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2125 Chelsea Ter
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Albert Edwin Bodrick

(b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

(b) Name of husband or wife Margaret M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 12 1870

8. AGE: Years 70 | Months 2 | Days 18 | If less than one day hr. min.

9. Birthplace Mills Mills N.Y. (Town, county, and state)

10. Usual Occupation Sanitary Engineer

11. Industry or business State of Md. Retired

FATHER
12. Name Alonzo Bodrick
13. Birthplace Mills Mills N.Y.

MOTHER
14. Maiden Name Mary Granger
15. Birthplace Mills Mills N.Y.

16 (a) Informant Mrs. Margaret Bodrick
(b) Address 2125 Chelsea Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-40 (month) (day) (year)
(c) Cemetery or crematory Spring Hill
Location Baltimore Md.

18 (a) Funeral director William J. Dufner & Sons
(b) Address North & Pennsylvania Ave.

19 (a) (b)
Date rec'd (month) (day) (year) Registrar

APR 1 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1940, at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from August 1939 to Mar 30th 1940, and that I last saw h. alive on Mar 30th 1940

Immediate cause of death	Duration
Apoplexy	
Due to Hypertensive Cardio Vascular Renal Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. C. Bodrick
Address 2045 W North Ave Date signed 3/31/40 D

7845

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-[illegible] No. 67845

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1514 Division St.

(c) Hospital or institution: Provident

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2409 Lore Grove Alley (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

(a) FULL NAME Rachael Moore

(b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Female 5. Color or race Colored 6 (a) Single, married, widowed, or divorced Widow

(b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 46 Months Days If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Work.

11. Industry or business

FATHER 12. Name Not Known

13. Birthplace "

MOTHER 14. Maiden Name Not Known

15. Birthplace "

16 (a) Informant Myrtle Hughes

(b) Address 1703 Brentwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-1-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Baltimore, Md.

18 (a) Funeral director Wm. H. Frances & Francis J. Hennessy

(b) Address 578 W. Biddle St.

APR 1 1940 (Date rec'd by registrar) (b) Huntington Williamsport, Md.

VS 2

MEDICAL CERTIFICATION

28. DATE OF DEATH 3-29-1940 at 4.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-23-1940 to 3-29-1940 and that I last saw h[illegible] alive on 3-29-1940.

Immediate cause of death Cardio-Renal Disease

Due to Mitral Insufficiency ?

Due to Arteriosclerosis.

Other Conditions Uterine Fibroid

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature C. F. Maloney M. D.

Address Provident Hospital. Date signed 3/30/40

Harriett Ellis

F 67846

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 67840

PLACE OF DEATH:
Baltimore City, Maryland
Street address 1515 W. Fremont Ave
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) 77 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1515 W Fremont Ave
(If rural give location)
(e) If foreign born, how long in U. S.? years

(a) FULL NAME Harriett Ellis

(b) If veteran, name war None

(c) Social Security Account No. None

3. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	C	Widowed

(b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day hr.	min.
64				

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Charles Ellis
13. Birthplace Md

MOTHER
14. Maiden Name Harriett Carter
15. Birthplace Md

16 (a) Informant Carrie Boynton
(b) Address 1515 W. Fremont Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 4 4 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Baltimore Md

18 (a) Funeral director Walter B. Sayers
(b) Address 139 W. Harrold St.

19 (a) (Filed) (b) Huntingtown Md
(Rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/31/40 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/1/40 to 3/31/40, and that I last saw her alive on 3/31/40.

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerosis

Due to Hardening

Other Conditions Nitrous Congestion
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration 2 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. C. Ellis M. D.
Address 1515 W. Fremont Ave Date signed 4/2/40

67847

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 67847 Registered No. 131-6

PLACE OF DEATH:

Baltimore City, Maryland

Street address 1514 Division St

Hospital or institution: Provident

Length of stay in hospital or inst. (yrs., mos., or days) 3 months 27 days

Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 919 Central Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

10-2

(a) FULL NAME Preston Sine

(b) If veteran, name war

3 (c) Social Security Account No. 213-07-0069

4. Sex: M

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

(b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 27-1898

8. AGE: Years 41 | Months 6 | Days 3 | If less than one day hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Bethlehem Steel

FATHER 12. Name Cleasen Sines

13. Birthplace N. C.

MOTHER 14. Maiden Name Jenette Formon

15. Birthplace N. C.

16 (a) Informant Mabel Formon

(b) Address 1027 N. Caroline St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-3-1940 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem-Pk.

Location Arbutus Md

18 (a) Funeral director Mrs. M. A. Elliott-Hughes

(b) Address 112 S. Monroe St Huntingtown Pottsville, Md.

19 (a) (Date rec'd by registrar) Registrar

APR 1 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-30-1940 at 11.15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-9-1939 to 3-30-1940, and that I last saw him alive on 3-30-1940.

Immediate cause of death Hypertensive Cardio-Renal Disease

Due to Mitral Insufficiency

Due to Chr. Interstitial Nephritis

Due to

Other Conditions Hypochromic Anemia

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

Duration
?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature C. F. Maloney M. D.

Address Provident Hospital Date signed 3/31/40

67848

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 67848
Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address Md. General Hosp.
Hospital or institution:

(a) Length of stay in hospital or inst. (yrs., mos., or days) 8 2
(b) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2319 E. Lafayette Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Sarah H. Howard
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex
5. Color or race W.
6 (a) Single, married, widowed, or divorced S.
(b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 73 Months Days If less than one day hr. min.
9. Birthplace Vermont (Town, county, and state)
10. Usual Occupation at Home
11. Industry or business

FATHER
12. Name Edgar Howard
13. Birthplace Vt.

MOTHER
14. Maiden Name Adalaide Rockwell
15. Birthplace Canada

16. (a) Informant Mrs. Elfride . . . M.
(b) Address St Mary's Home Catonsville Md
17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Apr 2/40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location
18 (a) Funeral director Leonard J. Lahr
(b) Address 3305 Harford Rd
APR 1 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/30 1940, at 1:50 P. M.
21. I certify that death occurred on the date above stated; that I attended deceased from 3/26 1940 to 3/30 1940 and that I last saw h[illegible] alive on 3/30 1940

Immediate cause of death Hypostatic pneumonia — Duration
Due to Arteriosclerotic C.V.D.
Due to
Other Conditions Long. Heart failure
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Edward J. Glassman
Address Md. Gen. Hosp. Date signed 3/31/40 M. D.

F 67849 ✓ F 67849

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-D Registered No.

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wolfe Farm

(c) Hospital or institution: Grindon Ave

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. Grindon Ave 7950 Block

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME John Zeller

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex male | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. Wid

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years about 62 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Farmhand

11. Industry or business

FATHER 12. Name

13. Birthplace Unknown

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 1 1940 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Leonard Tuck

18 (a) Funeral director

(b) Address 5305 Harford Rd.

19 (a) (b) Huntington Williams, M.D. (State rec'd by registrar)

APR 1 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1940 9:10 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 8 1940 to March 30 1940 and that I last saw him alive on March 27 1940

Immediate cause of death: Acute Cardiac Dilatation — Duration March 30

Due to Chronic Myocarditis — a number of years

Due to

Other Conditions Chronic Nephritis — a number of years

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Morris B. Green M.D.

Address 3909 Evergreen Ave Date signed Apr 1 1940

Howard A. Kelly, M.D. Consulting Staff

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 6/14 DAY OF 1963 THE MICROPHOTOGRAPHS APPEARING HEREIN STARTING WITH #64001 Dec. 1939 AND ENDING WITH #67849 4/1/40 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics AS DELIVERED IN THE REGULAR COURSE OF BUSINESS FOR PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC COPY.

CAMERA OPERATOR: Dorothy Booker

END OF REEL